Editorial

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In 2016, Emma Fisher proposed to the UNIMA (Union Internationale de la Marionnette) Research Commission a symposium on the themes of puppetry[i], disability, health and wellbeing. The symposium was supported by the UNIMA Research Commission (see the essay about the UNIMA Research Commission later in this volume) and came to be titled The Broken Puppet symposium. The title 'Broken Puppet' celebrates the *de*construction of the puppet as a representation of the human body, rather than a *con*structed, idealised, commodified, or 'perfect' representation of what is considered the 'norm', thus bringing attention to the 'otherness' of both the puppet and the disabled body. Amongst its aims we wished to challenge what Patrick McElvey refers to as 'compulsory non-disability', wherein the abled body is presumed to be the norm (McElvey 2019: 69 – 89). The symposium further wished to draw attention to the specific ways in which puppetry can and does function within contexts of health and wellbeing and within healthcare itself, and to examine these functions through attention to the frameworks that it enables and the approaches taken by practitioners and scholars of puppetry. Puppets are historically and traditionally connected with acts of healing, as described by Henryk Jurkowski and Jaček Pawlik (Jurkowski and Pawlik 2009: 589 – 94) and Darren-Jon Ashmore (Ashmore 2007); a considerable number of practitioners across the world today work with puppets in healthcare settings to provide therapeutic experiences and to enable communication, but these practices, and research connected to these practices, has been little explored in academic writing. The first symposium was therefore groundbreaking in its field, offering the space for rigorous interrogation of these models of practice and thinking. The first symposium met with enthusiasm as the first forum for these discussions of its kind, and was therefore followed by two further symposia, each a year apart; the details of these are discussed later within this volume, in the 'reviews' section. The Broken Puppet symposia, in 2017, 2018 and 2019, specifically aimed to interrogate both research and practice within the field of puppetry and disability, health and wellbeing. The first symposium was launched in 2017 at the Cork Puppet Festival, hosted by University College Cork in Ireland. Puppeteers, academics and scholars from across the world presented at the event, including practitioners creating autobiographical puppetry about their own disability or health condition, and also puppetry practitioners working in healthcare settings

or with disabled people themselves to provide services to them. The second symposium was held at Bath Spa University in 2018, and the third at Newman University, Birmingham, in 2019. The Broken Puppet symposia have since inspired similar projects, some of which will be discussed later in this editorial. The first Broken Puppet symposium was co-convened by Emma Fisher and Cariad Astles, who for the second were joined by Laura Purcell-Gates, and for the third by Persephone Sextou. We four form the editorial team for this special journal issue.

Over the span of three years a rich tapestry of work was discussed, and a community was formed of like-minded people working in this niche area of puppetry, disability and health. Through the symposia, a network has grown which embraces a range of puppet practitioners and academics creating practice-based puppetry pieces about their own disability or health, plus scholars interested in the interface between puppetry performance practice, scholarship and healthcare contexts. A number of the practitioners creating work based on their own disability and/or health condition had, prior to the symposia, not yet published or spoken about their work in an academic context. Puppet-maker Corina Duyn, for example, gave her first talk at Broken Puppet 1 about her puppetry practice in relation to her disability. She then went on to be a keynote speaker at Broken Puppet 2 and later presented talks in Ireland, Chile, Brazil and the UK. Duyn states in her article within this volume:

> . . . [that] being immersed in the 'Broken Puppet' symposia, I became much more consciously aware of the power of puppet to explore the issues of illness and disability, and to bring our experiences to a wider public. (Duyn, p)

In his interview with Persephone Sextou, Wesley Rolston from Newman University, states that at the Broken Puppet Symposium 3, he witnessed the gathering of 'professionals using puppetry from an eclectic array of environments and contexts' (Rolston, p.), where he not only learned from these professionals, but also witnessed them learning from and collaborating with each other. Discourses arose about applied puppetry and health, puppetry and the other(ed) identities, disability and puppetry in performance, puppet therapy, social inclusion, puppets in hospitals and palliative care, puppetry in education and ways to explore the intersection of puppetry and disability.

The title 'The Broken Puppet' was proposed by Emma Fisher. The UNIMA Research Commission supported this proposal, choosing to reclaim and celebrate the term 'broken' to refer to the belief that, over the course of their lives, everyone 'breaks' at some point; we sought the beauty in diversity and imperfection, and with the consideration that we will all face healthcare issues, disabilities and concepts of 'brokenness' in our lives. As a puppetry practitioner with an acquired disability, Fisher believes that it is more empowering to recognise difference, rather than saying there is none. The title does not imply that people with disabilities and/or with health issues are more 'broken' than the able-bodied, but that both disabled and abled people as individuals are in some way broken; as such, the puppets that represent us could be broken too, rather than idealised, commodified, or 'perfect' representations of what is considered the 'norm'. We embraced the idea of beauty in imperfection, as expressed by Eli Clare, considering that the approach towards disability or illness as something only to be fixed, can be a damaging and manipulative lens (Clare 2017). The broken puppet can bring attention to the otherness of both the puppet and the disabled body. The broken puppet, moreover, brings attention to its structure; its mechanics; the fragility of bodies, identities, and the transience of life.

The Broken Puppet symposia also explored how the puppet can challenge stigmatisation related to disability and health, opened up spaces for examination of relationships and practices within healthcare and wellbeing contexts, and provided a place for puppetry-based research within these fields, including practice-based research, to be shown and shared. The unique possibility to gather researchers together to share some of the specific ways in which puppetry addresses narratives of disability and health was inspiring and challenging: whilst noting the strength and variety of work being carried out, and the power of the puppet to dive deeply into the ways in which we understand and make sense of our bodies, our stories, and the functionings of health contexts, we also note the immense further potential of the puppet and its current underuse. It seemed a ripe moment, therefore, to bring research within this important area to publication, to share the findings widely and to open up possibilities for future research. These two special issues therefore form the first ever edited volume of academic research into puppetry, disability, health and wellbeing. They give readers a sense of the rich and varied discourse and practice within the field.

We are particularly pleased to bring this volume of edited writings to you because, as Ross Prior, chief editor of the Journal of Applied Arts and Health and keynote speaker at our third Broken Puppet conference, notes, there has been scant published academic literature

addressing the terminologies, approaches, practices and modes of using puppetry in healthcare, disability and wellbeing contexts. This is partly because of the traditional history of puppet theatre within dominant discourses and canons of Western academic literature, as something lowly, within popular theatre and as a poor relative to live theatre. Applied puppetry, the overarching field within which aspects of puppetry in healthcare, wellbeing and disability broadly sits, is in itself only recently a recognised field of research. Two professional gatherings set up by Slavka Jovanovic at the Little Angel Theatre in London, in 2011, and in collaboration with Cariad Astles at the Royal Central School of Speech and Drama in 2012, (Hands Up! and Hands Up 2!) hosted meetings and talks for puppetry practitioners working in education, with early years children, with people with special needs and in healthcare contexts; Jovanovic and Cariad Astles presented the events as meetings of 'applied puppetry practitioners'. The term later became more widely used following Matt Smith's discussions about its definition and purposes (Smith 2014; 2015).

This volume, therefore, aims to redress this paucity of existing literature and provide insights into two specific areas: firstly, to consider and analyse the widespread and excellent practices and approaches carried out by puppeteers, healthcare workers, therapists and related professions. These approaches draw on the specificity of the puppet in enabling the development and creation of communication, relationship and identity in healthcare settings, as well as in creating work related to one's own identity and lived experiences of disability, illness and health; they address that-which-is-unique about the puppet, the writers bringing to the discussion their expertise, skills and deep thinking about the functions of the puppet and how to use these functions to work with and amongst people. In doing so, they are themselves analysing and finessing the skills of puppetry within these settings. Their work provides a frame for the scholarly analyses within this journal volume: how puppets are, and can be, used in the relevant healthcare and disability settings, and, related to this, raises questions which are at the heart of the work: what training is needed to work with puppets in healthcare and wellbeing settings? How can we simultaneously raise awareness and the status of this work whilst maintaining its accessibility?

The second area of focus for this volume is to work towards a growing scholarship within applied puppetry. The UNIMA Commission for Education, Development and Therapy, headed by Livija Kroflin, Head of Theatre at the University of Osijek in Croatia, has published two books on uses of puppetry in the above contexts (Kroflin and Majaron 2002; Kroflin 2012); a growing number of scholars, including the editors of and contributors to this

volume are also increasingly publishing research into applied puppetry within academic literature. How do we talk about puppet theatre, its affects and attributes in scholarly terms? Which other fields (such as psychology, sociology, medicine, disability studies; studies of health and social care, as some of those mentioned in this journal volume) should be studied and understood by scholars and practitioners of applied puppetry? These questions are particularly pertinent as the editors, in collaboration with UNIMA, are discussing the possible creation of a diploma or training in applied puppetry, given the high level of international interest from artists, medical and therapeutic professionals, carers and playworkers, teachers and community leaders from all over the world, as shown at the Broken Puppet symposia. Through this volume of work, we recognise and claim that the puppet is special and unique and does something particular that a human cannot do. Since the Broken Puppet symposia, several other projects related to the idea of the puppet within cultures of health, disability studies and wellbeing, have begun; there have also been several complementary networks and projects about applied theatre. In January 2018, puppeteers Jodi Thiele and Terence Tan in Singapore organised a training workshop for puppeteers, community and social workers and teachers drawn from many countries in South-East Asia, to explore how puppetry could be used in the participants' own specific contexts, including puppetry as advocacy and identity, to educate about genocide; puppetry as therapy in disaster contexts, and to work with the deaf, with the unemployed and for those who had experienced personal trauma. In September 2019 the National Drama Centre in Madrid, the puppet centre TOPIC in Tolosa and the Ministry for Public Health in Madrid, organised three days of talks and round tables linked to the idea of the puppet as healer and educator in contexts of health: *Sana, Sana: Jornadas Internacionales del Títere* (Heal, heal: international puppetry discussion days). The project brought together speakers and practitioners from Chile, South Africa, and the USA as well as numerous presenters from different countries in Europe. The days were attended by not only artists and therapists but also people working in traditional healthcare settings as doctors, nurses and other healthcare workers. In January 2020 Finnish puppeteers Katriina Andrianov and Riku Laakonen, with South African/Australian puppeteer Gary Friedman, set up a network to promote and support applied puppetry in the Nordic region of Europe. In Chile, puppeteer, teacher and therapist Andrea Markowits, who presented her work at Broken Puppet 1, runs a puppetry therapy programme, initially aimed at survivors of political violence in Chile, and now running as ongoing training in puppetry and therapy (www.munecoterapia.cl). Several of the speakers from the Broken Puppet symposia have, since 2017, taught on this programme. In 2017 and 2018, David Grant from Queen's

University in Belfast, led an AHRC-funded project, 'Objects with Objectives', set up to explore the relationship between puppetry and applied theatre, culminating in meetings between practitioners and scholars in Cape Town in 2017 and in Belfast in 2018. The discussions from this network have also contributed to a special issue of the journal *Applied Theatre Research,* which is a related volume of work due to be published later this year, discussing applied puppetry, but without the specific focus on health and disability that the current volume provides. The international puppetry therapy network runs annual summer schools, specifically exploring the work of therapists and the personal therapeutic process, using puppetry. These projects all complement each other. Some are primarily for practitioners; skills workshops, or sharings of practice. Some are more overtly academic projects, seeking to provide critical analysis of those practices and approaches. This volume therefore sits clearly within an international body of work and brings something unique to the discussion in its focus on health, wellbeing and disability. Puppetry is increasingly being used within these contexts and this research will contribute to its development.

The writers who are contributing to this volume explore discrete areas of their practice and thinking through detailed examination of the principles and practices of puppetry in relation to narratives of illness, disability and 'otherness'. Key to this enquiry is the idea that puppetry provides a place for exploration of identity in relation to body-self; three of the writers within the theoretical section draw upon their own personal experiences of body/disability/illness.

The volume is divided into four sections: the first includes academic articles interrogating approaches, terminologies and practices within puppetry and healthcare or disability research; the second, notes from the field, explores case studies drawn from diverse geographical and cultural contexts, including a discussion of work under Covid-19; the third includes interviews with puppetry practitioners and the fourth, a reviews section, discusses in more detail the Broken Puppet symposia and the UNIMA Research Commission.

Emma Fisher opens the first section, which comprises academic articles about the modes in which the puppet can function, with her article on puppetry and disability. Fisher notes the 'negative freedom' offered by the puppet (drawing on Kleist); its complete ability to be and do whatever it is made to do and whatever it is constructed to do. Focusing largely on the social model of disability, she links the idea of 'fractured bodies' to the idea that bodies are disabled by the society that surrounds them. The puppet, therefore, is only limited by whatever is constructed and set up around it. This sheds a clear light on the way in which we

perceive normative bodily construction, and how societies have enabled certain ways of being over others. The puppet, therefore, focuses our attention on ways in which bodies are 'othered' by society. Fisher notes the 'acoustic barrier' which is raised between subservient and dominant groupings within society in systems of power as related to disability and, citing Eileen Blumenthal, highlights the potential of the puppet to be a 'polyphonic' performer. It is clear, therefore, that the use of puppets, whether by individuals exploring their own identity, sense of body, sense of relationship to their body, or by healthcare workers and therapists working with all kinds of differently-abled people, can both enable the telling and retelling of experiences of otheredness and of manifold polyphonic bodies; and also, through its own 'disability'/negative freedom/fracturedness, can shine a light on the structures of society.

Cariad Astles' essay discusses the synergies between studies of empathy, neuroscience and puppetry performance in ritual and contemporary settings, identifying the qualities of mediation, accompaniment and testimony as particular to the puppet in enabling cognitive, affective and social empathy for both performers of puppetry and audiences, or other participants. She considers the potential the puppet has to activate deep empathy and to train the empathetic relational encounter; this is examined through a discussion of how the puppeteer, animating the puppet, performs profound care. She draws on new findings in neuroscientific research as well as psychology, medical training and her own work as a puppetry performance trainer to bring new insights into the ways in which puppeteers implicitly act as empathetic companions to puppets, audiences and patients in healthcare. Her research makes the case for puppetry training to be more widespread as a means of improving the quality of care in health contexts.

The puppet or thing as embodiment of power relations provides the theme of Matt Smith's essay. Smith deconstructs and disentangles the way in which we perceive objects through an examination of object theories, power relations and space construction. He notes, as other contributors have suggested, that there is a dynamic interplay between ethics, bodies and power, which is highlighted by the brokenness and 'thingliness' (referencing Heidegger) of the puppet, which provides an 'internal hum'. Humans do not exist without objects; and the way in which they exist is always in relationship to these objects. Performing objects, therefore, provide perspective and illuminate the trajectory taken by humans navigating systems of power.

Petra Kuppers, similarly to Fisher, above, notes that puppetry enables 'new alignments of difference' as narrational and relational objects. Her essay discusses, through analyses of a series of performance encounters, how the puppet, or animated material, can be seen as something via which people are able to explore non-realist embodiment and enmindment. Kuppers notes that puppets are not necessarily humanoid figures (often represented as miniature able-bodied humans) with two legs, two arms, etc, but instead hybrid, complex, animated, moving narratives. The power of process is important in puppet play: the puppet is seen here as a means to an otherworld where anything is possible. Kuppers likens the puppet play to the narratives of Cthulhu as performed in Crip Time, asking the question: 'who are monsters, who are helpers?' The overarching question posed is about which means we might use to reconsider bodies and our relationship to them. In the world painted here, there is nothing absurd about why a body should not be upside down, complexly enmeshed or reliant on mechanisms to enable it to move.

Ross Prior's essay suggests that the puppet/puppeteer may perform something of the role of the shaman in healing; the shaman being the figure who journeys to other worlds to bring back wisdom, story or medicine for the community (Jerome Rothenberg and Diane Rothenberg 1983). He proposes that the collaborative process that is enacted by puppeteer and audience/participant creates an environment within which understanding (and, by extension, healing) is collaboratively 'performed' and knowledge is collectively constructed. This means that the puppet is not only therapeutic for an individual performer or audience but deeply so for communities as well. Prior uses the terms 'animism, transference and embodiment' as key theoretical and methodological means to understanding the functionings of the puppet within contexts of healing.

Marina Tsaplina's position paper further develops the narrative about the puppet enabling a clear vision of the diversity of the potential and actual body into an exploration of the sometimes tense relationship between TEK (traditional ecological knowledge) and SEK (scientific ecological knowledge). She highlights the way in which indigenous ways of knowledge elaborate far more clearly the processual nature of human experience and being. Like Fisher and Kuppers, she notes her own personal and individual experience of disability/illness to enable discussion of how one is never static in relation to this condition; rather, citing Bianca Frazer, people 'do not make sense of it in one event, but over time and through repeated attempts'. The puppet, according to Tsaplina, is a 'articulate body' and the art of puppetry itself, through its attention to an-other, trains deep embodied listening.

Importantly, she uses the term 'decolonising' of the body: the puppet 'decolonises' the body by making an-other's story visible. In Tsaplina's case, the puppet does not only serve to highlight alternative bodily relations, but also to bring sensitivity to the 'repeated experience of becoming'.

The question of how the puppet enables relationship and intersubjectivity is addressed by Melissa Trimingham in her article about puppetry and autism. As Fisher earlier notes, citing Posner et al, the puppet 'ferries us between worlds'. Drawing on its history as a funeral object (Jurkowski and Pawlik 2009), we know that the puppet has often been used as intermediary. Trimingham's exploration of the relationship between a glove puppet and an autistic child demonstrates how this intermedial space can be a way for those with autism to be able to 'chunk' experience. For autistic children, this space can be positive and enabling. Puppetry thus becomes a 'socially coordinated experience' which can provide meaning in relational encounter.

The range of perspectives, critical analyses and theoretical explorations discussed within the articles in the first section of this journal volume are further elaborated through the wide range of case studies, drawn from different cultural contexts, included within section two; these draw on both professional and lived experience. The theoretical frameworks interrogated within section one are here examined through practical examples, drawn from practitioners' own experiences.

Figure 1: Final performance by the workshop Puppets and Memory in the Museum of Memory and Human Rights. Photo courtesy of Victor Robles.

Susan Linn, writing about her work with seriously ill and hospitalised children in the USA, draws on psychodynamic theory, in particular D.W. Winnicott's writings on play, to unpack a combination of psychological functions that she argues puppetry can enhance: the creation of a holding environment, projection and identification, modelling, mastery, and self-expression. At the core of puppetry's role in each of these is psychological safety; Linn points in particular to the sense of hiddenness and separateness that puppetry evokes, which allows children experiencing stress and trauma to engage with overwhelming emotions through the safe medium of the puppet.

Karim Dakroub uses the case study of a six-year-old boy in Lebanon previously diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) who, through therapeutic puppetry work, is able to 'symbolically transform' his internal conflicts, arising from a difficult family

situation, into creative activity. Dakroub draws on the Embodiment, Projection and Role (EPR) model developed by Sue Jennings in order to reframe the child's difficulties from an ADHD diagnosis to difficulties with the child's self-perception and role within the family; puppetry is used therapeutically to allow the child to reconstruct these perceptions. Dakroub evokes Sigmund Freud's theory of animism as it relates to artistic activity: through the creation and manipulation of objects and effigies, humans draw on the power to change reality or create a new one.

Corina Duyn, in Ireland, draws on lived experience of chronic illness/disability to explore the ways in which puppetry can function both as an embodied mode of adaptation and as an expressive mode of crafting self-image. Central to the latter are the words that accompany her Invisible Octopus puppet: 'Who is the hand that has control...What is the hands that holds the cross and moves "my strings" at its will?'. Invisibility and visibility intersect in the figure of the puppet that makes manifest the unseen realities of chronic illness and disability.

Caroline Astell-Burt, Theresa McNally, Gemma Collard-Strokes and Yoon Irons, from the UK, analyse the functions of puppetry in dementia care, proposing a model of 'withness' that replaces the model of the 'autonomous living puppet' with the relational 'spectator-with-puppet-with-puppeteer'. The authors link their case studies to research on memory that highlights the kinaesthetic dimensions of puppets and connections between multi-sensory engagement and emotional memory. This, together with the inherently relational form of puppetry, allows the authors to make a strong case for continuing research into the unique roles puppetry can play in dementia care.

Jaime Rojas-Bermúdez and Graciela Moyano unpack developments in psychodrama made possible through the use of puppets with chronic psychotic patients in Buenos Aires in Argentina. For these patients, who had withdrawn into intense self-isolation and faced significant barriers interacting with other humans, puppets allowed movement towards human communication through their function as 'intermediary' objects - the patient can communicate with objects when human-to-human communication is impossible. Further work with these patients revealed puppets as 'intra-intermediary' objects as well, in which patients, when covered with masks or manipulating puppets, were capable of greater self-expression. Puppets as first and foremost objects is core to these discoveries about repairing severely disturbed communication between humans.

Antje Wegener, a German puppetry therapist, leads the reader through sessions of therapeutic puppetry with a traumatised four-year-old girl, foregrounding the theatrical framing by highlighting the role of the therapist as dramaturg and patient as director. Wegener highlights

the ability of puppet play to construct a safe space through distancing, the ways in which puppets enable the construction of a narrative over which one has control, and the ability to use puppets to craft a new self-image. The fun and seemingly endless expressive possibilities of puppets are at play in this piece.

Continuing the focus on memory in a different context, Andrea Markovits unpacks the reparation work of Puppets in Transit in Chile in activating post-dictatorship memory for survivors of political violence and family members of the detained and disappeared. Puppetry here is identified with a particular ability to engage in *reparatory actions*, through puppets' abilities to express the inexpressible, to construct meaning within silence, to rebuild fragmented memories, and to embody the absent.

Lynne Kent's essay, an analysis of a shadow puppetry piece created under Covid-19, in Australia, discusses the use of shadows and the screen as a means for people to cross the borders between the personal and impersonal; the screen being used as an intermedial device for people to negotiate identity and expression. Kent notes that the screen has been considered as 'defence, protection, shelter, concealment and partition'; here it offers freedom under the constrained conditions created by a particular global health crisis.

The last article within the second section comprises a discussion of different responses to the 2020 Covid-19 pandemic. Here, we see puppeteers using their art to transmit healthcare information in a visual and entertaining way; to perform purification and cleansing rituals in Indonesia; to enable new collaborations between teachers and trainers of puppetry, and finding new ways to perform and share their work, whilst maintaining hygiene and health for both their audiences and themselves. It is likely that over the coming year more innovative approaches to the art of puppetry, and in particular, the relation between puppetry and health, at a time of severe global health crisis, will emerge.

The third part of this special issue is committed to practice through interviews and reflections on skills, training and community beneficiaries. It aims to present the interdisciplinary value of the arts and puppetry praxis in community health-related contexts and settings as accessibly and elegantly as possible.

The opening interview by Wesley Rolston and Persephone Sextou considers the conditions of performing bedside in NHS hospitals in England. This article is present in a dialogue format and it is a variation on a Socratic dialogue between a student and teacher at the Community & Applied Drama Laboratory (CADLab) at Newman University. They reflect on a community-based approach to applied theatre practice using puppets with children at Birmingham's

Children Hospital, and Heartlands Hospital. They sensitively explore the exchanges between reality and fiction in environments of illness and they discuss the emotional skills that are required from community actors and puppeteers to work in healthcare. They ask: 'how do we go into the context of change in training?' as a question to be considered by Higher Education Institutions with attention to the arts and community impact. Rachel Warr reflects on a cross-disciplinary comparative approach to puppetry and medicine undertaken during collaborations between the artist and a professor of anatomy at Imperial College London. The author argues that parallels can be drawn between the skills required by surgical teams working in open surgery, especially when using a laparoscopic method, and puppetry teams working with techniques influenced by 'Bunraku' such as long-rod puppetry. The most fascinating of all the commonalities between the two disciplines is perhaps the discussions about the development of robot tools inspired from watching a puppeteer perform with a string marionette. This example of collaboration between the arts and sciences particularly highlights how implicit subject-specific knowledge and an ability to combine it creatively contribute to public health, through the sharing of skills and insights into ways of working. Gibdel Wilson, an emergency doctor from Costa Rica, continues the theme of puppetry in healthcare through a discussion of his work within emergencies and rescue efforts in El Salvador. This interview highlights the great potential of puppets in easing patients' anxiety and fears during community crisis (i.e. earthquakes, floods etc.) to address the contribution of applied puppetry in health education. 'When the puppets speak, community listens!' This seems to be key to puppetry practice in healthcare. We wonder about those children in crisis who have experienced trauma and the 'therapeutic' potential of puppets in a doctor's bag in comforting them. The powerful practical work presented here becomes the basis for us to ask whether puppetry could become embraced by governments to offer communities care, education and hope for a better future.

The interviews section provides evidences that thanks to the hard work of artists, researchers and medical professionals, we witness creative and pioneering applications of knowledge in the community. These works demonstrate both the interdisciplinary nature of puppetry as well as the need for a more strategic thinking about the training and accreditation of the artist-in-healthcare.

The final section, 'Reviews', gives further information about the three Broken Puppet symposia, which inspired this volume of work, and about the UNIMA Research Commission, which supported them, and which has been partner in the development of this work.

We, the four editors, are delighted to bring this volume to readers; to puppeteers; to applied theatre practitioners and scholars; to people interested in how the puppet can offer useful and powerful insights and communicational modes for people who are unwell, in hospital or in therapeutic contexts; and for disabled people to find new ways of challenging dominant perspectives and identities; to healthcare workers, medical students and those who train them; and to theatre and health practitioners and scholars more broadly. We hope that it will stimulate further research into this expanding field and that the range of theoretical and practical frames offered here, and the insights explored therein, will be of use to the related communities that we discuss.

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[i] Puppet: anima, consciousness, spirit in matter; animated bodies, objects, figures, materials, masks, technologies; something that radically broadens what we care for; a mysterious friend that bridges worlds and connects souls (Astles, Fisher, Purcell-Gates, Sextou 2020).