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The Use of Dolls and Figures in Therapy: A Literature Review

Capstone Thesis

Lesley University

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Art Therapy

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Abstract

Therapists utilize various means to treat clients, which includes the use of toys, games, dolls, and other media. By reviewing existing literature on therapeutic uses of dolls, I wish to shed light on the potential benefit of using dolls and figurines in the therapeutic setting. The use of dolls in therapy has been utilized in various ways, aligning with themes of narrative, drama, play, and expression. Through a review of existing literature and case study, the use of dolls as a therapeutic intervention will be explored through examining their use in multiple populations and age groups. By highlighting their wide range of applications, dolls demonstrate to be useful objects in the therapeutic context. Existing literature outlines dolls as a means of expression through interaction and play as well as through the act of making a doll or figure. The potential benefits and practical uses of dolls in therapy are summarized and explored through literature review.

The Use of Dolls and Figures in Therapy: A Literature Review

Introduction

Dolls and inanimate figurines have existed for thousands of years. Humans hold a unique fascination with their own likeness and form. Whether depicted in paintings, sculpture, or other media, humanity has utilized the human form as a source of documentation, expression, and learning. Similarly, sculpted dolls and figurines have existed for thousands of years and have persisted and evolved to manifest a multitude of uses and symbolism. The basis for the use of dolls and human figurines in therapeutic context is predated by the usage of dolls in religious ceremonies, communication, education, and preservations of the cultures in which they were made (Nikouei, A. & Nasirabadi, M.S., 2016). Clay dolls are shown in Figure 1 as examples of Neolithic doll making in the context of social ties. The dolls are meant to demonstrate fertility and may have been used in religious and marital ceremonies. Dolls are considered by some as one of the earliest forms of toys, with the oldest found doll thus far being 4,500 years old and dating to the Bronze Age (Siberian Times Reporter, 2017). This early doll was made from carved soapstone and was found to be buried with a child, implying that it was indeed used by the child. This demonstrates the observed desire in earlier humans to create toys in human likeness and furthers the idea that children have valued relational play throughout human history.



Figure 1. Left: Venus from Tappeh- Sarab, Neolithic (6000 BC). Source: National Museum of Iran; Right: Clay fertility idols from Marlik and Sefid-Rud (Sefid-Rud), Iran, 11th-12th BC. Source: The private collection of Mohsen Foroughi (Nikouei, A. & Nasirabadi, M.S., 2016).

Therapeutic Value of Doll Usage

Based on this history, dolls have potential for multi-purpose work in therapeutic intervention. Dolls provide the opportunity for play and narrative based intervention, as well as artistic intervention to be utilized in a therapeutic setting. In modern times, dolls and figurines are often associated with children, demonstrating a modern manifestation of childhood agency. Children pick from an array of dolls that vary in race, profession, size, gender, and dress. When one thinks of dolls, the mind may jump to nostalgic memories of childhood play. Toys have the potential to exist in one's earliest memories of social, interactive play with siblings, friends, and peers. Dolls serve as a way for children to express themselves, learn, roleplay, and develop relational intelligence. Because dolls are often associated with children, much literature exists on therapeutic doll usage with children. Dolls provide a way for children to discuss complex emotions and relationships without the vulnerability of speaking of themselves or others. Any humanoid toy, figurines or dolls, provide opportunities for children to safely explore social and

relational dynamics, which includes “taboo” or inappropriate behaviors. Whether the doll be plastic, cloth, mass produced, or handmade, dolls exist in various forms cross culturally as methods for expression, communication, religious practice, and developmental growth. Because dolls provide this safety and freedom, their use within the therapeutic context is worth exploring in children and other age groups.

Reflection and Personal Motivation for Study

When I reflect on my own childhood, dolls and toys were a large part of my play. Barbies, Bratz dolls, and American Girl dolls were my favorite toys as a child. The play I engaged in usually included playing with my friends or sister, where dramatic scenarios would emerge and evolve. Some characters recurred while other characters were invented anew. These narratives largely focused on social dynamics that included dating, having children, getting married, participating in beauty contests, getting into good colleges, going to dance parties, among others. When playing as a child, the toys were a means of expression that was witnessed by my friends, family, and peers. The stories created were based on movies and TV plots, however, they were also invented from the existing knowledge of social dynamics. The engagement with others and the use of dolls as an intermediary object for emotion and expression provided the opportunity for a unique kind of learning. Because of these interactions during my development, I recognized the possibility that dolls may enhance therapeutic intervention. To further my understanding of broadened use of dolls among various age groups, I wish to create my own doll as a form of art-based research, which will be included in the discussion of this review. I also wished to explore therapeutic doll use in multiple age groups and settings, which are reflected in the choice of reviewed studies.

Literature Review

Doll Therapy with Dementia Patients

The use of dolls in therapy is often associated with their use in elderly patients or dementia patients. This use is referred to as “doll therapy” (Mitchell, G., McCormack, B., McCance, T., 2014), with various studies outlining benefits for therapeutic doll use in their specific population. While this literature review focuses on dolls in a broader scope of use, doll therapy provides insight on potential benefits to those with dementia. These benefits are worth exploring in other populations as well. This particular topic has been researched through various research and review of literature. One review of 11 research studies concluded that “There is evidence in the literature to suggest that the use of dolls can provide therapeutic gains for some people living with dementia” (G. Mitchell, B. McCormack, & T. McCance, 2014). Through comparison of empirical studies, the findings included multiple benefits of doll therapy for patients suffering from dementia. The primary benefit that was named in their findings was “improvement in communication between the person living with dementia and other residents or care staff” (G. Mitchell et al., 2014). Long term care and resident care of patients have unique challenges that could be exacerbated by lack of trust or communication with staff. Because of the importance of openness between caretakers and their patients, the use of dolls has potential to increase the quality of care given in residential facilities. This knowledge may be useful in similar settings, where patients have long term interactions with staff responsible for their care. Studies found other benefits as well: “a number of the activities of daily living were enhanced through use of dolls, particularly communication, eating/drinking, maintaining a safe environment and sleep” (2014). The study listed the potential benefits of doll therapy as:

- Facilitating opportunity for communication with others
- Reduction in episodes of distress/anxiety

- Fulfilment of attachment, comfort identity, inclusion, and occupational needs
- Improvement in daily activities such as communication, eating and sleeping.

The study highlighted difficulty in the use of anecdotal evidence, however there was commonality in studied behavior of the participants. This is seen in another study that defined “doll therapy” as “a non-pharmacological intervention aimed at reducing behavioral and psychological disorders in institutionalized patients with dementia” (Pezzati, R. et al, 2014, p. 342). The use of dolls with dementia patients were explored in this study as well with the impact of dolls being for the management of cognitive, emotional, and behavioral symptoms seen in the patients. The study named the main benefit of using dolls as reduced symptoms of distress after being given a doll to take care of. The dolls reduced disruptive behavior in the patients, increased caregiving behavior, and promoted “moments of peacefulness and tranquility”. While the reasoning for this was not explored, the study highlighted the benefits of caregiving relationships, “In particular, the role that the attachment and caregiving relationship plays in the interplay with the doll is strongly emerging” (2014). The study explored attachment behaviors in patients with dementia through comparing the behaviors of patients treated with doll therapy to the control group of patients. The patients were given 10 sessions each with a plush doll and cube that were given to the patient by a familiar nurse. The sessions were videoed to record previously defined criteria of caregiving behavior. The study demonstrated differences in exploration and caregiving behaviors by noting the time spent on those types of behaviors. The experimental group and control group were found to have significant differences in the amount of time spent on these behaviors depending on the presentation of the doll and plush cube. The authors commented on the benefits of caretaking behaviors on dementia patients, as the presence of oxytocin is often produced in tandem with caregiving behaviors. The authors described the

benefits of the release of oxytocin in patients by saying that this neuropeptide can help in stress management. Further, importance of stable attachment and bonding were named as ways to better cope with stress. Evidence of attachment and bonding behaviors were defined as behaviors such as hugging, caressing, kissing, talking to, rocking, and smiling at the doll. The authors maintained that the encouragement of these behaviors aided in the patient's ability to cope with stress or anxiety, as well as improved the patients' quality of life in other areas. Some of the patients continued with the doll therapy for two or more years, where the authors noted attachment behavior had persisted throughout this time.

Case Study: Dollmaking for Working through Grief

The history and use of dolls as facilitations for play are explored by Holly Feen-Calligan, Barbara McIntire, and Margaret Sands-Goldstein (2009). The author explored dollmaking within the framework of art therapy, followed by several examples of applications. In a particular case, a 16-year-old girl (Lisa) made a doll to portray her sister (Lora), who had recently passed away in a car accident. The doll was made of fabric, needles, and bendable wire to pose the doll and was finished over the course of ten sessions. Lisa also added three red roses and one white rose onto the doll to represent herself, her two sisters, and her mother. The doll was used in sessions after its completion and often represented Lisa's sister, Lora: "The doll served as an object of love and was often represented as Lora in Lisa's acts of creating and playing with it. Her expression allowed for interplay between the doll, herself, the therapist, and a myriad of memories" (Rubin, 2001).

The article described how dolls have the ability to symbolize ourselves or other people, with the dolls offering the opportunity to serve as a medium for social engagement. In this case of grief work, the client was given the opportunity to process the grief that she was feeling

through the doll she made. The article describes how “‘Adolescents are at risk of discontinuing identity formation when faced with a major loss’ (Bowlby, 1969). In this case, Lisa’s identity was concretely explored and became tangible through the doll and the creative process of dollmaking” (2009). Lisa explored her own identity development while honoring the memory of her sister by continuing to process her major loss through the making of the doll. The subsequent interactions with the doll also helped Lisa feel connected with her sister despite her passing. Doll making was shown to be a useful intervention in both individual therapy and within groups. The article ended with the idea that doll making is used, but not researched well within a therapeutic context and needs further discussion.

Use of Narrative play for Children with Aggression

The use of dolls and figures in play largely utilizes narrative and storytelling. J.T. Guterman and C.V. Martin (2016) explored the use of humanoid puppets and narrative therapy as a way to “externalize the problem” with aggressive children. The process of externalizing problems requires a process of individuation where children are given the opportunity to see themselves separately from their problems. Further, the authors described methods to encourage children to externalize their problem and suggest that

puppets are an effective tool to help aggressive children externalize the problem within a narrative therapy approach for two reasons. First, using puppets serves to objectify the problem. Second, the application begins to create distance between the problem and the child, which is a first step in the process of externalizing the problem (White & Epston, 1990).

The puppets were used in this case as a way for aggressive children to separate themselves from the label of the “aggressive child.” Using narrative and puppets, the children worked through

metaphor and symbolism to externalize their problem. The importance of play in learning is highlighted by the authors: “Through stories, fables, and nursery rhymes, children construct realities, including ideas about right and wrong, cause-and-effect relationships, and the human condition” (Guterman & Martin, 2016).

Therapeutic Doll Use and Informal Assessment

In addition to aiding in the therapeutic process itself, the use of dolls may be helpful for informal assessments by mental health workers. It is also beneficial to note if there are any changes in play behavior associated with what toys are used and the length of the session. Ruth Phillips (1945) wished to explore a child’s developing motivational systems through recording behaviors seen in play. Phillips used dolls, furniture, and a doll house with low and high degrees of realism. She noted differences in types of play among the high and low realism toys as well as differences between long and short sessions of play. Phillips noted that children engaged in “more exploratory and less organizational behavior with high realism materials”. She also noted that there was a “significant increase in both aggression and tangentiality from the first to third session (or 20-minute period)”. This may suggest that children play differently based on the time spent in play, familiarity with materials, as well as the realism seen in the toys. This is helpful to know when a therapist is choosing toys to be used in session with children. In addition to the types of toys used and length of play, Phillips noticed themes and changing behaviors in a child’s play. She noted play behavior such as aggression, organizational behavior, number of theme changes, exploratory behavior, and tangential behavior, among others. Phillips noted that there was more exploratory behavior and less organizational behavior with toys that had higher degrees of realism. She also observed significant degrees of aggressive and tangential behavior between the first and third play session. This possibly suggests that children’s familiarity with

toys change their engagement with them. The types of toys used also seem to affect a child's behavior on some level. It is worth exploring what toys are best suited to use in therapy. For example, a highly realistic figure may cause different degrees of engagement versus a figure with low levels of realism.

Use of Dolls with Hospitalized Children and Adolescents

In addition to therapeutic play and informal assessment, the making of dolls and figures in therapy by the client provide opportunities for therapeutic intervention in various settings. This is demonstrated by Gaynard et al (1992), as she wrote of the use of stuffed, body outline dolls with hospitalized children and adolescents. Patients were offered blank, cloth, dolls in a variety of skin tones. They were then given an hour to draw on the doll with non-toxic markers. If patients had siblings, they were offered to draw on a doll as well. The children could then bring the doll with them for medical procedures, hold the doll while they waited for surgery, and eventually bring the doll home during discharge. It was noted that patients demonstrated more trusting behavior of hospital staff after receiving the doll, which is a noted benefit of its use. An example of this was described when a nurse offers a doll to a 9-year-old patient (Cindy) after giving her news of an upcoming blood draw. At first, Cindy responded to the nurse by appearing withdrawn and teary eyed, saying she is afraid of needles. After being given the doll to decorate, the nurse interacted with Cindy and her doll, asking the doll about why she is in the hospital and how she feels being there. The author observed that Cindy's posture became more relaxed, she stopped crying, and appeared more comfortable with the nurse after playing with the doll. The nurse then demonstrated on the doll how she would take blood, which seemed to further put Cindy at ease. This example demonstrates the relational impact of dolls as well as their effects on communication and emotional expression. Dolls and figures offer a chance for intermediary

communication, as it may feel less threatening to say how a doll feels as opposed to the patient themselves. This is especially true for children, who may lack the language needed to confidently express their emotions. The making of the dolls also offer an opportunity for assessment, as the doll's drawn on expression, clothes, hair, etc. provide insight on a person's mental state. Gaynard et al. writes "[the dolls] can be helpful in getting to know patients and in gaining information on regarding children's feelings, thoughts, and concerns. In this manner, the dolls can provide a non-threatening, enjoyable vehicle for indirectly eliciting assessment information from children on their admission and through their hospital stay" (1992). Toys provide a means for non-intimidating expression and communication. This proved true for the older children in this study as well, which was shown by interactions made by a 14-year-old boy named Charlie, who was hospitalized with sickle cell anemia. Charlie was intrigued by the medical machinery used in his room and enjoyed the experience of making his own doll. He learned the names of the machines used on him and administered IV treatments and other interventions to his doll that were being used to treat himself. The authors elaborated on possible gender discrepancies, stating that there were little protests from parents on male children and adolescents playing with dolls. Both male and female patients and their families remarked on the positive experience that came with making the doll during their hospital stay.

Therapeutic Doll Use and Childhood Sexual Trauma

The use of dolls and figures within a therapeutic context can be connected to unique issues such as sexually abused or traumatized children. This specific use was often associated with dolls as a source of evidence in court cases, where dolls are used to "obtain information", according to Gussie Klorer (1995). Klorer expanded her work to include the use of dolls within the treatment of sexually traumatized children. Such children may deny abuse that has happened

but act out against others and demonstrate sexually charged behavior. Klorer explored the use of dolls with sexually abused children during treatment, which is demonstrated by multiple case studies. One such case was Alicia, aged 10, who frequently masturbated in school following sexual abuse. During therapy, Alicia demonstrated fascination with the private parts of various dolls, as well as a doll that was able to give birth to a baby. She eventually made her own version of a cloth doll that was able to give birth to a miniature baby doll (Figure 2). Alicia pushed the baby doll in and out of the mother multiple times during session in a masturbatory manner. This behavior also happened at home, and other settings, as Alicia brought the doll with her everywhere for a month. The author described the doll as a transitional object for Alicia during this time. Though her house parents were uncomfortable with Alicia's interactions with the doll, they were encouraged to allow it. After the making of the doll, there was a marked decrease in her frequent masturbation at school and eventually this behavior stopped. Eventually, Alicia left the doll at her therapist's office and ceased treatment. After therapeutic treatment, being adopted, and switching to a new school, there were no reports of Alicia masturbating at school. This case demonstrates the use of the doll she made as a transitional object that encouraged her to enact compulsive behavior on the doll as opposed to compulsive masturbation in school. This also demonstrated the use of figures to engage with children who deny or block out memories of trauma.

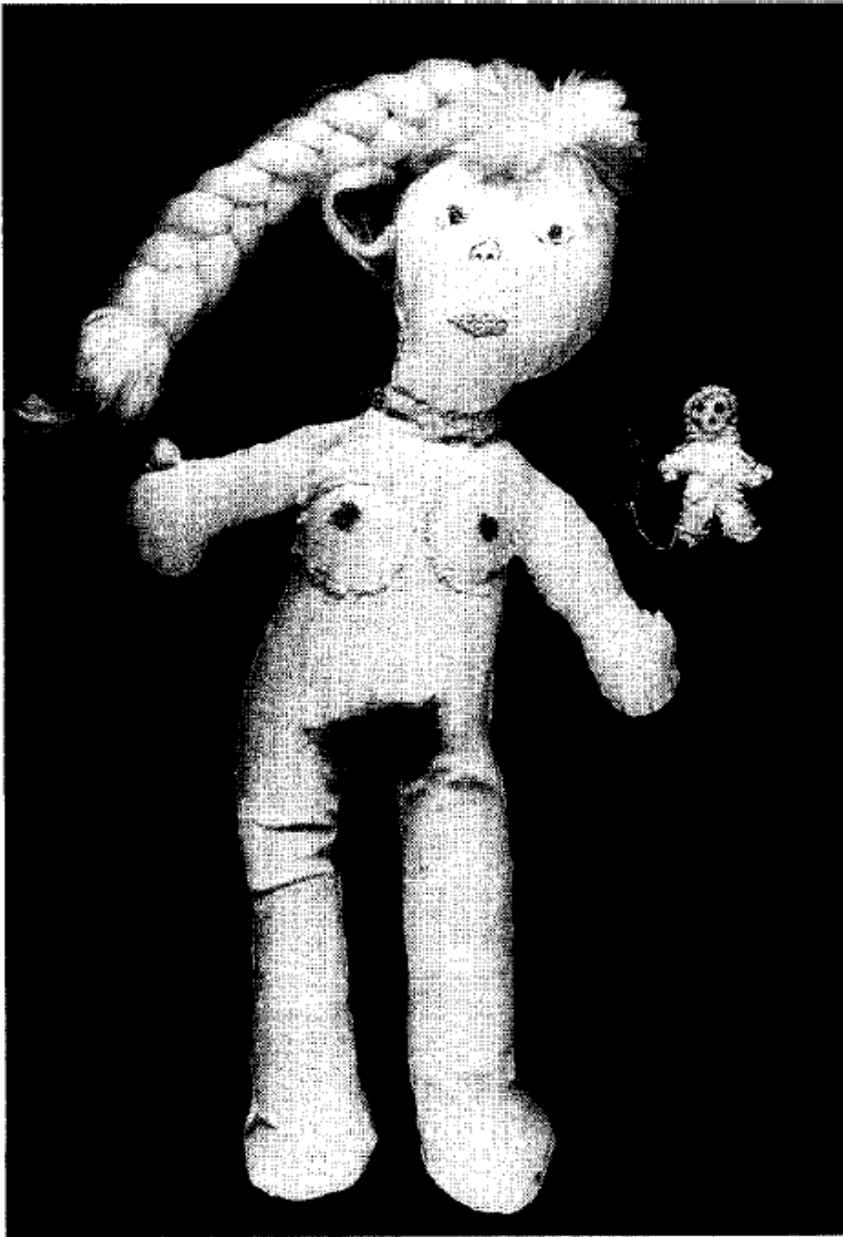


Figure 2. Doll made by “Alicia” (Klorer, 1995).

Another case, 8-year-old Bonnie, illustrated the use of play and repetitive narrative. Bonnie was placed in treatment after being sexually abused by her mother and her mother’s boyfriend. In therapy, Bonnie was introduced to anatomically correct dolls, which she used to reenact sexual acts. Each session, Bonnie would “teach” the therapist how mothers and fathers

interact with their children by having a male and female doll carry out sexual acts on the smaller, child-like doll. After multiple sessions of Bonnie telling how the child doll should be touched by her parents, the therapist eventually introduced the idea that there are right and wrong ways for parents to touch their children. This notion was further illustrated by the dolls, which seemed to empower Bonnie to process her abuse in a non-threatening way. The author also describes the use of dolls in a group setting, where three girls aged 7-9 worked through sexual trauma using dolls. The girls chose to use anatomically correct dolls each session and acted out sexually charged scenarios. After several sessions of this type of play, the narrative eventually changed to the dolls being rescued from a “mean” perpetrator. The girls also acted out fearful scenarios and were also encouraged to act out scenarios with the dolls where they felt safe. These interactions displayed multiple uses of dolls regarding this type of trauma. The dolls were used as transitional object, psychoeducational objects, and objects to aid in processing trauma. The author emphasized that establishing a sense of safety is important to working with traumatized children. Part of this process can include the removal and dissociation from self, with the dolls providing a safe way to process trauma without feeling too overwhelmed or threatened. In this way, dolls and figures provide the opportunity to provide safety when navigating traumatic events.

Sonia Stace (2014) explored the use of therapeutic doll making in the use of treating complex trauma. Stace described the use of dolls in therapy when talking has reached its limits on being helpful for those who have suffered complex trauma. The author defined complex trauma through literature review and outlines symptoms often suffered after complex trauma such as “intrusive thoughts and memories; flashbacks and nightmares; avoidance of situations, people, and places associated with the trauma; memory loss pertaining to the trauma; affect dysregulation; and dissociation” (Stace, 2014). While the author focused on the act of making the

doll as therapeutic, she also explained that the presence of dolls in a therapeutic session offer the option of exploring traumatic themes in a non-intimidating manner. The article described the case of “Jess”, a woman in her 30’s who worked through childhood sexual trauma. The author worked with Jess over the course of 18 weeks to make 6 different dolls (the first and last dolls made are shown in figures 3 and 4, seen below). Jess made several dolls, using a different technique for each. The various dolls represented different versions of herself, her mother, her grandmother, and her self-esteem. The author wrote that the dolls offered a safe way for Jess to work through her stages of healing, with the dolls offering a sensory intervention for the projection of emotions.



Figure 3 and Figure 4. First and sixth dolls described in case study of “Jess” (Stace, 2014).

Both articles explore the history of dolls and their use within a therapeutic context. The case study formulation is helpful to the reader in understanding the applied use of dolls within the therapeutic context. The articles do not limit the use of dolls for children and describe how

dolls can be used with a variety of ages in therapy. While there is not a lot of cited research on the use of dolls in the capacity described by the articles, they both demonstrate the power of using dolls for traumatized individuals. The various methods for making dolls in session as well as how the dolls can be used in subsequent sessions is a topic for further evaluation and study.

Dolls used for Self-Discovery, Personal Growth, and Art Based Research

Cathy Smilan (2015) uses the Barbie doll as a starting point for arts-based inquiry on gender inequality seen in the workplace. Smilan navigated topics of gendered relationships, sexist mentality, and feminist themes through the remodeling of traditional Barbie dolls. Smilan further elaborates her choice of research method, “I was compelled to conduct [arts based research] to answer my questions about my perceived reality of marginalization and to try to somehow find a place for those answers in the constructed world of workplace relationships” (2015). The article began by describing questions relating to female body image in relation the mass-produced Barbie doll. This was highlighted by images of the author’s initial remodeling of the doll, which were layered with paper pulp to re-mold the body shape into more realistic proportions of the female form. The author also included images of an evocative sculpture that has five bronze painted Barbie dolls holding up a platform. The dolls appeared to strain to hold up the platform upon which a bronze painted Ken doll was seated at a desk. In another piece, Barbie was also sewn into a white, cloth cocoon and placed on a “withering vine.” The last piece displayed a Barbie torn apart, with strings being “purposely mis-strung so that she cannot be manipulated by the puppeteer” (2015). Through her artwork and review of literature, Smilan demonstrated the commercialized female ideal that is symbolized through Barbie as well as the process of addressing complicity in relation to female degradation.

Patricia Gaya Wicks and Ann Rippin (2010) wrote about the use of doll making and artistic process to explore one's sense of self. The authors described the use of doll-making with college students attaining an MSc in management, learning, and change to explore their unique qualities as leaders as well as to encourage self-exploration. The authors explored the history of dolls alongside their use of the dolls as a launching point for self-inquiry (Figure 5). The article highlighted insights the students had in making the dolls including their relationship with leadership, leadership styles, and how they emotionally react to the leadership role. The authors also explored the metaphor that leadership is a form of art and the dolls served as a physical representation of how the students felt regarding the responsibilities of management roles. The authors spoke to this metaphor saying, "leadership, like art, can most constructively engage with the human condition when it is able to hold, not collapse, our experience of the uncanny, the abject, and the other within the 'self' and within the complexities of organizational life" (2010). The participants shared their personal experiences and reactions to the doll making process in relation to their introspective inquiry.

Though dolls are often associated with childhood, dolls have the potential to serve adults in relation to self-discovery, growth, and development. In these cases, the art making process provided a means for adults to react to societal norms, express themselves, as well as encourage creative inquiry. Doll making is seen to produce thought provoking results in terms of how we communicate with others and how people view the human form. In a way, doll making provides the chance to manipulate and shape how they view themselves as well as people in their environment. The making of dolls also offers the opportunity for role exploration and identity development.



Figure 5. Two-sided doll made by “Erica”. The first side represents herself and the second represents her boss (Gaya Wicks, P., Rippin, R. 2010).

Results: Doll making as Arts Based Exploration

I wished to explore the benefits of doll making by making a doll myself. The materials I used were felt fabric in multiple colors, embroidery thread, yarn, and stuffing. During the making of this doll, I was under a great amount of stress from the emerging COVID-19 pandemic. My internship had just declared itself closed along with schools, restaurants, and other businesses within Massachusetts to prevent the spread of the disease. Along with the order to socially distance, people were encouraged to stay at home unless for necessary outings. In light of this, I found myself at home with my parents and sister for an undetermined period of time and wished to make a doll of myself to alleviate stress from the situation. Because larger group events were discouraged, my graduating commencement was indefinitely postponed. After three years of academic and field work, I was denied the opportunity to celebrate my accomplishment of attaining my master’s degree. While the banning of large groups is a necessary step in preventing

disease, it is a disappointing blow, nonetheless. Because of this, I wished to create a doll that embodied how I pictured myself at my commencement ceremony. Through this doll, I wished to manage my stress of the unknown outcome of the pandemic as well as process feelings of anxiety and disappointment. I wanted the doll to manifest the fruition of my triumph of graduation amidst uncertainty of the future.



Figure 6. Cut-out and stitching process of doll's body.

My method of creating the doll was to first make an outline of the doll's form on tracing paper. I made a basic human shape with pencil before cutting out the shape and tracing it on the peach colored fabric with pencil (Figure 6). On one of the cut-out pieces, I embroidered two eyes and a mouth using red, black, and light green embroidery thread. The doll holds a pleasant, somewhat neutral expression. After this, I pinned two of the peach colored pieces of felt together to cut out two copies of the human shape. After cutting, I pinned the two pieces of fabric together and began sewing them together with tan embroidery thread using a saddle stitch. As I made progress with my sewing, I took the pins out one by one while continuing to sew the outline of the human

form. The sewing itself felt like a meditative process, as the mindless repetition aided in my restlessness of being at home. I left a gap in the sewing and turned the doll's form inside out, so that the pencil and stitching would be less apparent on the final doll. Attaching brown yarn for the hair took some trial and error, as I tried different methods to firmly attach the hair in a physically pleasing appearance (Figure 7). I finally decided on making small, knotted bundles that would be sewn to the inside of the doll's head. Some individual pieces of yarn were sewn to give the doll's hair a more natural appearance. Following this, stuffing was added to the body starting with the legs and working up. The head of the doll was difficult to sew following the stuffing, as the hair made it difficult to see where the outline of the doll's form was.



Figure 7. Attachment of hair.

Throughout this process, I was engaged with thoughts of anxiety of whether I would be able to complete my internship hours despite the closure as well as whether I would get my diploma on time. This was mostly during the sewing of the body. However, for the stuffing and attachment of the hair, I was only thinking of the doll-making process itself. I had to attach the hair through trial and error, which occupied my thoughts and distracted me from my worrying of the future. After finishing the doll, I felt a sense of accomplishment that, while small compared to the

accomplishment of graduation, mimicked my projected feelings of triumph I had anticipated to feel during my commencement.



Figure 8. Outline of clothing.

For the dolls clothing, I fashioned a blue jumpsuit, which was modeled after what I planned to wear at graduation. I also chose blue to embody a feeling of peace and calm throughout my time

making the doll. I traced the outline of the dolls body onto tracing paper and cut it out (Figure 8). I then traced the pattern onto the fabric itself using a pencil. After pinning the two pieces of fabric together, I cut out the shape. I then pinned the two cutout pieces of blue fabric and began to sew them together with blue thread. I feel that the repetitious sewing process was the time I felt most reflective. During this time, I processed the new habits of avoiding others, social distancing, and wondered how the world would move forward. I also thought of my own career, wondering how to move forward as I am about to graduate and look for a job despite the world's tense, emotional, climate. The physical task of going one stitch at a time contrasted with my mind making leaps towards weeks and months from now. After I finished sewing the clothing, I wished to embroider a design of flowers onto the front of the doll to represent growth (Figures 9 and 10). Because of the turbulent emotions I was feeling during the making of this doll, I decided to choose colors that embodied happiness, celebration, peace, calm, and growth. For this reason, I embroidered yellow flowers with green stems onto the blue jumpsuit of the doll, as these colors embodied those emotions in my mind. Despite the standstill I feel myself at, I wish to acknowledge that the past three years have been a time of incredible growth and learning. During the process of making a doll, I felt a sense of control and care that aided in management of my own anxiety during the current situation. Because the doll was a manifestation of myself, I felt as if I were caring for myself in a symbolic way. This project reminded me that in times of stress, it is important to be gentle with ourselves and treat ourselves with the utmost care and consideration. As a therapy student, it is my job to help others and hold their emotions. However, in times of crises, it is important to help ourselves in order to help those we serve and take things one step at a time. This project helped to steady my hand and in turn slow my racing thoughts of the future.



Figure 9. Finished doll created by author.



Figure 10. Closeup of finished doll.

Discussion

The usage of dolls in therapy is demonstrated to have a variety of applications over several age groups. Dolls provide an opportunity for social learning, facilitation for coping strategies, transitory objects, communication, and aid in processing trauma. Dolls carry symbolic meaning as an object of play and exploration. This is not only true for children, but for adults and adolescents as well. Therapeutic doll use gives opportunity for the utilization of self-expression and exploration within sessions. Dolls not only provide a deepened sense of communication, but they offer the opportunity for clients and patients to learn about themselves in a less threatening way. Case studies and continued research on the benefits of therapeutic doll use are yet to be expanded and documented. Further research is needed to understand how dolls can be used in other therapy settings with various types of populations. With dolls being universally used in various cultures, it would be beneficial to study cross-cultural effects of dolls used in therapy. For now, the use of dolls demonstrates endless potential for therapeutic use. The creative and narrative use of dolls offer opportunities for metaphoric self-expression and symbolism. They also offer the opportunity for informal assessment, communication, psychoeducation, and development of social skills. Because dolls are universally recognized as a reflection of humanity, they are versatile to use with various backgrounds. The question lies in how we can improve doll-based interventions and in what ways are they most helpful. The wide variety of use demonstrates dolls as a versatile therapeutic tool; however it would be helpful to study where dolls can be most helpful. Because of the variety of uses a doll has, it seems best to apply their use in relation to a client's need. The subjective experience that therapeutic doll use provides makes it difficult to research their effects in therapy. However, the benefits of doll use are seen in small ways from the studies that have been conducted. The impact of using a doll-based

intervention in therapy can be seen by the increased sense of self-growth, comfort, and expression demonstrated in these studies. The experience of making my own doll enhanced the feeling of care, self- growth, and expression. In my case, I used doll-making as a form of stress management. The deliberate use of material and focused artmaking aided in the management of my anxiety. From this subjective experience, I noted the benefits that came with the act of making. Dolls have the power to hold personal experiences and emotions that can in turn be brought into therapeutic sessions. Whether it be the act of making a doll, using it as an assessment tool, or using dolls in narrative, they hold great promise for a range of therapeutic use.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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