

# Art Therapy Applications of Dolls in Grief Recovery, Identity, and Community Service

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## Abstract

*This article reviews the history of dollmaking that is relevant to art therapy, and the application of dolls as therapeutic media in clinical and educational settings. The authors describe their experiences using dollmaking in the resolution of grief, in professional identity construction, and in community service. The article addresses the benefits of dollmaking in clinical practice, as well as for personal awareness.*

## Introduction

Despite an interest on the part of art therapists and the fact that many art therapists use dolls in art therapy or are doll makers themselves (Chapman, n.d.; Evereth-Taylor, 1998; Makridakis, 2006), there are very few scholarly publications about dollmaking in art therapy. This article begins to fill that gap in the literature by providing an overview of the history and application of dolls in art and other therapeutic settings, and by highlighting the authors' experiences with dolls in grief work, identity construction, and community service.

## A Selective History of Dolls

Dolls appear in all cultures and in all areas of the world and are enjoyed today by all ages of people. Although dolls are the world's oldest toys (Young, 1992), they were first used as sacred items in religious ceremonies, made to represent the gods that people worshipped (Fox & Landshoff, 1972; Young, 1992). In ancient Egypt wooden dolls characterizing the wives or slaves of noblemen were buried beside them for the journey to the afterlife (Young, 1992). Dolls used in religious ceremonies were not for children because they were too powerful or magical.

Over the years dolls became less important in religious ceremonies and children began to play with them (Young, 1992). Fox and Landshoff (1972) believed that "the metamorphosis of sacred objects into dolls is a pantomime... played out by children since the world began" (p. 48). They noted, for example, that a label on a case of pre-Columbian figurines displayed at the American Museum of Natural

History described the case's contents as "household idols of no great value" (p. 48). Fox and Landshoff surmised that if certain religious "figures" happened to be the right size as well as plentiful and available in the household, children probably picked them up naturally and played with them. Even today, children make dolls out of anything.

In Western cultures the change in the concept of childhood gave rise to the creation of toys and the popularity of dolls increased (Young, 1992). During the Industrial Age, machines reduced the number of hours children worked, giving them more time for play. Children were no longer thought of as miniature adults, and the new field of psychology confirmed that play was good for children's development (Burton, 1997; Walker, 1989).

In addition to their role in play, dolls have performed life-sustaining functions in many cultures throughout time. Greek and Roman girls played with dolls until they were married, at which time their dolls were deposited at the shrines of the goddess chosen to protect the girls (Young, 1992). Young women of the Ashanti people in Africa carry dolls to dispel infertility (Markel, 2000) and in Dama, near New Guinea, doctors make palm leaf dolls to lure demons of illness out of patients' bodies (Fraser, as cited in Fox & Landshoff, 1972). In the United States, dolls in the form of scarecrows are made to ward off crows and groundhogs, protecting the food supply (Neal, 1969).

Dolls also help to carry on the rituals and traditions of a particular people, such as in these examples provided by Markel (2000): The Ramakien dolls of Thailand tell the story of the rescue of an ancient Thai princess from an evil ogre; Kachina dolls of the Native American Hopi are used to teach children about the many Kachina spirits that provide rain, good crops, and a life in balance; and the people of Bali create dolls for festivals to honor the rice goddess, Dewi Sri. In 19th-century America, fashion dolls attended doll funerals to help middle class girls learn about grief and the etiquette of mourning (Formanek-Brunnel, 1993).

Throughout their history, dolls have reflected the times and the cultures in which they exist (Davis, 2005; Formanek-Brunnel, 1993; Szekely, 1991). In modern times dolls have been created to represent popular figures in the mass media as well as cultural roles, as with the 1963 Mattel dolls Nurse Barbie and Dr. Ken (Davis, 1995). In addition to societal roles and cultural values, dolls can also represent societal problems. Sociologist Eleanor Yates (1995) asserted that the practice of creating Black dolls by manufacturing White dolls in different skin colors fails to acknowledge the uniqueness of race and reflects society's lack of respect for diversity.

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Currently Barbie, GI Joe, Power Rangers, and other mass marketed dolls socialize children into cultural roles, sexual stereotypes, and careers (Hastings, 2003). Nurse dolls are said to have encouraged entry into the nursing profession; children have “used dolls as their uncomplaining patients in play over the years” (Davis, 2005, p. 45). Since 1959 Barbie dolls have modeled over 90 careers, including the “art teacher” Barbie dressed in mini-skirt and apron (Blair, 2006).

For both children and adults, dolls stimulate realms of fantasy and reality and the recall of childhood memories. In fact, calling such figures “dolls” provides an important connection with “the mythic landscape of childhood...the world we lived in as children [and] childhood dreams” (Light, 1996, p. 11). When adults refer to dolls as archetypes, sculptures, or “mythic” representations, their concept of the doll shifts because it has been reframed in adult terms and from the perspective of the adult world. However, when we allow dolls to remain as dolls we retain their power of companionship and their potential to speak and respond, to come alive in our awareness, and to help keep us feeling safe and secure. Dolls let us stay in the world of our imagination with all the potential and possibility that it contains (Light, 1996).

### The Use of Dolls in Childhood Development, Education, and Health Care

In informal play, dolls socialize children into caregiving roles, serve as companions, provide opportunities to reenact relationships with others, and may be used to represent or reinforce appropriate social identities (Whitney, 1999). Dolls even teach children how to button or zip their clothing (Glasberg, Maatita, Nangle, & Schauer, 1998). These functions make dolls popular in many health care settings, children’s hospitals, counseling centers, and schools. Play therapists utilize dolls in diagnosis and treatment as they observe children’s social interactions and relationships (Walker, 1989). Child life therapists have used stuffed muslin dolls to help prepare children for surgical procedures and facilitate effective coping (Gaynard, Goldberger, & Laidley, 1991). One popular use of dolls involves using anatomically detailed dolls to help children recount traumatic events such as sexual abuse (DeLoache & Marzolf, 1995; Goodman & Aman, 1990).

With adolescents, Baby Think It Over dolls engineered to simulate unpredictable infant behavior teach the responsibility and burden involved with infant care (Somers, 2006). “Persona” dolls with names, family histories, and other traits have been used by classroom teachers to give children words and tools for problem solving and conflict resolution, as well as expanding their comfort with difference (Whitney, 1999). Dolls have also been used to make connections with others, such as in the example provided by art teacher Naths (1995), whose classes made and sent dolls to children of the former Yugoslavia along with photographs of the individual students who had made each of the dolls.

Although typically utilized by children and adolescents, dolls also have been useful with patients diagnosed with

dementia to provide a sense of attachment and comfort, to stimulate communication of underlying emotions, and to awaken pleasurable affective responses (Ehrenfeld & Bergman, 1995; Mackenzie, James, Morse, Mukaetova-Ladinska, & Reichelt, 2006). Evereth-Taylor (1998) described dollmaking as a therapeutic intervention to help ease the emotional distress of a woman who was caring for her terminally ill mother.

Doll maker Hastings (2003) articulated the transformative power of dolls when she referenced the Vodou religion, which holds that all objects are intertwined so tightly that what one does to an image or a doll also happens to who or what the doll represents. Doll play also has a transformative function for children who use them for trying on new roles and storytelling. Children find solace in storytelling with their dolls, based on the principle that when we tell the same stories over and over again they no longer have the power to frighten us.

### Applications of Dolls in Art Therapy

Gerity described how working with body image in art therapy facilitates an individual’s coherent representation of self and others (Makridakis, 2006). Dollmaking is an excellent medium for this purpose because a doll can reflect back to the creator something deeply satisfying and nourishing, and it may provide a healthy kind of mirroring (Makridakis, 2006).

Gerity found that it is possible to use body image representations to facilitate the process of moving from fragmentation and pain to certain kinds of self-soothing, integration, and reparation (Makridakis, 2006). This process is illustrated perfectly in the example of Rosie Chapman (n.d.), who commenced dollmaking during a time of personal crisis. While recovering from cancer and major surgery, Chapman was working in a maximum security facility for juvenile delinquent boys and she was pushed down a set of stairs by three boys trying to escape. She suffered severe back and neck pain followed by posttraumatic shock and depression. When she was given a doll as a gift during her convalescence, Chapman reacted by saying, “I can make a better doll than that,” despite the fact that she had never played with dolls nor considered herself an artist (as cited in Hastings, 2003, p. 27). She began with making Black Raggedy Ann and Andy dolls using a pattern, and then moved on to polymer clay sculpted dolls. Chapman decided to go back to graduate school for a degree in art therapy because, as she said, she knew “the power that art has on the healing process” (as cited in Hastings, 2003, p. 28).

Black (as cited in Wadson, 2000) also described the therapeutic process of facilitating the movement from pain to self-soothing when using dolls in a home for women who were leaving prostitution. Black had experienced difficulty establishing art therapy groups because the women did not speak openly about their experiences to others. Black encouraged their interest in art therapy by making her own masks and dolls, and ultimately several women, whose interest was piqued at the sight of Black’s dolls, made dolls as well. Black observed how dollmaking helped the women

connect with issues from childhood and with mothering, nurturing, and femininity. In the process of making dolls women shared supplies with each other, despite not having shared any information about themselves previously. Black noticed how the women tenderly spoke of and to their dolls. They carried them, sat them in chairs, and made sure they were safe. All of the women in the program had been sexually abused by their fathers; the cloth dolls seemed to allow them to express their tender, caring qualities without feeling ashamed.

### Dollmaking in Recovery From Grief

Barbara McIntyre used dolls with Lisa (pseudonym), a 16-year-old girl who was referred for art therapy by her school counselor one year after the death of her sister, Lora (pseudonym). Lora and Lisa had greatly depended on each other as sisters. Both had been involved in the arts, they closely resembled each other, and they shared a bedroom and protected each other from a father who was often full of rage. Lisa's parents divorced when she was 10 and her father did not seek custody of his daughters. When Lisa was 15 years old, Lisa, Lora, and their mother were involved in a head-on collision with a drunk driver and Lora died instantly. Lisa's family continued on, trying to "keep things normal," however, trauma and grief reactions interfered with their living. Lisa received art therapy until she graduated from high school.

Three months before her last session of art therapy, McIntyre introduced the idea of making a doll. Lisa was excited about the prospect of making a doll of her sister. She was offered a variety of materials, including a Bendi doll (a 12-inch muslin stuffed wire doll form that allowed for bending), thread, needles, and other notions and charms found in fabric stores. Lisa worked on her doll weekly and completed it after 10 sessions.

Dollmaking offered Lisa opportunities to review her childhood and times with her sister Lora. When a poignant memory arose, Lisa requested specific items she would need for the next session. For example, because Lora had enjoyed dancing, Lisa requested purple ribbon to make ballet slippers for her doll. The act of providing these items showed a connection of trust and enhanced the therapeutic space. 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).

In an art therapy session, Lisa chose three red roses and one white rose to represent herself, her two sisters, and her mother. Representing her family without her estranged father became a source of satisfaction for her as these flowers were incorporated into the doll. The outward process of making the doll led to other inner processes that Lisa found easier to discuss with her therapist. With her doll, she shared dreams and worked through repressed memories of an abusive father. She openly wondered why some people become stronger from tragedy and some are destroyed. She called upon her own courage to deal with the pain of losing a sister and use it to build strength.



Figure 1 Lisa's doll

Lisa's process of making the doll led her to a deeper resolution of grief and a positive sense of self. From having identified her sister's skills and talents, Lisa determined that she would continue to develop her own dancing skills in her sister's memory. 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 (Figure 1).

### Identity Construction Through Dollmaking and Interaction With Others

Building on the use of dolls to further personal awareness and healing, the authors used dolls with colleagues to develop professional identity. In a workshop for art therapists and other helping professionals, participants decorated plain Bendi doll forms to represent themselves (Feen-Calligan, Sands-Goldstein, & McIntyre, 2005). Participants shared art supplies and conversed with one another as they worked on their dolls. Before they were completed each doll was exchanged for a partner's doll, and the doll's recipient finished the doll based on what he or she thought the doll needed or wanted. At first many people were reluctant to pass the dolls to their partners, feeling a sense of ownership of the doll. However, once the dolls were exchanged and participants received their partner's doll to work on, the reluctance dissipated. After this experiential activity the participants noted how they had become thoughtfully engaged in the responsibility of adding to their partner's doll, carefully choosing what they thought their partner would like or could use. Conversely, when the dolls were returned to their original owners at the end of the workshop, many expressed pleasant surprise with the outcome of their finished dolls. What was added to their dolls was so much more or different from what each individual had begun alone. The experiential activity illustrated how our identities are formed by what we "take from" and "give to" others (Figures 2a and 2b).



**Figure 2a** Dolls created in "Sharing Our Stories, Sharing Ourselves: Community Dollmaking in Art Therapy"



**Figure 2b** Detail

In another workshop for helping professionals (Feen-Calligan, McIntyre, & Sands-Goldstein, 2003) participants represented themselves with dolls they made from wide craft sticks. With the aid of Plasticine on a tabletop base they positioned the dolls as themselves in relation to others in a doll "community" made with collage materials (Figures 3a and 3b). Prior to this activity participants identified different types of communities to which they belonged and discussed what made for a healthy community. As participants created their tabletop community, they were asked to consider these questions: Who am I? How do I affect, and how am I affected by others around me? What is my value and what do I bring to a community?

Following the community doll activity, the workshop participants described how they had exercised care when they placed themselves into the community, being considerate and supportive of others. The group discussed how each individual is responsible for contributing to and sustaining his or her community (in this case, a professional art therapy community) and, in return, noticing how they make these contributions results in greater appreciation for their own unique individual talents and strengths.

In reflecting on the health risks of isolation, one participant envisioned using the activity with client groups to encourage community and support. Another thought that the exercise could be useful for helping persons leaving institutions to visualize life in a community outside the hospital. For a third participant the experiential activity



**Figure 3a** The "community" from "The Art Therapist's Identity and Community"



**Figure 3b** Close-up of three members of the community

stimulated this reflection: She had observed how other professionals such as nurses or occupational therapists at her place of employment collaborate and receive support from peers in their respective disciplines. As the sole art therapist employed by a large medical system, this experiential illuminated the sense of connection she realized she would like to have on a daily basis from fellow art therapists. The activity made her consider how much richer her professional role might be with others close by to serve as sounding boards for ideas and to offer encouragement.

### Dolls Made by Faculty

In another example of identity construction the faculty of the art therapy program in which the authors teach undertook dollmaking at a time when programmatic changes were being considered. We used the process to explore strengths and resources and to reconnect with each other in a new way. Over the course of a summer each professor created a doll to represent her art therapy self and the strengths she brought to the program, while keeping a journal of the process (Figure 4). During a fall faculty meeting each of us presented our dolls to the others. Seeing

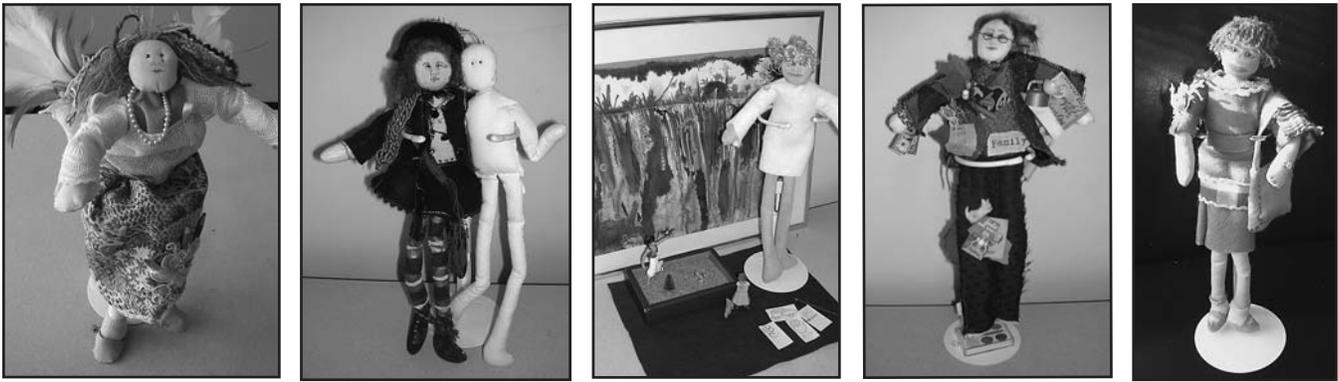


Figure 4 Dolls made by faculty

and discussing the dolls—how they were made and what they represented—helped us collectively visualize our sense of identity for the department and how the strengths and backgrounds of each individual professor complemented one another. Certain themes expressed in the dolls helped us to articulate what we valued and what was important to maintain or add to our curriculum.

Although they number too many to mention in this article, one of the themes common to everyone's dollmaking process was the perceived insufficient amount of time available with which to work on the dolls. This was an interesting finding given that one of the decisions we were considering for the curriculum was whether to add a new studio art course. We could empathize with students' difficulties in fitting studio time into an already heavy academic schedule, work, and family responsibilities. We discussed the importance of selecting the best semester to add a course in terms of students' schedules, and we recognized our own insecurities with advocating for something that we ourselves found challenging. Ultimately we concluded that the added burden of time to complete the dolls was negligible compared with the new energy they inspired. Additionally, we acknowledged that we would not have made the dolls had we not all agreed to do so. Thus, making explicit the purpose of the dollmaking and feeling mutually responsible to each other to make a doll motivated us to follow through. Furthermore, we all found the process soothing once we got down to it.

The process of dollmaking had other benefits as well. As McIntyre said, "I sat in my home office before going to work at the hospice and added to my doll. The process contributed to a more present 'me' as a therapist." Thus we set a continuing goal to nurture ourselves with more collaborative art making or art-making retreats, and we proceeded with adding the art studio course to the curriculum.

Another common theme was how much of the personal self had been incorporated into our professional-self dolls. Even though the dolls were intended to represent professional qualities, many personal qualities found their way into the dolls: Having the backbone to stand up for beliefs and decisions that do not necessarily make others happy; wearing shoes that allow for physical comfort, a sense of grounded-ness, and being centered; lessons learned from

being a parent; layers of personality; being able to nurture oneself in order to be of service to others; balancing family and work; and the influence of family members and admired others from whom we draw strength—these were among the personal qualities woven into our professional-self dolls. Ultimately, we acknowledged how professional identities are intertwined with personal identities; recognized the importance of personal, emotional, and mental health to professional work; and agreed on the need to nurture personal assets as part of the professional role. These ideas are not only true for ourselves, but are ideas and practices we want to make sure our students know and practice as well.

### Using Dolls in Community Service

In a third workshop for art therapists we asked participants to bring dolls they had rescued from thrift shops to be refurbished and donated to other professionals who could use them in the aftermath of Hurricane Katrina in New Orleans (Feen-Calligan, Sands-Goldstein, & McIntyre, 2006). Local art therapists Kry Bastian and Theresa Henderson introduced the workshop participants to Lorie Forte, Children's Programs Coordinator of a New Orleans domestic violence shelter that would receive the dolls. Forte presented an overview of the children residing at the shelter and then participated in the doll restoration project herself. Thus the workshop became an opportunity for service-learning, as participants restored dolls with individual children in mind and wrote notes to be carried by the dolls to their new owners (Figure 5). After the experiential activity, some participants described how the dolls seemed to "make themselves," as their creators envisioned particular children and what they might need or want. For example, participant Kate Sullivan reflected the following:

Making the doll personalized the extreme impact of the hurricane, the dispossession, and dislocation effect upon the victims of the hurricane's aftermath. It made me truly aware of the daily need of nurturing that far outlasted the immediate physical needs of the New Orleans families. Having [Lorie Forte] speak to us about the children's needs and how our dolls seemed to "belong" with certain kids they counseled reassured me that what I was doing (while having fun!) was an important (although small) contribution to the re-



**Figure 5** Dolls created in “Making Connections: Creating Recycled Dolls for Individuals Affected by Hurricane Katrina”

covery of a specific child. The workshop gave an added emotional depth to my experience at the conference. (personal communication, June 16, 2008)

Following the workshop the dolls were distributed to the shelter residents. According to Forte, the older children seemed to be interested in the note carried by the doll and the doll’s history, whereas the younger children were just happy to have a doll. One 12-year-old girl stood out in Forte’s memory. This girl received a doll that was refurbished to look like her as well as express her interests and style of dressing. Forte said that when presented to the girl, the doll “really hit home.” The girl identified with the doll from having seen her self reflected in it. When the girl and her family were able to establish a new residence, the girl’s mother mailed a photograph to Forte that showed her daughter and the doll sitting together in their new bedroom. Despite successes such as this, Forte suggested that the impact might have been greater had the children been involved in refurbishing the dolls themselves.

## Summary Discussion

As discussed in this article, the cultural and historical roles of dolls help explain their appeal in art therapy: In history and in art therapy dolls are symbols for ourselves or for something greater than ourselves, they teach and have power, they stimulate the imagination, and they have the potential to speak and to provide companionship. When dolls resemble human beings, children and adults seem drawn to interact with them as if they were real people, and such interactions become therapeutic opportunities to work on relationships. As Oroyan (1997) explained, “people make dolls and like dolls because they are interested in other people, what they do, how they look, what they wear, how they feel... a doll is just another way we appreciate the infinite variety of our fellow humans” (p. 12). Creativity is sometimes defined with reference to God the Creator (Koontz, 1986). Perhaps the power of dollmaking can be attributed to the fact that making dolls resembles making people, and the doll maker feels that spiritual connection to a divine power in which he or she believes.

In addition to such interaction and play, dollmaking becomes an in-depth personal reflection process that offers a magnitude of discovery beyond a two-dimensional self-

portrait. In the examples described herein, the dollmakers experienced their own re-creation as they created their dolls. Lisa’s doll took on the qualities of both herself and her sister Lora in the process of resolving her loss. As the thrift shop dolls were restored in the aftermath of Hurricane Katrina, the doll makers were restored through the growing knowledge of what could be done for children who are victims of both domestic violence and multiple losses; they felt gratified by the small service they were able to provide.

One benefit from making dolls in groups is the enhancement of a person’s sense of self with the help of others who provide feedback. This derives from the theory of symbolic interaction—that personal identity is formed in large part through interactions with others (Mead, 1956). Applied to professional identity, one can see that the collective identity of a profession held by its members is continually re-formed as members contribute knowledge and skills and as they collaborate, model, observe, learn from, lead, and follow one another in their professional work (e.g., Ronfeldt & Grossman, 2008). Obviously, opportunities for art therapists to collaborate and learn from each other often must occur outside the workplace. To foster such interpersonal connections and professional development, some art therapists and artists have participated in round-robin art and dollmaking (Mathews, 1999). Kapitan (2003) wrote of creating “healing circles” of art therapists in order to re-enchant and inspire one another (p. 17). Dollmaking groups can facilitate this goal.

Many art therapists have made dolls themselves and have used dolls in art therapy, but they have not written about the value of their work. We encourage art therapists to describe how dolls are used in art therapy sessions, as well as to systematically investigate the therapeutic value or benefits of dolls in art therapy.

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