

Healing Through Play

Using Dolls in Trauma Therapy

A Compassionate Guide for Therapists, Caregivers, and Helping Professionals

Introduction

Trauma leaves its mark not only on the mind but on the body, the voice, and the spirit. For many survivors—especially children, but also adolescents and adults—the experience of trauma can be so overwhelming that words alone cannot capture what happened or how it felt. This is where doll-based therapy enters as a gentle, powerful bridge between the unspeakable and the understood.

Doll therapy, sometimes called doll play therapy or therapeutic doll work, is a form of expressive therapy in which dolls serve as stand-ins for people, relationships, and experiences. Rooted in decades of clinical practice and developmental psychology, this approach gives survivors a way to externalize their inner world, explore difficult emotions at a safe distance, and gradually reclaim a sense of agency over their own story.

This article is written with warmth and respect for both the therapist and the client. Whether you are a licensed clinician, a school counselor, a social worker, or a caregiver supporting someone on their healing journey, the information here is meant to inform, encourage, and equip you. *Healing is possible, and sometimes it begins with something as simple as a doll in a child's hands.*

Why Dolls? The Therapeutic Rationale

Human beings are storytelling creatures. We make sense of the world by narrating our experiences. But trauma disrupts this process. Traumatic memories are often stored as sensory fragments—images, sounds, body sensations—rather than coherent narratives. For children especially, whose language and cognitive development are still unfolding, asking them to “talk about what happened” may be not only ineffective but potentially retraumatizing.

Dolls offer a different pathway. They allow a person to project feelings, relationships, and events onto external figures. This projection creates what clinicians call therapeutic distance—the ability to explore painful material without being engulfed by it. A child who cannot say “I was scared” may be able to show you, through a doll, what fear looks like. An adult who struggles to describe a family dynamic may arrange dolls in a way that speaks volumes.

This externalization is not avoidance. It is, in fact, one of the most courageous things a person can do: to take the chaos inside and give it a form outside, where it can be witnessed, understood, and eventually transformed.

Benefits of Doll-Based Trauma Therapy

The therapeutic use of dolls offers a rich constellation of benefits, each supporting the larger process of trauma recovery.

Emotional and Psychological Benefits

- **Safe Emotional Expression:** Dolls provide a non-threatening medium for expressing fear, anger, sadness, confusion, and grief. Clients can “show” rather than “tell,” reducing the pressure of direct verbal disclosure.
- **Reduced Shame and Stigma:** By attributing experiences to a doll character, clients can explore painful events without feeling exposed. This is especially valuable when working with abuse, neglect, or domestic violence.
- **Trauma Narrative Construction:** Over time, doll play helps clients organize fragmented trauma memories into coherent narratives. This narrative integration is a core goal of many evidence-based trauma treatments.
- **Restored Sense of Control:** Trauma strips away a person’s sense of agency. In doll play, the client controls the story. They decide what happens, who speaks, and how the scene ends. This restored agency is deeply healing.
- **Emotional Regulation:** Through repeated, guided play, clients practice identifying and modulating their emotions in a controlled environment, building skills they can carry into daily life.

Relational and Social Benefits

- **Attachment Repair:** Doll interactions can model healthy caregiving, secure attachment, and empathic responsiveness—experiences that may have been absent in the client’s life.
- **Strengthened Therapeutic Alliance:** Playing alongside a client builds trust and rapport. The shared activity of doll play creates a collaborative space where the therapist becomes a safe, attuned companion rather than an authority figure.
- **Social Skill Development:** Doll scenarios can be used to practice communication, conflict resolution, boundary-setting, and empathy—skills often disrupted by trauma.

Developmental and Cognitive Benefits

- **Accessible Across Ages and Abilities:** Doll therapy can be adapted for preschoolers, school-age children, adolescents, adults, and older adults—including those with intellectual disabilities, nonverbal presentations, or neurodevelopmental differences.
- **Bridges Language Barriers:** Because the primary mode of communication is play rather than speech, doll therapy is effective across languages and cultures.
- **Supports Memory Integration:** The multisensory nature of doll play—touching, moving, positioning, voicing—engages multiple brain regions, supporting the integration of traumatic memories that may be stored somatically.

Types of Dolls Used in Therapy

Different therapeutic goals call for different types of dolls. Here is an overview of common options:

- **Anatomically Correct Dolls:** Used primarily in forensic interviewing and assessment, these dolls help children identify and communicate about physical or sexual abuse. They should be used by trained professionals following established protocols.
- **Family Dolls or Dollhouse Figures:** Small, diverse family figures allow clients to recreate household dynamics, explore relationships, and rehearse new ways of interacting.
- **Soft or Comfort Dolls:** Plush, huggable dolls can serve as transitional objects, providing physical comfort and a sense of safety during and between sessions.
- **Persona Dolls:** Dolls with specific identities, backgrounds, and stories. These are especially useful for addressing issues of identity, belonging, discrimination, and cultural trauma.
- **Handmade or Client-Created Dolls:** Inviting clients to create their own doll can be a profoundly therapeutic act, allowing them to craft a representation of themselves, a lost loved one, or an idealized protector.

Step-by-Step Guide: Implementing Doll Therapy

The following steps provide a practical framework for incorporating doll work into trauma therapy. While the approach should always be adapted to the individual client, these guidelines offer a grounded starting point. *Remember: the pace of healing belongs to the client, not to the protocol.*

Step 1: Assessment and Preparation

Goal: Determine whether doll therapy is appropriate and prepare the therapeutic environment.

Begin by gathering a thorough trauma history and developmental assessment. Consider the client's age, cultural background, comfort with play, and specific trauma type. Doll therapy is not appropriate in every case—some clients may find dolls triggering or infantilizing, and it is essential to follow the client's lead.

Practical actions: Select a diverse range of dolls that reflect different genders, skin tones, ages, and body types. Prepare a quiet, private therapy space. Ensure that the dolls are clean, in good condition, and stored respectfully. If using anatomically correct dolls, confirm that you have the appropriate training and clinical justification.

Step 2: Building Safety and Rapport

Goal: Establish a foundation of trust before introducing trauma-focused work.

Spend the initial sessions building a safe therapeutic relationship. Introduce dolls casually as part of the play environment without pressure to use them in any specific way. Allow the client to explore, touch, and interact with the dolls on their own terms.

Practical actions: Say something like, "There are some dolls here if you'd like to play with them. You can do whatever feels right." Observe which dolls the client gravitates toward. Notice themes that emerge organically. Avoid directing or interpreting play prematurely.

Step 3: Introducing Therapeutic Doll Play

Goal: Gently guide the client toward using dolls as tools for emotional expression and narrative exploration.

Once rapport is established, you can begin to introduce more structured doll interactions. Invite the client to create a scene, tell a story, or show you something about their life using the dolls. Use open-ended prompts rather than direct questions.

Sample prompts: *“Can you show me what the family looks like at home?” “What happens when this doll feels sad?” “If this doll could say anything it wanted, what would it say?”*

Step 4: Witnessing and Reflecting

Goal: Provide attuned, nonjudgmental presence as the client’s story unfolds through the dolls.

As the client plays, your role is to be a compassionate witness. Reflect what you observe without interpreting or correcting. Use tracking statements (“I see the little doll is hiding behind the couch”) and empathic reflections (“It looks like she’s really scared”). This attunement communicates that the client’s experience is seen, heard, and held.

Key principle: *Follow the child’s lead.* Resist the urge to redirect or fix. The client knows what they need to process, even if the path seems indirect or confusing to the observer.

Step 5: Processing and Meaning-Making

Goal: Help the client begin to make sense of the themes and emotions that emerge in doll play.

As trust deepens and themes become clearer, gently introduce reflections that connect the doll’s experience to the client’s own feelings. This is a delicate process and should only occur when the client is ready. For some clients, the therapeutic work happens entirely within the metaphor of the doll story, and that is perfectly valid.

Examples: *“You know, I wonder if sometimes you feel a little bit like that doll does.” “The doll in your story was very brave to speak up. I notice you’re brave too.”*

Step 6: Empowerment and Rehearsal

Goal: Support the client in using dolls to practice new skills, rehearse difficult situations, and envision positive outcomes.

Once the client has begun to process their trauma narrative, doll play can shift toward empowerment. Invite the client to create scenes in which the doll character stands up for itself, asks for help, sets a boundary, or receives comfort. These rehearsals build confidence and internalize new patterns of responding.

Practical actions: *“What would the doll do differently this time?” “Who could the doll go to for help?” “Let’s practice what the doll might say if that happened again.”*

Step 7: Integration and Closure

Goal: Bring the therapeutic work to a thoughtful close that honors the client’s journey.

As therapy progresses and symptoms decrease, begin to consolidate gains. Help the client reflect on how far they have come, what they have learned, and what strengths they have discovered. If the client has formed a strong attachment to a particular doll, consider allowing them to keep it as a symbol of their healing.

Practical actions: Create a closing ritual. This might involve the client narrating the doll’s “ending” to their story, writing a letter from the doll to the client, or placing the doll in a special resting place. Honor the relationship the client has built with the doll and with you.

Important Considerations and Ethical Guidelines

- **Cultural Sensitivity:** Always consider the cultural context of doll play. In some cultures, dolls carry specific spiritual, religious, or social significance. Discuss the use of dolls with families and adapt your approach accordingly.
- **Informed Consent:** Explain the purpose and process of doll therapy to clients and, when applicable, their caregivers. Ensure that participation is always voluntary.
- **Avoid Leading:** Especially in forensic or assessment contexts, avoid guiding the client toward a particular narrative. Let the story emerge from the client, not from the therapist.
- **Training and Supervision:** Doll-based trauma therapy should be conducted by professionals with appropriate training in play therapy, trauma treatment, and child development. Seek ongoing supervision and consultation.
- **Self-Care for the Prompt:** Witnessing trauma narratives, even through the medium of play, can be emotionally demanding. Prioritize your own self-care, seek peer support, and know when to refer out.
- **Documentation:** Keep careful records of doll play sessions, including themes observed, client responses, and clinical impressions. Photographs of doll arrangements (with consent) can supplement written notes.

Therapeutic Scripts and Sample Dialogues

One of the most common questions therapists ask is: “*But what do I actually say?*” The scripts below are not rigid prescriptions. They are compassionate starting points—words you can adapt, soften, shorten, or set aside entirely based on what your client needs in the moment. Think of them as training wheels for the therapeutic conversation, not as the conversation itself.

Therapist’s Note: In every script below, “the doll” refers to whichever figure the client has chosen or been invited to work with. The client may speak to the doll, speak as the doll, or narrate about the doll—all are valid. Follow their lead.

Script 1: Exploring What Happened

When a client is ready to begin approaching their trauma narrative, the therapist can gently open a door through the doll. The goal is not to extract a report but to create a space where the story can emerge at whatever pace the client needs.

Opening the Door

Prompt (to client): “I notice you’ve been holding that doll very close. I wonder if she has a story she’d like to tell, whenever she’s ready.”

Prompt: “Sometimes dolls have things they carry inside that feel heavy. Does your doll carry anything heavy?”

Prompt: “If this doll could show us one thing about what happened, what would she show us first?”

Deepening the Narrative

Prompt: “Can you show me where the doll was when that happened? Who else was there?”

Prompt: “What was the doll feeling in her body when that was going on?”

Prompt: “What did the doll wish someone had said to her in that moment?”

Client (as doll): “I wished someone had said, ‘I see you. This isn’t your fault.’”

Prompt: “That’s such an important thing to hear. Would you like to say that to her now?”

Validating and Containing

Prompt: “Thank you for letting me hear that. The doll was very brave to share. Let’s make sure she feels safe now. Where would she like to rest?”

Prompt: “We don’t have to hear the whole story today. We can come back whenever she’s ready.”

Script 2: Asking for Forgiveness

Many trauma survivors carry guilt—sometimes rational, often not. Children may blame themselves for abuse. Adults may carry regret over how they responded during a traumatic event, or guilt about how their trauma responses have affected others. Doll work can create a gentle container for this painful emotion.

Important: Forgiveness work should never be forced or rushed. The client decides if, when, and how forgiveness enters their process. Forgiveness here is about self-compassion and release, not about excusing harm.

When the Client Needs to Ask for Forgiveness from Themselves

Prompt: “I wonder if there’s something the doll wishes she could say to herself—to the younger version of herself, or to the part of herself that carries all that weight.”

Client (as doll): “I’m sorry I didn’t fight back. I’m sorry I froze. I’m sorry I didn’t protect us.”

Prompt: “That sounds like something she’s been carrying for a very long time. What would the little doll say back, if she could?”

Client (as younger doll): “You didn’t do anything wrong. You were just a kid. I’m not mad at you.”

Prompt: “I want you to hear what she just said. Can we sit with that for a moment?”

When the Client Needs to Ask Forgiveness from Someone They’ve Hurt

Prompt: “Sometimes when we’re hurting, we hurt other people too—not because we’re bad, but because pain overflows. Is there someone the doll wishes she could talk to?”

Client (to doll representing another person): “I’m sorry I shut you out. I’m sorry I yelled. I didn’t know how to tell you what was happening inside me.”

Prompt: “That took a lot of courage. What do you imagine this person might say back to you, in the best version of that conversation?”

Client (as the other person’s doll): “I was confused and hurt, but I never stopped caring about you. I’m glad you’re telling me now.”

Script 3: Granting Forgiveness

Granting forgiveness is among the most complex terrain in trauma work. It is never owed, never obligatory, and never a prerequisite for healing. But for some clients, at some point in their journey, the act of releasing the grip of resentment can bring profound relief. Doll work allows this to happen symbolically, at a pace that the client controls.

Critical reminder: Forgiveness in this context means releasing the emotional burden, not condoning what happened. The client may choose to forgive and still maintain firm boundaries. These are not contradictory.

Forgiving Someone Who Caused Harm

Prompt: “I’d like you to choose a doll to represent that person. You can place them wherever feels right—close, far away, facing you, turned away. Wherever feels true.”

Client (to the doll): “You hurt me. You really hurt me. And for a long time I thought that meant something was wrong with me.”

Prompt: “Take as much time as you need. Is there anything else you want this doll to hear before we talk about what comes next?”

Client: “I’m not saying what you did was okay. It wasn’t. But I’m tired of carrying this. I’m choosing to put it down.”

Prompt: “That is an incredibly powerful thing to say. Putting it down doesn’t mean it didn’t matter. It means you matter more.”

When Forgiveness Isn’t Ready

Sometimes a client will reach this point and realize they are not ready, and that is equally important to honor.

Client: “I thought I could do this, but I can’t. I’m still too angry.”

Prompt: “Then we honor the anger. Anger is a protector. It’s telling you something important. We don’t have to rush past it. The doll can hold it for now.”

Script 4: Telling the Truth for the First Time

For many survivors, there are things they have never said aloud. The doll can be the first to hear.

Prompt: “Sometimes dolls know secrets. Does this doll have a secret—something she’s never told anyone?”

Client (as doll, whispering): “No one knows what really happened. I never told anyone because I thought they wouldn’t believe me.”

Prompt: “I believe her. And I’m honored she trusted me enough to say it. She doesn’t have to carry that alone anymore.”

Prompt: “What does it feel like in your body right now, after saying that?”

Script 5: Saying What Was Never Said

Trauma often robs people of the chance to say what they needed to say—to a parent who left, a loved one who died, or an abuser who silenced them. The doll becomes the listener.

Client (to doll representing an absent parent): “I needed you. I needed you and you weren’t there. Do you know what that did to me?”

Client: “I turned out okay. Not because of you. In spite of you. And I want you to know that.”

Prompt: “How does it feel to finally say those words?”

Client: “Lighter. Like I’ve been holding my breath for twenty years.”

Doll Work and Dissociative Identity Disorder (DID)

For individuals living with Dissociative Identity Disorder, the internal world can feel vast, confusing, and sometimes frightening. Parts or alters may feel unknown to one another, hold conflicting emotions, or struggle to communicate. Doll therapy offers a uniquely powerful tool for this population because it *makes the internal system visible and tangible*. Each part can be represented by a doll, given a physical form, a voice, and a place in the room.

This section is written with deep respect for individuals with DID and the clinical complexity of this work. It is intended for therapists who are already trained in dissociative disorders or who are working under supervision with this population.

A note on language: This guide uses the term “parts” to describe the distinct identity states within a DID system, as this is the language most commonly used in clinical literature. However, many systems prefer terms like “alters,” “headmates,” or “system members.” Always use the language the client prefers.

Why Dolls Are Especially Helpful for DID

DID creates an internal landscape in which different parts of the self carry different memories, emotions, ages, and roles. These parts may not know about each other, may be in conflict, or may carry intense fear and mistrust. Traditional talk therapy requires a person to narrate this complexity in words, which can feel impossible when parts hold contradictory truths or when the host has limited awareness of the system.

Dolls externalize what is internal. When a client selects a doll for each part, the system becomes a visible, three-dimensional map. Parts can be arranged in relation to one another—close or distant, facing toward or away, standing alone or in groups. This spatial arrangement often reveals dynamics that words cannot.

Critically, doll work allows parts to communicate without the host needing to fully switch. A client can pick up a doll and speak as a part, or speak to a doll that represents a part, while remaining grounded in the present. This creates a gentler, more controlled way to build internal communication.

Step-by-Step: Building Internal Communication Through Dolls

Step 1: Mapping the System

Invite the client to select dolls for the parts they are aware of. This is not about completeness—some parts may not be ready to be represented yet, and that is perfectly fine.

Prompt: *“I have a collection of dolls and figures here. I’d like to invite you to choose one for each part of yourself that you know about—or even ones you only sense are there. There’s no rush, and you don’t have to include everyone right away.”*

Prompt: *“Once you’ve chosen, can you place them in the room in a way that feels true? Close together, far apart, facing each other or away—whatever feels right.”*

Observe the arrangement carefully. It contains information about the system’s dynamics: who is allied, who is isolated, who is in conflict, who feels protective, and who feels afraid.

Step 2: Introducing Parts to One Another

Many parts within a DID system have never been formally acknowledged or introduced. The simple act of naming and greeting can be powerfully validating.

Prompt: *“I’d like to meet the parts, if they’re willing. Can you tell me a little about this doll? What’s her name? How old is she? What does she feel most of the time?”*

Client: *“This one is Lily. She’s about six. She’s scared a lot of the time. She doesn’t trust anyone.”*

Prompt: *“Hello, Lily. Thank you for letting me know you’re here. You don’t have to trust me yet. I just want you to know that you’re welcome in this room.”*

This moment models what healthy acknowledgment looks like. For parts who have been hidden, denied, or shamed, being greeted with warmth can be the first experience of acceptance.

Step 3: Facilitating Conversations Between Parts

Once parts have been identified and represented, the therapist can gently facilitate dialogue between them. This is particularly valuable when parts are in conflict—for example, when a protector part distrusts a vulnerable child part, or when the host feels overwhelmed by an angry part.

Prompt: *“I notice that the protector doll is standing in front of Lily. It seems like she’s guarding her. Can the protector tell us why?”*

Client (as protector): *“Because last time Lily came out, we got hurt. I’m not letting that happen again.”*

Prompt: *“That makes so much sense. You’ve been doing an incredibly important job. I wonder—is there anything Lily wants to say to you?”*

Client (as Lily): *“I know you’re trying to keep us safe. But I’m lonely back here. I just want someone to talk to sometimes.”*

Prompt: “Protector, did you hear what Lily said? What comes up for you when you hear that?”

Client (as protector): “...I didn’t know she was lonely. I thought I was helping.”

Prompt: “You were helping. And now you know something new. That’s what communication does—it helps all the parts understand each other better.”

Step 4: Healing Relationships Between Parts

In many DID systems, parts carry deep hurt toward one another. A persecutor part may have internalized the voice of an abuser. A child part may feel abandoned by the host. Doll work allows these fractures to be addressed with compassion.

Client (as host, to a child part’s doll): “I’m sorry I ignored you for so long. I was afraid that if I listened to you, the pain would be too much. But I’m here now.”

Client (as child part): “You left me alone in the dark. I didn’t understand why.”

Client (as host): “I know. And I’m sorry. I wasn’t ready before, but I’m learning. Can we try to do this together?”

Prompt: “This is a beautiful beginning. Healing inside a system doesn’t happen all at once, but every conversation like this builds the bridge a little more.”

Step 5: Building Internal Safety and Co-Awareness

The long-term goal of doll work with DID is not necessarily integration (though some clients may choose that path), but rather cooperation, communication, and mutual respect among parts. Over time, doll play can help the system develop:

- **Internal meeting spaces:** The client creates a physical scene where all the dolls can be together, modeling an internal conference room or safe space.
- **Shared decision-making:** Practice scenarios in which parts negotiate daily life choices, turn-taking in fronting, or co-consciousness during difficult moments.
- **Comfort and co-regulation:** Practice scenes where one part comforts another, building the internal attachment bonds that trauma disrupted.
- **Gratitude and acknowledgment:** Invite parts to express thanks to one another for the roles they have played in survival, reframing “problem” parts as protectors who did their best under impossible circumstances.

A Sample Internal System Dialogue

The following extended script illustrates what a mid-therapy session might sound like when a system is practicing internal communication:

Prompt: “Today I thought we might try something. All the dolls are here. Could we have a little meeting? Everyone who wants to be at the table is welcome.”

Client (arranging dolls): “Okay. Lily wants to sit next to me. The protector wants to stand. And... the angry one is in the corner. He doesn’t want to come closer.”

Prompt: “That’s okay. He doesn’t have to come closer. But I want him to know he can hear everything from there, and his feelings matter too.”

Client (as host, to angry part): “I know I’ve been trying to shut you up. I’m sorry. I was afraid of your anger, but I think I understand now that you were angry because you were trying to protect us.”

Client (as angry part): “Nobody ever listens to me. They just want me to go away.”

Client (as host): “I’m listening now.”

Prompt: “I notice the angry one’s doll just moved a little closer. That means something. Even small steps are brave steps.”

Over time, these conversations build what the client may never have experienced externally: a family that listens, a home where everyone belongs, and a sense that no part of the self needs to be exiled in order for the whole person to be okay.

A Final Thought

There is something quietly radical about placing a doll in the hands of someone who has been hurt. It says: your story matters. It says: you don’t have to carry this alone. It says: here is a way to begin.

Doll therapy will not erase what happened. No therapy can. But it can help a person find words for the wordless, form for the formless, and meaning in what once felt only like pain. It can help a child who was silenced find a voice—even if that voice first belongs to a doll.

And in that voice, healing begins.

This article is intended for educational purposes and does not replace professional clinical training. Always seek supervision and culturally responsive guidance when working with trauma survivors.