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Using Personal Dolls to Learn Empathy, Unlearn Prejudice

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Abstract: The Persona Doll Approach (PDA) is an enjoyable and non-threatening way for adults to work with children and families to promote psychosocial development and anti-bias. The research examines the use of the PDA with young children and caregivers in the South African context of poverty, and past and present discrimination. The PDA addresses different manifestations and issues related to prejudice, such as: racism; xenophobia; culture, faith and language; gender; social class; poverty; abuse; disability; HIV and AIDS stigma; diversity and inclusion; and human rights. Several Early Childhood Development (ECD) resource and training organisations are receiving training and support to integrate PDA into their work and strengthen understanding and skills to address social issues and holistic child development. The dolls are being used in ECD centres and in family and community-based programmes to help a range of different adult role-players engage with their own prejudice, support their emotional development and strengthen their appreciation of diversity. This provides the foundation, skills and understanding to in turn support the development of young children in a practical day-to-day way through the PDA. A participatory learning process is being developed and implemented in order to learn about the use of the dolls and approach and try to track progress and impact. The challenges implicit in the design of strategies to monitor and evaluate a complex intervention of this kind are also addressed.

Keywords: Learning, Empathy, Prejudice and Anti-Bias, Inclusion and Diversity in Practice, Young Children and Their Caregivers, Human Rights, Persona Doll Training, South Africa

Introduction

Children become aware of differences in gender, skin colour, language, and physical ability at a very young age. Numerous research studies conclude that children learn by observing differences and similarities among people and by absorbing spoken and unspoken positive and negative ‘messages’ about those differences (Katz, 1976; Milner, 1983; Aboud, 1988; Glover, 1991; Derman-Sparks, 1992; Siraj-Blatchford and Clarke, 2000; MacNaughton, 2001).

In the context of high levels of poverty, HIV and AIDS, prejudice, gender abuse, crime, gender violence and xenophobia in South Africa (Altman, 2007; Budlender, 2003) there is clear need for anti-bias interventions. Richter *et al.* (2006) show that poverty-related lack of access to services and social stability negatively affects children’s learning and development. In addition to affecting physical growth, poverty may also reduce or delay psychological development. Deacon and Stephney (2007) suggest that HIV and AIDS stigma and discrimination exacerbate psychological problems that children already experience as a result of poverty and prejudice. Children are often subjected to high levels of violence and trauma (Swift and Maher, 2008), with alarmingly high incidences of assault, sexual assault, abuse, rape and robbery even in schools, with high learner to teacher ratios.

Early Childhood Development (ECD) is promoted as a cost-effective investment in supporting child and community development. However, fewer ECD practitioners are now being trained and supported, partly due to the closure of many non-governmental organisations (NGOs) caused by lack of funding (Chisholm, 2004). Many childcare workers and teachers are demoralised, under-trained, and over-stressed (Richter *et al.*, 2006). In the context of increasing need, there is a decrease in resources available to address these issues.

The Persona Doll Approach (PDA) is an anti-bias, active learning approach for adults and children. It builds on universal storytelling traditions to promote inclusion and empathy, address

issues of bias and unfairness, and develop emotional intelligence and self-esteem in a non-threatening way. This article highlights some lessons learnt in implementation of the PDA in resource-poor communities in South Africa, in two different contexts – with foundation phase primary school teachers and ECD community-based home visitors. The author is the director of Persona Doll Training (PDT), a non-governmental organisation specialising in anti-bias training using the PDA. Her many years of experience in ECD, community development and training have convinced her of the value of Persona Dolls as a simple, yet powerful, way to ‘carry’ anti-bias issues into the classroom as a vital tool for change in the broader political context of South Africa.

Anti-Bias Interventions

Systematic institutional inequalities profoundly affect children’s lives and their development. The anti-bias curriculum actively addresses issues of diversity and equity in the classroom and broader community and is enjoying growing acceptance in the field of ECD in South Africa. The anti-bias goals and approach should be seen in the context of children’s rights (Porteus, 2004) to survival, full development, protection from harm, abuse and exploitation and full participation in family, cultural and social life.

Derman-Sparks and the United States Anti-Bias Task Force developed four principal anti-bias goals and related outcomes (Derman-Sparks *et al.*, 1989; 2010) which apply to children, to childcare workers, teachers and families: *fostering identity and self respect* – to build up confidence, group identity and self-identity that does not involve feeling superior to anybody else; *promoting empathy* for comfortable interaction with people from diverse backgrounds, in terms of both information and emotional attitudes and feelings; *unlearning negative attitudes*; and encouraging a *problem-posing/activist approach* to help develop the confidence and skills required to stand up for oneself and others in the face of prejudice and discrimination.

These goals build on each other to foster a safe, supportive learning community for children. The African philosophy of *Ubuntu* is compatible with these goals: “essentially, ‘*Ubuntu*’ means ‘humanity’ or ‘humaneness’. The maxim ‘*Umuntu ngumuntu ngabantu*’ articulates respect and compassion for others; it is both a factual description and a rule of conduct or social ethic. It prescribes how we should relate to others” (Louw, 2001:15).

The Persona Doll Approach and Training

Persona Dolls are life-like, culturally appropriate girl and boy dolls made of cloth, given ‘personas’ or identities, and transformed into unique personalities with cultural and social class backgrounds, family situations, abilities and disabilities, fears and interests. The ‘stories’ told about each Doll’s life raise issues such as racism, gender, HIV and Aids stigma, social class, poverty, abuse and disability. Persona Dolls usually visit in group settings or in homes and a friendship develops between each Doll and the adults and children. The Dolls are not used as puppets: the adult relays to the children what the Doll has said. Children and adults are given opportunities to respond to the issues raised through the Doll’s experiences. Interactive problem-posing discussions develop, and in this safe environment children are empowered by talking about their own identities, life experiences and feelings.

The stories build upon each other with the aim of unlearning discriminatory attitudes and behaviour. The children relate to the Dolls as ‘friends’, who may differ from them in language, culture and/or disability. In the process, they build their understanding of fairness and unfairness, learn skills in conflict management and problem solving, and are encouraged to feel proud of their families and cultural backgrounds. The children are helped to understand the hurt that prejudiced attitudes and discriminatory behaviour cause and, crucially, to develop the skills they need to stand up for themselves and others.

The PDA is widely used: in the US (Taus, 1987; Derman-Sparks *et al.*, 1998; 2010), the UK (Brown, 1998; 2001; 2008; 2009), Australia (MacNaughton, 1997; 1999; 2000a; 2001; 2007), Denmark (Brown, Harris, Egedal and van Keulen, 1998), Germany (Brown *et al.*, 1998), the Netherlands (Brown *et al.*, 1998) and Iceland (Ragnarsdóttir, 2002), as well as in South Africa (Smith, 2006; 2009; Buchanan, 2007; Brown, 2008).

Recipients of PDA training typically have a range of prior training, experience and skills. They include ECD practitioners, teachers, NGO trainers, lecturers, social workers, occupational therapists, psychologists, child care workers, and home visitors. An important element is the dual nature of the approach, which benefits both adults and children. The training is empowering, non-threatening and provides a fun 'hands-on' experience, which allows for reflection and discussion of personal issues and raises awareness of social issues, human rights and prejudice. Adults are led through a process that begins with their own personal experiences and leads to using the Persona Dolls as a tool. Respect for participants' experiences and confidentiality are essential. The training includes demonstrations, viewing of DVD material showing competent practitioners in action, discussion and role-play with Persona Dolls. Carefully designed activities generate discussion on issues of culture, language, gender, sexual orientation, family and faith in a safe environment. Participants are prompted to remember discriminatory or unfair situations, to describe their feelings at the time, and identify barriers to action or resolution. In one exercise, participants are asked to select who they want to take to an island from a list of people (including, for example, an Imam, female politician or male nurse). Small groups discuss and decide, followed by a plenary session discussing their choices, attitudes and possible prejudice.

Small group exercises form an important part of the training. Participants choose a Doll and as a group 'create a persona' using guidelines including cultural background, language/, age, gender, name, abilities and disabilities, home and family set up, likes and dislikes (for example, food or TV), fears and recent history. The group then role-plays the introduction of the Doll, which is followed by discussion. Issues such as HIV, racism, disability and bereavement are used to build stories reflecting real life situations which have happened to the Doll. Role-playing the scenario focusing on one of these issues builds problem-solving and questioning skills.

The training ends with planning for support and learning. Collaborative monitoring has been selected as the strategy for tracking progress. Initial monitoring questions include: How are Dolls being used? What issues do adults select? What key issues do children generate? What do adults learn about their own practice? What is working well? What surprised you? What disturbs you? What will you do differently?

Using Persona Dolls in Primary Schools

A study was conducted among 420 ECD foundation phase teachers (teaching children aged 5 to 9 years) at Western Cape schools, in rural and urban areas, who had received PDA training. The teachers had varied training and qualification levels and most had received no prior anti-bias or diversity training. The training groups reflected wide diversity of culture, language, faith, sexual orientation, ability and social class.

Each school was supplied with a minimum of two diverse Persona Dolls and 15 hours of PDA training. Implementation involved using the PDA at least twice weekly during lessons as part of the life skills curriculum. In training teachers were encouraged to be proactive and raise anti-bias issues in addition to using the PDA to cover curriculum themes and address classroom and community issues they had already identified.

All teachers were requested to complete questionnaires after training and after practical implementation of the PDA in the classroom. All the questionnaires received were used in this study, and teachers were selected for interviews and/or observation from the same sample of 420 teachers.

The Following Vignette, Based on A Real Teaching Situation, Illustrates the PDA in Action

Gonda, an experienced ECD practitioner who is deeply committed to anti-bias practice, teaches at an urban middle-class school, where most children are English-speaking, with a few Xhosa-speakers. The teachers are predominantly 'white' and speak English or Afrikaans. Gonda deliberately chose a 'white' beige-skinned boy Doll for use with the Grade 2 class to challenge the stereotype that 'only 'black' people have AIDS'. Gonda used the Doll to find out what the children knew about HIV.

Twenty-two children sit in a semi circle on the floor around Gonda, who sits on a small chair. Jesse is on her lap. She refers to Jesse by dipping her head to one side to listen to his 'whispered' comments into her ear. When she introduces Jesse to the children, she intentionally raises a gender issue.

T: This is Jesse.

C: Some Jesses are girls and some Jesses are boys; Jesse can be a boy's name and Jesse can be a girl's name; and Jo...,

T: Yes that can be a boy's name and a girl's name.

T: Jesse lives in Mowbray with his mum and his dad and his older sister called Jenny and his grandma. Now I'm going to tell you a bit about Jesse – do you think he looks a bit upset?

C: He's smiling.

T: But sometimes we smile yet we still may feel a bit heart-sore and sad, am I right?

C: Yes, yes...,

T: The reason he's upset and worried and a bit sad is that his mum isn't that well. At school some of the children heard about this and they've been saying nasty things about Jesse and his family. Do you have any idea what kind of things they say about Jesse?

C: I don't want to come near you because you might have AIDS; I never want to come to your house 'cos your mom has AIDS and I think that you never ever will be better again...

(Some children come immediately to his defence.)

C: It's already in his blood, nobody else can get it, it won't happen so easily. Even if you have HIV you can still play with them and it doesn't mean you can get HIV; 'cos your friend is your friend and you can't get HIV only if it's HIV and you cough at someone then you can get HIV ...,

(Gonda deals constructively with the child's inaccurate contribution.)

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T: Some of the things you're saying are very important. Jesse is getting quite pleased at what he hears from you children because he's read a lot about HIV because he wants to understand what this means for his mum. He knows that you can't get HIV from sitting next to someone who coughs, because the germ, as Thandi said, has to live in your blood. So it's only if you touch someone else's blood and ...

(Gonda stops herself from dominating the discussion and includes a child.)

T: Yes, you tell me?

C: Then it gets into your blood and then you can get HIV....,

C: It doesn't mean if you have HIV that you must stop having fun.

T: Do you think it's okay to give him a big hug?

C: Yes; yes, even a friend....,

T: Now do you have any ideas or suggestions for Jesse when he goes back to his school tomorrow?

C: He needs to stand up for himself....,

(Gonda uses a child's name to include him in the dialogue.)

T: Yes, Colin?

C: Sometimes you ignore them and then they'll just stop because they won't get any pleasure out of it.

T: And do you think that will help. Just ignoring them?

C: Can I also say something? They'll be shocked and then they'll really want to be his friend because he knows a lot of stuff about his mother.

C: He must stand up for his family. He can't let them just say these rude words because his mother has AIDS.

C: He has to stand up for himself and stand up for his family and his mother that's sick....,

C: If the other children are nasty he can just find some other friends because how can you just stay with a nasty person – you can always go with another friend.

C: Tell your mother all of us feel worried about her.

T: And you can have the first ribbon

(Gonda hands out red ribbons to all the children).

T: Jesse will visit again next week and he'll tell us what has happened at his school.

This session encouraged the children to identify and empathize with Jesse. By the end of the session, the children felt empowered and wanted Jesse to visit again. Gonda then developed the session to the next stage of problem solving.

Methodology and Findings

Teacher questionnaires, observations, interviews, and trainer reports were used to collate information about how the PDA was implemented, the outcomes achieved, the types of issues raised and addressed, responses by children and adults and the impact, if any, on their behaviours.

In general, the findings indicated that the PDA training and implementation led, to a greater or lesser extent, to improved self-esteem, empathy and ability to address bias among the teachers and children. Thus, the anti-bias aims were achieved, at least in the short term. There were also other unexpected, positive outcomes. Teachers said that the Dolls assisted in helping children to express their feelings, and that children were more aware of their feelings and expressed their feelings more frequently. Many teachers rated emotional intelligence as the most important anti-bias goal to be addressed by the PDA. A key element in using the PDA is that children feel that they are 'not alone'. For many children meeting a Persona Doll was the first time they experienced a Doll (or anything directly representing themselves) with their own skin colour and gender. This offered a strong symbol of approval, identity and respect. Teachers reported that the children identified strongly with the Dolls, and this enabled them to feel empathy and express compassion for one another. Many teachers reported a 'softening' of the children during and immediately after PDA sessions, with some stating that they became "like children again" and displayed less aggressive behaviour towards other children. This suggests how children may be 'hardened' by their life situations and circumstances.

While it was not an explicit aim of the initial research project to consider the impact of the Dolls on teachers' attitudes and behaviour, this emerged as an important outcome from the research. There was a reported decrease in 'teacher talk'; instead, the teachers listened to the children and began to understand the value of this dialogue. Teachers also reported that they feel more empathetic and are able to show more compassion towards children in their care.

Using Persona Dolls in a Home-Visitor Programme

PDA was also introduced to complement training in a home and family visitors programme, providing access to ECD services for children who do not attend an ECD centre because their families cannot pay the required fees. The communities in which the programme operates are characterized by high levels of poverty, unemployment, gangsterism, violence and limited access to resources and services. Many people live in informal shacks, council flats or low-cost state housing. Many children have no access to any ECD service. Deep poverty compounded by HIV and AIDS has disrupted family life and many young children live with their grandmothers. Most families rely on government grants. Home visitors play a critical role in helping families to access services and deal with socio-economic stressors.

The programme acknowledges the family as the primary source of care for young children. Home visitors, who each receive a stipend of R1000 per month, identify and recruit at least 65 families with children aged 0–4 years. They visit families in their homes and sometimes meet with groups of caregivers and their children to facilitate stimulating, age-appropriate activities that caregivers can do with their children using locally found resources. Safety issues and child protection are a priority. The home visitors are trained, monitored and supported by community development workers. Networks enable caregivers to discuss issues, such as substance abuse and safety, with local service providers.

Methodology and Findings

Data on the implementation of PDA through this programme was compiled from two rural and two urban sites in the Western Cape, South Africa. The data was collated by two experienced PDA trainers and most of the findings are drawn from their detailed reports. The findings were generated over a period of two months between the initial two-day training session and the first support and observation visit. The trainees included 74 home visitors, 10 home-visitor trainers and their coordinator. Several of the home visitor trainers are also involved actively in their local community, for example as project coordinators, a preschool chairperson, chairperson of the community policing forum and local councilors.

Psychosocial issues relating to severe social and economic difficulties emerged as a common theme during training, including poverty, unemployment, malnutrition, alcohol and substance abuse, domestic violence, gender inequality, gangsterism, rape, child neglect and abuse, teenage pregnancy, homelessness, school “drop outs”, HIV and AIDs, TB and prostitution. In a context of high levels of alcohol use and abuse, fetal alcohol syndrome is a major problem. Home visitors also mentioned a lack of respect for older people in the community, use of foul language and aggression among teenagers, problems with hygiene and access to fresh water.

Shaming, blaming and threatening children are common practices in these communities and there is very little understanding about the importance of supporting psychosocial development. An illuminating discussion during training focused on parents’ own attitudes towards their children in terms of emotional intelligence and self esteem. There is a strong belief that children should only “speak when spoken to”. Many home visitors believe that parents will not easily accept the idea of children expressing their feelings, and are more likely to punish children who show their emotions or cry.

Racism surfaced as a major issue. There were frequent, and emotional, references to hair texture and complexion. One training group referred to the additional difficulty for ‘coloured’ people who have been at the receiving end of the political power play as they are perceived as too black and too white. For example, one participant reported that “snide remarks are made if you are lighter than your siblings and if you are very dark then you are not the most popular family member”. Social class and language were also identified as generating prejudice. People are judged on how they speak and English is accorded a higher status in the areas where they work.

Some Lessons

The following extracts from trainer observations of home visitors during training and in action illustrate some of the issues identified for discussion using the Dolls as well as the broader socio-economic issues in the communities under study.

The Dolls clearly provide a way to raise and discuss sensitive issues within a context of confidentiality, as reflected in this trainer journal entry: “*When I asked why they thought introducing the ‘issue’ via the Doll would be more helpful than the home visitor just talking about it, one caregiver responded that ‘you can trust a Doll, but you can’t always trust people’*” (Site 3, May 2011).

The importance of creating a safe space in training for home visitors to explore their own identity and attitudes was confirmed in feedback received from one site after training: “*It was so good to have someone listen to me*”, “*I felt awesome, I could talk about myself*”, “*I feel like I am worth something*”, “*It was good to hear others have similar experiences*”, “*Even though we are different we have similar experiences*”, “*I felt I could share even though I did not know the group all that well*”. (Site 2, March 2011)

Feedback from the experienced Persona Doll Trust trainers about this group showed a significant impact on the personal development of individuals in this group. The group talked

through difficult issues, and learnt firsthand the importance of acknowledging differences, rather than pretending that they do not exist. The post-training debriefing underlined clearly how bias and attitude affect choices and responses.

Feedback from training sessions is used to identify gaps and strengthen training in the future. For example, not all home visitors appeared to grasp the need to let the Dolls talk and tell their stories on the first few visits to establish a relationship of trust. As one trainer explained: *“I think Martha has jumped in at the deep end with two quite serious issues without giving the children enough time to get used to the Doll. It is preferable to get the children used to the Doll by telling them where the Doll comes from; who he/she lives with; what food he/she likes etc. There were great opportunities for that presentation to happen but the chance was missed”* (Site 1, May 2011).

Some home visitors missed the opportunity to use the Dolls with adults as well as children. Home visitors have limited writing skills and limited time and it might be unrealistic to expect them to use journals and complete feedback forms. Most of the home visitors need lots of help and practice in using open-ended questions and ‘feeling’ words.

The research also showed up some examples of the negative effect of the attitudes of home visitors. As one trainer reported, *“A worrying element of the presentation however is the fundamental Christian scare tactics that she incorporated into her story. She asked the children to raise their hands if they were Jesus’ children or the devil’s children then asked who would be going to heaven and who to hell.”* (Site 3, May 2011).

It is important to emphasise in training that the Doll should never be used to threaten children in any way. One trainer reported that there were many examples of threats, such as: *“Mary is not going to come and visit again because you won’t dance for us”* or *“Mary knows when you are being naughty and she will tell me”*. (Site 3, May 2011) The Dolls must be the friends of the children at all times.

Conclusions

Findings from the home-visitor case study show that it has the potential to bring about positive change in learning empathy and unlearning prejudice. This supports our findings in the teachers’ case study. There are benefits for the children, teachers, home visitors and the community. The Dolls were well received and are already creating more awareness of the psychosocial needs of young children and the important role their caregivers need to play in building empathy, self esteem and emotional intelligence. In addition, the Dolls are also helping home visitors and adults to become more aware of their own prejudice and deal with issues around identity. However it is necessary to acknowledge here that many ECD practitioners have limited education, training and support, and consequently expectations must be realistic. Additional time is needed to support home visitors so that they can deal adequately with the major socio-economic challenges faced by people living in the communities in which they live and work. This includes the need for effective referral systems. Rather than seeing the home-visitor programme as a low cost option, increased funding could translate into more extensive training, follow up and ongoing support, which could result in greater impact in building a compassionate society.

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Carol L.F. Smith: Carol co-ordinates Persona Doll Training (PDT), a non-profit training organisation in South Africa. PDT uses the Persona Doll approach in early childhood development (ECD) contexts. It is a non-threatening approach to provide psychosocial support, to address equality and diversity issues including: racism; HIV stigma; sexism and gender issues; disability issues; and issues related to poverty. Carol has an ECD background, and has worked with ECD organisations for 33 years: as a preschool teacher, trainer, researcher and developing anti-bias programmes in South Africa. While based in the UK for 5 years, Carol used Persona Dolls with children, and trained adults in the approach in the UK, in Germany and New Zealand. Seeing the potential and value for South Africa PDT was established in 2003, based in Cape Town and working with trainers, ECD practitioners and communities across South Africa.

