

Theoretical Analysis of Psychological Situational Drama in Psychological Healing for Children with Cleft Lip and Palate from the Perspective of Role-Playing Theory

Yuling Huang¹, Yier Yuan², Jiaqi Qin¹, Fanggang Song¹, Chenhao Ni², Hanhan Chen³, Binpeng Xue^{4*}

¹Department of Psychology, Wenzhou University, Wenzhou 325035, Zhejiang, China

²Department of Primary Education, Wenzhou University, Wenzhou 325035, Zhejiang, China

³Department of Preschool Education, Wenzhou University, Wenzhou 325035, Zhejiang, China

⁴School of Education, Wenzhou University, Wenzhou 325035, Zhejiang, China

**Author to whom correspondence should be addressed.*

Copyright: © 2026 Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0), permitting distribution and reproduction in any medium, provided the original work is cited.

Abstract: Cleft lip and palate (CLP) is a common congenital craniofacial deformity that profoundly impacts children's psychological development, yet has long been inadequately addressed. Current interventions predominantly rely on cognitive behavioral therapy or supportive counseling, which remain insufficient in addressing children's emotional expression and self-identity needs. Psychological situational drama, derived from Moreno's psychological drama theory, emphasizes exploring inner worlds through improvisational performance and role-playing to facilitate emotional release and self-awareness, thereby providing a novel therapeutic approach for this population. Within the framework of role theory, this study elucidates the mechanisms of psychological situational drama intervention for CLP children, explores its applications in self-identity reconstruction, emotional regulation, social training, and family system integration, and proposes future directions based on existing research limitations.

Keywords: role-playing theory; psychological situational drama; children with cleft lip and palate; psychotherapy; self-identity

Online publication: February 26, 2026

1. Introduction

Cleft lip and palate not only involve structural abnormalities of the lips and palate but are often accompanied by speech disorders, hearing impairment, and recurrent surgeries. The impact of cleft lip and palate on children's psychological development has long been insufficiently recognized. Clinical studies have demonstrated that children with cleft lip and palate commonly exhibit negative self-image, strong stigma, social withdrawal, and interpersonal anxiety. These challenges tend to become more pronounced after school age, hindering cognitive development and social integration in these children.

Current psychological support for children with cleft lip and palate primarily relies on traditional approaches such as professional counseling, family guidance, and school-based mental health education. Yuan Feng et al. (2021)^[1] implemented cognitive behavioral therapy combined with group games and relaxation training for adolescent patients with cleft lip and palate, finding that the comprehensive intervention program could alleviate psychological stress to some extent. However, children's sustained participation willingness and emotional engagement remain critical factors limiting final outcomes. Additionally, due to inherent limitations in emotional conceptualization among children, language-based and communication-focused interventions often fail to truly resonate with their inner worlds.

Psychological situational drama originated from the psycho-drama theory of psychiatrist Jacob L. Moreno in the 1920s, primarily helping participants experience and integrate emotions in a safe atmosphere through role-playing, situational reenactment, and group interaction. Since its introduction into Chinese universities, psychological situational drama has gradually evolved into an activity form with both educational and therapeutic functions (She Cuihua et al., 2025)^[2]. This paper discusses the mechanism and practical approaches of psychological situational drama intervention in the psychological healing of children with cleft lip and palate from the perspective of role theory.

2. Theoretical Correlation Between Role-Playing Theory and Psychological Situational Drama Theory

2.1. Core Connotations of Role Theory

Role Theory constitutes a pivotal component of Moreno's psychological drama framework. Moreno posits that roles serve as fundamental functional units of personality, through which individuals gradually develop self-perception and interpersonal cognition by continuously performing diverse social roles. He categorizes roles into three types: physical roles, psychological roles, and social roles, asserting that the core of mental health lies in the dynamic equilibrium among these roles (Moreno, 1961)^[3].

According to Moreno, psychological distress often stems from a limited or rigid repertoire of roles. Insufficient role experience hinders individuals' ability to cope with real-life situations, while excessive rigidity in specific roles can constrain personal development. Psycho-drama employs techniques such as role reversal, mirror techniques, and role substitution to enable participants to portray themselves or others on stage, exploring new behavioral patterns and emotional expressions (Blatner, 2000)^[4]. This approach shares similarities with behavioral experiments in cognitive behavioral therapy and the decentralized nature of mindfulness therapy, yet places greater emphasis on personal experience and immediate emotional awareness.

2.2. Localization Extension of Role Theory through Psychological Scenario Drama

College campus psychological situational dramas are localized products of psychological drama theory in the context of Chinese universities. Their most prominent feature lies in non-professionalism, meaning participants do not require extensive acting experience. Scripts are typically drawn directly from real-life scenarios, and the performance process emphasizes natural emotional expression (She Cuihua et al., 2025)^[2]. This characteristic significantly lowers the participation threshold and allows the therapeutic function of situational dramas to naturally manifest in daily interactions.

The application of psychological situational drama for children with cleft lip and palate requires tailored adaptations within the framework of role theory. Children at this developmental stage are experiencing budding self-awareness, with their role systems still forming and exhibiting high plasticity, yet they remain particularly vulnerable to external negative influences. Physical deformities and speech impairments often place these children in socially disadvantaged positions, gradually fostering negative self-perceptions. Once internalized, such cognitive patterns persistently shape their self-evaluation and interpersonal behaviors (Hunt et al., 2006)^[5]. By providing a relatively safe space for role-playing, psychological situational drama holds promise in helping children gradually transform these entrenched negative perceptions and attempt to construct new self-narratives.

3. Psychological Characteristics and Intervention Needs of Children with Cleft Lip and Palate

3.1. Impaired self-image and stigma

Children with cleft lip and palate often experience negative reactions from an early age due to their prominent facial features, including curious stares, unconscious avoidance, and even direct verbal harm. The accumulation of such social experiences can lead to negative perceptions of appearance and self-worth, ultimately resulting in persistent low self-esteem (Broder & Strauss, 1989)^[6]. Many affected children actively avoid social situations requiring facial exposure and exhibit significant withdrawal behaviors during peer interactions, which hinders their normal social development. This also causes them to remain silent when seeking help, making their psychological conditions more difficult to detect and address (Millard & Richman, 2001)^[7].

3.2. Social Anxiety and Delayed Development of Interpersonal Skills

Impaired speech articulation represents another significant social barrier for children with cleft lip and palate. Speech difficulties often become direct targets of peer ridicule, with repeated negative social experiences leading some affected children to gradually avoid interpersonal interactions. These individuals exhibit excessive concern over others' evaluations of their speech patterns, demonstrating marked social withdrawal during classroom discussions and group activities, which consequently hinders the development of social skills (Murray et al., 2010)^[8]. Notably, social difficulties in children with cleft lip and palate are not always attributable to skill deficits but rather stem from deliberate avoidance behaviors. Pure skill-based training approaches that fail to address emotional regulation simultaneously often prove ineffective in real-life contexts.

3.3. Roles and Influences of Family Systems

The family serves as a crucial environment for children's psychological development. A study by Yiguang Jiao et al. (2021)^[9] revealed that parents of children with cleft lip and palate commonly experience anxiety and helplessness before and after surgical procedures, coupled with a strong need for relevant information. These emotional states directly impact daily interactions with their children. Pang Yunting et al. (2018)^[10] further found that parents with weaker family functioning tend to adopt negative coping strategies when facing challenges, often leading to adverse parent-child interaction patterns. Such patterns may manifest as either overprotection or emotional detachment—the former potentially reinforcing children's dependency, while the latter exacerbating their sense of isolation. Parents' attitudes toward cleft lip and palate, communication styles with children, and acceptance of developmental differences can subtly influence children's self-identity formation (Roberts et al., 2012)^[11].

4. Mechanistic Role of Psychological Scenario Drama in the Therapeutic Process for Children with Cleft Lip and Palate

4.1. Role-playing promotes the reconstruction of self-identity

For children with cleft lip and palate who experience impaired self-identity, psychological role-playing plays a crucial role by providing opportunities to assume various roles—such as respected leaders or ordinary individuals who help others. From the perspective of role theory, this experience expands an individual's role repertoire, enabling children to explore new possibilities about their self-identity (Markus & Nurius, 1986)^[12]. Successfully performing positive roles in relatively safe dramatic settings directly impacts children's emotional memory, fostering internal resources that counterbalance daily negative self-perceptions. Accumulating such experiences helps children gradually reduce inherent negative judgments about themselves and develop more resilient self-understanding.

4.2. Integration of Emotional Ventilation and Traumatic Experiences

The dramatized presentation of psychological situational dramas provides children with greater emotional buffering space. Through character roles, children can express everyday struggles and frustrations that are hard to articulate directly, without confronting these emotions under their own names. This indirect expression method, known as metaphorical distance in psychotherapy, proves particularly effective for children with developing self-reflection abilities (Gersie & King, 1990)^[13]. Children with cleft lip and palate can integrate fragmented emotional experiences into cohesive story frameworks by portraying mocked classmates or protagonists who regain direction after overcoming adversity. This process of better releasing repressed emotions aligns with narrative therapy principles, yet the dramatic format incorporates physical engagement and sensory experiences—making it more effective and intuitive for school-aged children compared to pure verbal narration (White & Epston, 1990)^[14].

4.3. Training in Social Skills and Enhancement of Interpersonal Efficacy

During script rehearsals, these children engage in authentic verbal and physical interactions with peers, negotiate role assignments, articulate perspectives in conflict scenarios, and receive feedback. These processes themselves serve as social practice exercises, achieving effectiveness through integrating skill training with real-world social contexts rather than isolated behavioral drills. For children with cleft lip and palate, narrative frameworks provide concrete functions for expression and communication, transforming them from triggers for judgment to essential actions driving story progression. This redefinition of roles helps children gradually overcome avoidance of verbal interactions and rebuild confidence in communication through repeated participation (Bandura, 1997)^[15].

4.4. Establishment of Group Dynamics and Belonging Sense

During collaborative rehearsals, children share their feelings and provide mutual support, creating a therapeutic group dynamic that inherently promotes healing (Yalom & Leszcz, 2005)^[16]. Yang Xiuying et al. (2022)^[17] demonstrated in a randomized controlled study that psychological drama interventions outperform pharmacotherapy alone in enhancing self-awareness and social functioning, with emotional resonance and role reversal within groups serving as key mechanisms. For children with cleft lip and palate who experience prolonged social exclusion, the act of being accepted within group settings constitutes a vital emotional recovery process. Moreover, when children observe others dramatizing similar psychological struggles, they often recognize these challenges are not unique to them—a cognitive shift that significantly alleviates stigma.

5. Principles for Constructing Psychological Scenario Drama Intervention Programs

5.1. Participatory Design with Children as the Main Subject

Intervention programs for children with cleft lip and palate must fully recognize the child's central role. The script content should align closely with children's daily experiences, avoiding overly adult-oriented storytelling. Emotional intensity should be introduced progressively, starting with relatively light-hearted scenarios before gradually addressing core themes like self-image and interpersonal relationships. Throughout the process, facilitators' primary responsibility is to create a safe expression environment and guide children through reflective moments at appropriate times.

5.2. Balance between Professional Support and Spontaneous Expression

She Cuihua et al. (2025)^[2] noted that the non-professional nature of psychological situational drama serves as a key factor in its widespread adoption, yet also limits the depth of interventions to some extent. For children with cleft lip and palate—a group with unique psychological needs—professional involvement becomes particularly crucial. Intervention programs should ideally be led by practitioners with expertise in child psychology and group therapy experience, ensuring both evidence-based content and sensitivity to intense emotional reactions during rehearsals. However, excessive professional

intervention may restrict children's autonomy in self-expression and diminish the spontaneity of situational drama. Striking this balance remains a critical challenge requiring ongoing exploration for this therapeutic approach in special populations.

5.3. An integrative framework incorporating family systems

However, interventions targeting individual children alone still have certain limitations. Effective programs should appropriately involve family members through methods such as inviting parents to watch performances together or designing parent-child interactive activities, helping parents adjust their interaction patterns with children in real-life scenarios. Once family members understand the intervention principles, they can continue reinforcing children's learning outcomes in daily life, thereby enhancing overall effectiveness.

6. Limitations of Existing Research and Future Prospects

Current research on psychological situational drama for children with cleft lip and palate remains notably scarce. Wang Xin et al. (2011)^[18] were among the first to investigate the impact of psychological interventions on mental health status in cleft lip/palate patients, emphasizing the necessity of professional psychological support. However, due to limitations such as monotonous intervention methods and small sample sizes, the generalizability of their findings requires further validation through rigorous research designs. Existing literature predominantly remains descriptive, with few controlled-effect studies and insufficient analysis of intervention mechanisms. Even in the relatively mature field of psychological drama research for adults and adolescents, high-quality randomized controlled trials and long-term follow-up data remain scarce.

Future research can further explore the following directions. There are some differences in cognitive and emotional development among children of different age groups, and more detailed studies are needed to determine how intervention programs can be tailored to these differences. Whether the degree of speech impairment affects children's experience and effectiveness in participating in situational dramas is also a noteworthy issue. Additionally, children with cleft lip and palate in the context of China's culture may exhibit certain particularities in terms of stigma and seeking help behaviors, and these cultural factors also hold reference value for the design of intervention programs.

At the practical level, most cleft lip and palate diagnosis and treatment teams currently consist primarily of surgeons, orthodontists, and speech therapists, with relatively limited involvement of mental health professionals. Expressive interventions based on group interactions remain relatively rare. To integrate psychological situational drama into pediatric rehabilitation systems, closer interdisciplinary collaboration is required, as well as increased policy-level attention and support for child mental health initiatives (She Cuihua et al., 2025)^[21].

7. Conclusion

The psychological healing of children with cleft lip and palate requires collaborative efforts from medicine, psychology, and education. Psychological situational drama, based on role-playing, emotional expression, and group interaction, provides this population with an intervention approach that has low participation barriers and profound emotional engagement. Understanding this intervention through role theory helps elucidate its mechanisms at the psychological level and offers theoretical foundations for optimizing intervention strategies. Transitioning from theory to practice demands sustained collaboration between researchers and clinical practitioners. Rehabilitation for children with cleft lip and palate should not be limited to facial reconstruction but must also focus on nurturing their developing inner self during growth.

Funding

Supported by Wenzhou University 2025 Undergraduate Innovation and Entrepreneurship Training Program(Project No.: JWXC2025040)

Disclosure statement

The author declares no conflict of interest.

References

- [1] Yuan F, Li GZ, Liu SS, et al., 2021, Application of cognitive behavioral therapy combined with group games and relaxation training in psychological intervention for adolescent patients with cleft lip and palate. *Chinese General Practice*, 19(2): 270-273.
- [2] She CH, Wang ZY, Ding S, 2025, Research on Application Strategies of Campus Psychological Sitcoms in Educational Work at Higher Education Institutions. *Journal of Hubei University of Science and Technology*, 45(4): 110-117.
- [3] Moreno JL, 1961, The Role Concept: A Bridge Between Psychiatry and Sociology. *American Journal of Psychiatry*, 118(6): 518-523.
- [4] Blatner A, 2000, *Foundations of Psychodrama: History, Theory and Practice*. 4th ed. Springer.
- [5] Hunt O, Burden D, Hepper P, et al., 2006, Self-reports of Psychosocial Functioning among Children and Young Adults with Cleft Lip and Palate. *Cleft Palate-Craniofacial Journal*, 43(5): 598-605.
- [6] Broder HL, Strauss RP, 1989, Self-concept of Early Primary School Age Children with Visible or Invisible Defects. *The Cleft Palate Journal*, 26(2): 114-118.
- [7] Millard T, Richman LC, 2001, Different Cleft Conditions, Facial Appearance, and Speech: Relationship to Psychological Variables. *The Cleft Palate-Craniofacial Journal*, 38(1): 68-75.
- [8] Murray L, Arteche A, Bingley C, et al., 2010, The Effect of Cleft Lip on Socio-emotional Functioning in School-aged Children. *Journal of Child Psychology and Psychiatry*, 51(1): 94-103.
- [9] Yi GJ, Zhang L, Ding Y, et al., 2021, Psychological needs of parents of children with cleft lip and palate during the perioperative period. *Journal of Kunming Medical University*, 42(12): 117-122.
- [10] Pang YT, Liu H, Yi G, et al., 2018, Correlation between family function assessment and simplified coping style questionnaire in parents of children with cleft lip and palate. *Journal of Kunming Medical University*, 39(3): 67-71.
- [11] Roberts RM, Shute R, 2011, Living with a Craniofacial Condition: Development of the Craniofacial Experiences Questionnaire (CFEQ) for Adolescents and their Parents. *The Cleft Palate-Craniofacial Journal*, 48(6): 727-735.
- [12] Markus H, Nurius P, 1986, Possible Selves. *American Psychologist*, 41(9): 954-969.
- [13] Gersie A, King N, 1990, *Storymaking in Education and Therapy*. Jessica Kingsley.
- [14] White M, Epston D, 1990, *Narrative Means to Therapeutic Ends*. Norton.
- [15] Bandura A, 1997, *Self-efficacy: The Exercise of Control*. W.H. Freeman.
- [16] Yalom ID, Leszcz M, 2005, *The Theory and Practice of Group Psychotherapy*. 5th ed. Basic Books.
- [17] Yang XY, Wang ED, Huang J, et al., 2022, A randomized controlled study on drug combination with psychological drama therapy for patients with childhood trauma-related depression. *Journal of Army Medical University*, 44(3): 260-268.
- [18] Wang X, Chen RJ, Mu Y, et al., 2011, Preliminary study on the impact of psychological intervention on patients with cleft lip and palate. *Beijing Stomatological Medicine*, 19(6): 336-338.

Publisher's note

Whioce Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.