Using dolls to enhance the wellbeing of people with dementia in residential care

Doll therapy in dementia care remains a controversial intervention but it may well provide people with sensory stimulation and purposeful activity.

INTRODUCTION
There are more than 700,000 people living with dementia in England and Wales, one third of whom live in care homes (Department of Health, 2009).

The wellbeing of someone with dementia is very much dependent on the environment they are in, and finding ways to enhance the individual’s wellbeing is the goal of person centred care.

There is a growing body of anecdotal evidence for the therapeutic benefits of dolls for people with dementia (Verity, 2006; Gibson, 2005; James et al 2005; Moore, 2001; Bailey et al, 1992).

Bailey et al (1992) found dolls provided comfort and companionship for some residents with advanced Alzheimer’s disease in their care home. They felt dolls provided sensory stimulation and seemed to promote purposeful activity.

Dolls can promote positive changes in behaviour, reducing aggression and agitation (Moore, 2001). They also increase interactions between staff and residents who can talk about the doll and carry out activities relating to it together such as folding its clothes.

Gibson (2005) describes how a doll helped provide comfort to her mother who had dementia and was living in a care home. The doll seemed to help her connect to a place in time where she felt in control. Seeing her mother treat the doll so lovingly gave her daughter comfort to think of her caring for her in that way when she was a baby.

James et al (2005) report on how the introduction of a doll to a resident who was very withdrawn resulted in increased interactions with other residents and staff. Verity (2006) describes how a resident who was always busy trying to “help” the other residents by, for example, moving them out of their chairs, was diverted from doing this once a doll was introduced. This seemed to give her the purpose she was looking for and focused her attentions on caring for the doll.

EMPIRICAL EVIDENCE

Mackenzie et al (2006) carried out a pilot project examining the use of dolls. All residents at two care homes were invited to use a doll. The researchers investigated the impact of the dolls on the residents’ level of activity, interactions with staff and other residents and their happiness, agitation and amenability to receiving care.

The impact on residents was generally positive across all six domains. Care staff felt that the dolls had beneficial effects on the wellbeing of their residents, and 93% of key workers believed they helped them to communicate with residents.

James et al (2006) introduced dolls and teddy bears into a care home. The impact of the toys was assessed using the same domains as Mackenzie et al (2006), apart from “amenability to receiving care”. Of the residents who chose a toy, 93% selected a
DOLL THERAPY SESSIONS

Minshull (2009) took a different approach by carrying out doll therapy sessions. She brought a doll to a ward each week for an hour to see if doll therapy could improve the wellbeing of people with dementia.

She used the Bradford Dementia Group’s Wellbeing Profiling Tool (BDG, 2002) to assess the nine patients who showed interest in the doll before and during sessions.

The majority of patients reacted positively to the doll and, over the four weeks, most experienced an increase in wellbeing during the session. Limitations of the study were the small number of participants and the fact that there was no comparison group.

BOX 1. CASE STUDY: ‘THE DOLL GAVE MRS BROWN SOME RESPONSIBILITY’

In my role as a memory service nurse specialist, I have observed the positive effect of a doll on two patients. Both Jean Brown and Doris Edgar (not their real names) live at home with their husbands and have advanced dementia.

Mrs Brown’s husband was concerned that, as his wife’s dementia progressed, it was becoming increasingly difficult for her to engage in activities at home. I had read several articles about the use of dolls and suggested he might try her with one. I gave him a copy of an article (Moore, 2001) and some guidelines for using them to help him consider the idea.

Mrs Brown’s husband contacted me soon after to tell me the doll had been a great success. He had introduced the doll by placing it near to her wife so she could decide if she wanted to engage with it. She responded to the doll immediately.

Mr Brown felt his wife believed the doll was a real child and that she was looking after her. He described how she cradled the doll and stroked her hair and face. He felt the doll had given his wife some responsibility – something that had not been possible for a while – and he has since introduced a second doll.

As well as being a mother, Mrs Brown had been a teacher for many years looking after young children. She has many experiences to draw on in making sense of the situation. Six months later, the dolls are an important part of her care.

Following this positive response in Mrs Brown, I suggested Mr Edgar offer his wife a doll. Mrs Edgar has increasing difficulty engaging in conversation due to expressive dysphasia. She also has very poor concentration so is no longer able to engage in many of the activities that she used to, such as sewing.

When I visited Mrs Edgar soon after she was given the doll, I found her sitting with it in front of her. She was quite animated throughout our meeting, commenting on the doll and observing where it was looking. She was captivated by the doll, and much more talkative than at previous meetings.

Her husband reports how much she loves the doll and that her mood lifts when she has it with her. Both Mr Brown and Mr Edgar felt the introduction of the dolls had improved communication with their spouse as they could provide a focus for conversations.

This has also been reported by Moore (2001), Gibson (2005), James et al (2006) and Minshull (2009).

There are arguments for and against the sessional use of dolls.

When using a doll purely in sessions, a resident is less likely to form a strong bond with it. This means the problem that James et al (2006) found – where residents became too involved with a doll – are less likely to occur.

However, using a doll on a sessional basis means it can only offer comfort and security when it is present and a resident may wonder where it is at other times.

It is important that different approaches are investigated to help gain a fuller understanding of the use of dolls and to clarify the most effective approach.

POTENTIAL DIFFICULTIES

Despite these promising results, James et al (2005) urge caution over the use of dolls because of the lack of detailed study or research on their long term use, and the effect they may have on people with dementia.

The use of dolls does not come without problems. James et al (2005) report arguments between residents over ownership of the doll. Some residents put the doll’s needs before their own, with one even giving up their bed so the doll could have a good night’s sleep.

James et al (2006) report problems with a resident taking several of the dolls and of occasional difficulties when care home workers tried to separate residents from their dolls to carry out personal care.

Preserving dignity

While there is growing support for using dolls in dementia care, they remain a controversial intervention.

Those opposing their use suggest they are “infantilising” people by treating them as children, which is demeaning and represents a failure to treat the person with respect and dignity (Cayton, 2001).

The RCN (2008) states: “When dignity is present, people feel in control, valued, confident, comfortable and able to make decisions for themselves.” This statement can apply to someone with dementia who has chosen to care for a doll.

Andrew (2006) suggests that when a person with dementia has chosen to care for a doll and family members disapprove, it is the family who experiences the indignity rather than the patient.

A doll can give someone with dementia the opportunity to take on a familiar role, which they may identify strongly with and which may have been rewarding for them earlier in their life. It can provide the chance to care for someone and to fulfil a natural maternal...
instinct and need. Caring for the doll is a meaningful activity, which can provide a sense of purpose. Moore (2001) suggests that a doll can also fulfil attachment needs, as described by Bowlby (1951) by providing a sense of security and comfort.

The dolls can also fulfil the person’s need for play (Moore, 2001). This is usually suppressed in adulthood but, due to the reduction of social inhibitions that can occur in dementia, this need may become more prominent.

ETHICAL ISSUES

Mackenzie et al (2007) note there is an ethical issue if the person with dementia believes the doll to be a real baby and staff collude with this idea. They found most of the people with dementia they observed knew a doll was a doll.

One of the four ethical principles is that of “non-malfeasance” – to do no harm (Beauchamp and Childress, 2001).

Minshull (2009) asked patients in her study if they would like to hold her doll but, if the person with dementia chose to consider it a baby, she did not correct them.

Mackenzie et al (2007) advise going along with whatever the person with dementia believes and to use the same name for the doll as they do. Andrew (2006) describes this approach as “an avoidance of an unnecessary truth”, and reports that Marzanski (2000) describes this as “justifiable benevolent deception”.

Accepting an individual’s understanding of the doll is a form of validation. Entering into their reality and engaging with them in that place in time can lead to a shared experience and may increase wellbeing.

The alternative would be to correct them and explain the reality of the situation. The person is unlikely to accept this and may even become angry or decline to engage further with their doll, which could then have a negative effect on their wellbeing.

James et al (2005) raise a further ethical dilemma: the person with dementia who chooses a doll but who might have been firmly against the idea before they developed the condition.

Although people often think they know how they would feel or what their preferences would be in a given situation, until we are actually in that situation we cannot be sure. It is therefore important to consider the person’s wishes in their present circumstances.

CONCLUSION

The case studies in Box 1 add to the anecdotal evidence supporting the use of dolls as a therapeutic intervention for people with dementia.

Not everyone will respond positively to a doll and, like any other intervention, it needs to be provided as part of a person centred care plan.

It is important to remember that, if a doll is introduced, it should be in addition to the activities people are already engaged in, rather than being a replacement for them (Mackenzie et al, 2007).

The use of dolls can be considered as part of a range of therapeutic activities available to people with dementia, both in care setting and in their own homes.

It is not easy to predict who will like one (James et al, 2006) and, although it is mostly women who have responded, there are some reports of men who have also benefited from this intervention (James et al, 2006; Verity, 2006; Moore, 2001).

A lack of a standardised approach to using dolls with people with dementia remains a concern. However, there are some useful guidelines (Mackenzie et al, 2007; Moore, 2001). Further studies are needed to help provide more robust evidence on which to base this practice, but in the meantime the anecdotal evidence continues to grow.

Resistance to the use of dolls comes from those who are cognitively intact and lies in their preconceptions. However, people with dementia are able to decide themselves if they would like to engage with a doll. And, if their eyes light up when they see it, then it is likely that it is having a positive effect on their wellbeing.●

REFERENCES


