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In Toy Story 4, Bonnie literally "makes a new friend", Forky, out of a disposable spork, and he proves indispensable. In Castaway, the epic survival drama film, Wilson is Chuck's only friend: he's a volleyball with a face drawn onto a bloody handprint. Chuck talks to Wilson, sleeps with him and is inconsolable when he is lost at sea. In real life, dolls are increasingly used to alleviate anxiety and promote attachment.

People's stories

Writing in the <u>Nursing Times</u> [4], memory service nurse specialist <u>Patricia Higgins</u> [5] shares different accounts, from family members and care workers alike, of doll therapy in dementia care. From "providing comfort and companionship", to "increasing interactions between staff and residents who can talk about the doll and carry out activities relating to it together, such as folding its clothes", the accounts affirm a place for dolls in dementia care.

Dolls can also "give purpose, focus attention, supply sensory stimulation and help the individual connect to a place in time when they felt in control".

Projects

Swiss psychologist and psychotherapist Rita Pezzati set up the first single-blind randomised <u>controlled trial</u> [6] on the efficacy of doll therapy for dementia. The trial was designed to test whether dolls were more effective than a sham intervention (in this case a soft foam rubber cube covered with a coloured and velvety textile) in reducing stress for those with dementia—and their caregivers. <u>Initial findings</u> [7] in favour of doll therapy (involving 30 sessions of up to an hour over 30 days) were presented in 2019.

In a separate <u>earlier study</u> [8], looking back at the notes of 66 care home residents (34 of whom had used dolls) and checking for signs of distress in dementia, aggression was reduced in the doll users.





Products

Kokokuma [9] is a robotic teddy bear that talks, in Japanese, to elderly people. Designed to read out messages sent from a relative's mobile phone, the owner can reply by squeezing the bear's paw and speaking to it. Combatting loneliness, the bear will respond to greetings and read out the weather forecast or date unprompted (preferably not in the middle of the night).

<u>Blaney bear</u> [10], meanwhile, can play over 1,000 favourite songs and <u>Huggable</u> [11] is a robotic bear who can talk to you, tell jokes and even lead you through guided imagery for relaxation. Firm favourites, tested, tried and far more cuddly, are stuffed bears and rag dolls that let you snuggle up close.

Problems

Dolls divide opinions: their use can be contentious, their introduction seen as infantilising and inappropriate. Occupational therapy lecturer <u>Alexa Andrew</u> [12] argues, however, that a doll can actually preserve dignity if it deescalates agitation or engagement in physical or verbal abuse. A sense of dignity also comes from the person now being able to give care rather than receive it, she writes.

Perceiving the doll as a real baby is not a problem—as long as it is entirely the resident's decision, being then confirmed by caregivers as they step into the resident's reality. In an act of "justifiable benevolent deception", staff do not lie but "avoid an unnecessary truth", allowing the person with the doll to carry out a role where in their own mind their dignity is enhanced, writes Alexa.

Trouble can though stem from residents arguing over ownership of the doll and dolls' perceived needs being put before the residents' own, with beds given up in favour of the doll or meals refused until the doll has had their dinner.

Being person-centred

Like any treatment, doll therapy is not for everyone, nor is it only for women since men can benefit too. "Life is the sum of all your choices," said French philosopher Albert Camus. The Alzheimer's Society is working to ensure people with dementia have choice and control over their own care and support; choosing or refusing doll therapy surely fits with that philosophy.



Source URL: https://www.helencowan.co.uk/doll-therapy-dementia-care

Links

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[12] https://www.magonlinelibrary.com/doi/abs/10.12968/nrec.2006.8.9.21731

