

Is Doll Therapy an appropriate and ethical therapeutic intervention for those with dementia?

INTRODUCTION

Dementia is a progressive mental disorder, causing loss of personality, confusion, intellectual capacity and function decline, and the deterioration of memory, judgement, and impulses.

This can cause the sufferer to feel anger, anxiety, fear and depression, becoming very challenging for them, their families, and those around them.

Doll therapy has been used with dementia patients for over 20 years, and although it has shown favourable results, it is also considered by some as unethical. Many question if using children's toys is patronising and deceiving.



LITERATURE REVIEW

Doll therapy has been mostly beneficial, with anxiety, depression, social isolation, wandering, and any displays of anger decline (Bisiani & Angus, 2016).

The dolls are a permanent object that provide a sense of stability, security and feeling of some control. The dolls keep the patient occupied and give a sense of importance and self-identity (Alander, Prescott, & James, 2015).

Other improvements were found in dietary intake, mobility, communication, sleeping and other daily living activities. The dolls had a soothing quality, providing security and comfort (Stephens, Cheston, & Gleeson, 2013).

Some believe it is deceitful to not correct the patient's belief that the dolls are alive. By avoiding the truth, and validating their beliefs, there will be a therapeutic value of a doll (Mitchell & Templeton, 2014).

Healthcare professionals who were sceptical of the therapy, saw it as patronising and demeaning, mostly changed their opinions once they saw how the patients' wellbeing significantly improved (Andrew, 2006).

From the patient's family perspective the therapy could be considered as undermining the patient's dignity. Therefore, educating the value of doll therapy is needed (Andrew, 2006).

RECOMMENDATIONS

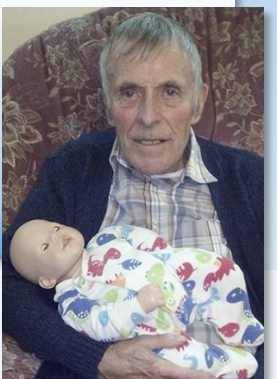
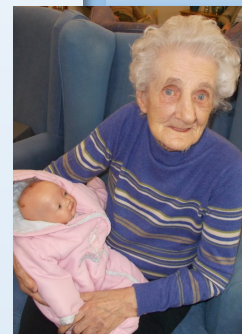
- Avoid using dolls that cry or have eyes that open and close, as this could distress the user.
- Not everyone will be interested in engaging with a doll, therefore place the doll where the patient can select a doll if they choose.
- Be guided by how the patient engages with the doll. If they refer to doll as their baby, carers should too.
- Staff and families should be educated on the therapy and its benefits. Their attitudes can affect the success of the therapy.
- Appropriate written consent should be gained from the family before starting therapy.



CONCLUSION

As the number of New Zealanders with dementia increases, so does the use of doll therapy as a safer alternative to some pharmacological therapies. For the patient, there can be an improvement in their wellbeing, communication, and social interaction.

For family and carers, there is the need to understand the possible benefits, and not deny any chance of letting the patients thrive in a calmer, comforting and happier environment.



REFERENCES

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- Mitchell, G., & Templeton, M. (2014). Ethical considerations of doll therapy for people with dementia. *Nursing ethics*, 21(6), 720-730.
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Formulation of the search question with PECOT

PECOT category	Information relating to question	Explanation
Population	Older Adults residing in a nursing home facility or on a hospital ward. They have a diagnosis of moderately advanced dementia and presented with behavioural problems such as anxiety, wandering, anger or social isolation.	Those in hospital or nursing home residence, are under the constant supervision of health care professionals who are able to make observation of any behavioural changes. Those with advanced dementia will often have behavioural problems, such as anxiety and confusion when in an unfamiliar environment, or as cognitive awareness begins to decline.
Exposure (Intervention)	Older adults with behavioural problems resulting from advanced dementia, being introduced to life-like baby dolls.	The literature to be reviewed will have studied those with advance dementia, and observed any behavioural changes, positive and negative, after engaging with a doll. Will also examine any ethical considerations for the dementia patient during the therapy in the clinical setting.
Comparison/ Control	Older adults with behavioural problems resulting from advanced dementia, not being exposed to attachment object such as dolls or soft toys.	By observing this group of residents, it may demonstrate any behavioural changes when they are not introduced to any type of attachment objects that could provide a sense of comfort and security.
Outcome	The outcome of this research is to find the benefits of implementing doll therapy.	With the ethics of doll therapy coming in for questioning, I want to find what the benefits are of introducing doll therapy. As well as explore if those dementia patients using dolls are being demeaned or patronised. Overall I want to know if doll therapy can fit into the Ministry of Health’s National framework for dementia care.
Time	N/A	N/A

(Schneider & Whitehead, 2013).

Rationale

The objective for using a poster to present my evidence-based literature review, is to stimulate interest and develop an understanding of Doll Therapy for dementia patients. The poster is designed to give a visual impact, to firstly capture the attention of the viewer, and then conveys its intended message. This is to encourage and initiate further discussions with the viewers (Rowe & Ilic, 2011).

Posters have the advantage of being able to disseminate information more quickly to its audience and create a lasting mental image (Briggs, 2009).

To attract interest, some consideration was put into being able to arouse interest from a distance. Using text on a clean background, makes the title clearly readable. Above the title, the close-up photo of a woman’s and a doll’s eyes, are striking, catching the attention of the viewer to examine the poster in greater depth. Photos have been used to aid in visualising actual patients with dolls, and I have purposely included both genders using the dolls.

Posters are an effective method of presenting information to a wide range of health professionals at local, national and international level. At conferences, a large audience can be harnessed through a poster presentation (Briggs, 2009).

References

Briggs, D. J. (2009). A practical guide to designing a poster for presentation. *Nursing Standard*, 23(34), 35-39.

Rowe, N., & Ilic, D. (2011). Poster Presentation—a visual medium for academic and scientific meetings. *Paediatric respiratory reviews*, 12(3), 208-213.

Schneider, Z., & Whitehead, D. (2013). *Nursing and midwifery research: methods and appraisal for evidence-based practice*. Chatswood: Elsevier, Australia.