The Therapeutic Use of Doll Therapy for People with Dementia: Ethical Considerations

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Current estimates suggest that around 40 million people worldwide live with some form of dementia.

This number is expected to grow to around 66 million people by 2030 and possibly reach 115 million by 2050.

In 2010, Alzheimer’s Disease International estimated the global cost of dementia as $604 billion (1% of global GDP).

According to the World Health Organisation this equates to potentially one new case of dementia every four seconds.
Distress is a common feature witnessed in people with dementia.

It is estimated that 60%-90% of people with dementia will exhibit some form of distress (James et al, 2008).

Healthcare approaches to distress remain sporadic and problematic.

Non-pharmacological interventions may offer an easily accessible and cost effective means of relieving mild to moderate distress (Mitchell, 2013).
Context (3)

Biomedical Care  Holistic Care
Introduction

- Non-Pharmacological interventions include:
  
  1. Reality Orientation
  2. Reminiscence Therapy
  3. Aromatherapy
  4. Music Therapy

(Mitchell and O’Donnell, 2013)
Introduction (2)

- ‘Doll therapy’ is one such non-pharmacological intervention utilized for some people with dementia.
The Origins of ‘Doll Therapy’

- **John Bowlby** (Attachment Theory) (1969)
- **Bére Miesen** *(Attachment Theory applied to people with dementia)* (1993)
- **Donald Winnicott** *(Transitional Object)* (1953)

Empathetic Doll Therapy
Empirical Evidence

- Plethora of anecdotal evidence
  - “Reduction in agitation, aggression and wandering” (Verity, 2006)
  - Reduction in “challenging behaviour” (Lash, 2005)
  - “Like a gold medal” (Moore, 2001)

Newcastle Challenging Behaviour Service, collectively compiled first sources of empirical evidence pertaining to the phenomenon of using dolls for people with dementia.

(James, et al. 2006; Mackenzie et al, 2006; Ellingford et al 2007)
Empirical Evidence (2)

  - Provided 30 soft toys (15 teddy bears, 15 dolls) to residents in one care home in Newcastle (UK).
  - 93% of people with dementia preferred doll.
  - Majority of residents observed (n=14) were “more content...less anxious”.
Empirical Evidence (3)

  
  - Examined case notes of 66 residents with dementia in 4 care homes over a 6 month period.
  
  - 3 months pre-doll therapy intervention and 3 months post doll-therapy intervention.
  
  - The doll intervention group (n=34) exhibited an increase in their wellbeing when compared to the group without dolls (n=32).
Empirical Evidence (4)


  - Provided 14 dolls to 37 residents in 2 care homes over a 3 week period.

  - 32/46 (70%) of care home staff noted that the resident’s wellbeing appeared ‘much better’ after engaging in doll therapy.

  - 13% of staff thought doll therapy was “demeaning, patronising...babyish”.

  - 35% of carers reported problems concerning ownership of the dolls.
Empirical Evidence (5)

- ‘Doll therapy’ is not exclusive to the UK, research has also been carried out in Australia and Japan. (Mitchell and O’Donnell, 2013)
## Type of Doll

<table>
<thead>
<tr>
<th>Description of dolls used in practice</th>
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<tbody>
<tr>
<td>Nakajima et al (2001)</td>
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<td>‘Three animal shaped toys…a gorilla, a tiger and a dog’.</td>
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<td>Gibson (2005)</td>
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<td>‘Baby is a cute battery operated doll purchased in the toy department of a local store’.</td>
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<td>Lash (2005)</td>
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<tr>
<td>‘Teddy bear’.</td>
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<td>Ellingford et al (2007)</td>
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<td>‘Dolls…were all plastic…had eyes that opened and closed…had different faces and clothes…no auditory functions such as crying’.</td>
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<tr>
<td>‘Empathy dolls’.</td>
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<tr>
<td>Minshull (2009)</td>
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<tr>
<td>‘The doll we chose is from an American company…it is weighed to feel like a baby’.</td>
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<td>Scott (2011)</td>
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<td>Scott (2011) notes that the ‘babyloid’ is being developed in Japan at present but there have been favourable results in patients with dementia. The babyloid ‘looks a bit like a baby seal…it has the ability to make certain human emotions via a moving mouth…eyelids…can emote happiness and sadness…even crying’.</td>
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<tr>
<td>‘Henry was regularly seen with a Popeye doll…Ruby…carried a knitted doll’.</td>
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<td>Bisiani and Angus (2012)</td>
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<td>‘The face was anatomically correct, female and the expression was one of peace and tranquillity’.</td>
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Ethical Considerations


- A social environment in which interactions and communications occur which diminish the ‘personhood’ of those people experiencing that environment.

- ‘Malignant’ interactions are not necessarily perpetrated from an intent of malice but rather through lack of insight or knowledge of the negative effects created and their impact on others.

- The occurrence of malice may be linked to the environment and/or culture, and is particularly notable in the field of dementia care.

*(Mitchell, et al., 2012)*
The therapeutic use of dolls in people with dementia can be seen through multiple lenses.

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<td>✖ Treachery</td>
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<td>✖ Disempowerment</td>
<td>✓ Relaxation</td>
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<td>✖ Infantilisation</td>
<td>✓ Play</td>
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<tr>
<td>✖ Imposition</td>
<td>✓ Facilitation</td>
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Ethical Considerations (3)

- Autonomy
- Beneficence
- Non-Maleficence
- Consent
- Dignity
Discussion

- The therapeutic use of dolls for people with dementia can be a contentious issue for numerous reasons:
  - Paucity of empirical evidence.
  - Attitudes and misconceptions about doll therapy as a demeaning practice particularly among healthcare professionals.
  - The absence of clinical guidelines.

Despite limited knowledge and numerous contentions, ‘doll therapy’ could be a beneficial intervention to reduce distress for some people with dementia.
References

Alzheimer’s Disease International. World Alzheimer Report 2012:


References (2)


