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Older adults' views and experiences of doll therapy in residential care homes

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Abstract

Background and purpose: The mechanisms underlying the success of doll therapy are poorly understood. The aims of this study were to explore how people in care, doll users and non-users, make sense of doll use in their settings.

Methodology: A grounded theory approach was used, recruiting participants from three residential care homes involving four male and 12 female residents. Data collection occurred in two phases; five participants took part in a focus group and later 11 participants were interviewed individually. Eight of the 11 participants had dementia, and four participants were actively using dolls.

Results and conclusion: The results are presented as themes, and sub-themes, consisting of four main categories (intrapersonal features, interpersonal features, behavioural benefits, ethical and moderating factors). This thematic analysis shows that residents generally support the use of dolls, believing that dolls can have a positive impact on some users. The mechanisms by which this impact is achieved are discussed together with the ethical concerns.

Keywords

dementia, dolls, therapy, memory, older people

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Introduction

There are a small number of reports and case studies concerning the positive impact of the use of dolls in the lives of elderly people with dementia (Ehrenfeld, 2003; Ehrenfeld & Bergman, 1995; Godfrey, 1994; Libin & Cohen-Mansfield, 2004; Mayers, 2003; Moore, 2001). Clinical work in this area is often termed 'doll therapy', although there remains debate whether doll usage represents a form of therapy. Dolls were initially used as a complimentary therapy to promote feelings of well-being in people with dementia who were agitated, had communication difficulties, or were withdrawn (Ehrenfeld, 2003; Godfrey, 1994; Mayers, 2003). These initial reviews reported that dolls can be used as a reminiscence tool to develop a therapeutic bond (Libin & Cohen-Mansfield, 2004), influence pro-social behaviours (Libin & Cohen-Mansfield, 2004, p. 114), provide sensory stimulation (Ehrenfeld & Bergman, 1995, p. 21) and enhance communication (Ehrenfeld, 2003, p. 291).

These reports suggested that the use of dolls may also reduce agitation, reassurance seeking, and wandering and may increase interaction with staff and residents, appropriate activities and general well-being. Understanding people's' changing needs and satisfying them is thus an important non-pharmacological approach to 'behaviours that challenge' for people with dementia (Groulx, 1998).

Over the last eight years, a team of clinicians and researchers in the Newcastle challenging behaviour service (NCBS) has systematically investigated the clinical impact and the ethical concerns associated with the use of dolls (Ellingford, James, Mackenzie, & Marsland, 2007; Fraser & James, 2008; James, Mackenzie, & Mukaetova-Ladinska, 2006; James, Reichelt, Morse, & Mackenzie, 2005; Mackenzie, James, Morse, Mukaetova-Ladinska, & Reichelt, 2006; Mackenzie, Wood-Mitchell, & James, 2007). They have introduced dolls into a number of care settings and have produced guidelines for the intervention based on clinical observations (Mackenzie et al., 2007). As such, the introduction of doll therapy into the care homes has followed a standard format and all care home staff have received psychoeducational pre-introduction training.

The first systematic investigation using the above process examined the use of dolls in two care homes in the North East of England. In this study, Mackenzie et al. (2006) found that 69% of care staff reported improvements in residents' well-being after the introduction of dolls. A second study (James et al., 2006) examined the use of dolls over a 12-week period by asking care staff to monitor new doll-users' levels of activity, mood, and interaction with staff and other residents.

A retrospective study by Ellingford et al. (2007) audited the case notes of residents living in four nursing homes three-months before and after the introduction of dolls. They found that after the introduction of dolls, doll-users showed an increase in positive behaviour and a decrease in negative behaviour and incidents of aggression. One of the most recent studies by Fraser and James (2008), a grounded theory review, examined the views of staff regarding the use of dolls. The findings produced a theoretical framework representing staffs' views on the impact and ethics of doll use. In general, the findings suggested that staff were broadly in favour, perceiving that the dolls reduced problematic behaviour, facilitated communication and often acted as attachment figures for the individuals with dementia. However, concerns were raised, both ethical and practical. One of the issues related to the potential impact of the dolls in the care settings in general. Indeed, it was queried whether there were any negative effects on those residents who were not using dolls. This is one of the main issues addressed in the present study, using our explorative qualitative approach. The other

important feature queried was the views of doll-users themselves. Thus, the present study has been designed to examine the views of older adults who experience doll-use directly within the settings in which they live.

Methodology

Doll therapy is a relatively new approach with a limited research base and therefore Charmaz's grounded theory methodology was selected as an explorative approach, allowing the generation of empirically derived themes for subsequent model development within a further study (Charmaz, 2006). Ethical approval for the study was approved by the University of Teesside as well as NHS Ethics Committees.

Participants

Three residential care homes in the North of England were approached where dolls were being used on a regular basis. The homes were equal in size and registered as elderly mentally ill (EMI) nursing facilities. The study was conducted in two phases, firstly a focus group ($n = 5$) and then a series of 11 individual interviews. Informed consent in the study was regarded as a process that was continually negotiated and this supplemented the more conventional formal consenting process, which took place initially. Participants consisted of doll users (DUs) and non-doll users (NUs); none of the five participants in the focus group were DUs and three out of 11 participants who took part in the individual interviews were DUs.

Some participants also had dementia; three out of five participants in the focus group had dementia and eight out of 11 participants who took part in the individual interviews had dementia. See Table 1 for some demographic details.

Design

An hour-long focus group was held with five participants who lived in a same residential care home. Three of these participants had dementia. At the start of the group the researcher asked the participants to say what they thought was both good and bad about the use of dolls in their care home. She then let the conversation develop, seeking clarification when necessary. Themes arising from the focus group were used to develop the initial semi-structured individual interviews.

Eleven individual one-to-one interviews were held with participants lasting between 22 and 55 min. The contents of the first interview were guided by the themes arising from the focus group. The contents of subsequent interviews were guided by the emerging themes from the data obtained in the previous interviews, and thus the schedule evolved as more interviews and analyses occurred. All individual interviews were audio taped, transcribed and a thematic analysis was undertaken using computer assisted qualitative data analysis software (CAQDAS) NVivo8 (QSR International, 2009).

Results

All participants supported the use of dolls, although some concerns were raised. Four major themes emerged from the analysis: intrapersonal features, interpersonal features,

Table 1. Demographic details of recruits.

Participant	Sex	Age	Dementia	Doll user
P01	Female	77	Alzheimer's	No[a]
P02	Female	93	Alzheimer's	No[a]
P03	Female	87	No	No[a]
P04	Female	99	No	No[a]
P05	Female	89	Alzheimer's	No[a]
P06	Female	86	Alzheimer's	No
P07	Female	88	Alzheimer's	No
P08	Female	95	No	No
P09	Female	81	No	No
P10	Male	79	No	No
P11	Female	92	Alzheimer's	Yes
P12	Female	73	Alzheimer's	Yes
P13	Male	80	Alzheimer's	Yes
P14	Male	78	Alzheimer's	No
P15	Male	6	Alzheimer's	Yes
P16	Female	78	Alzheimer's	No

[a]Focus group participants ($n = 5$).

behavioural benefits and ethical and moderating factors. A diagrammatic model depicting the emergent themes is presented in Figure 1. It is important to highlight that the quotes drawn from the participants represent explanatory views and opinions, and should be perceived as such.

Each DU is a unique individual with different needs and the framework highlights they may benefit from different aspects of doll therapy depending on their personal and environmental circumstances.

Intrapersonal features

The intrapersonal features promote aspects that directly influence the person's well-being, and are described within four sub-groups.

Consistency and ownership. Participants saw dolls as concrete and tangible objects, providing stability and security because of their permanence. A feature of the consistency was having a sense of ownership, providing the DUs with a sense of control.

> P07 (NU): ''It's very important because it still gives her something to hang on to, very important for her as the doll would always be there and that would help to comfort her''.
> P08 (NU): ''It's hers. It belongs to her''.
> P13 (DU): ''I just keep her [the doll] beside me''.
> P11 (DU): ''They are officially mine as far as I know, they are officially mine and I'm grateful''.

It was thought that the responsibility for caring for the doll provided some DUs with opportunities to exercise skills in choice and decision-making and the expression of preferences.

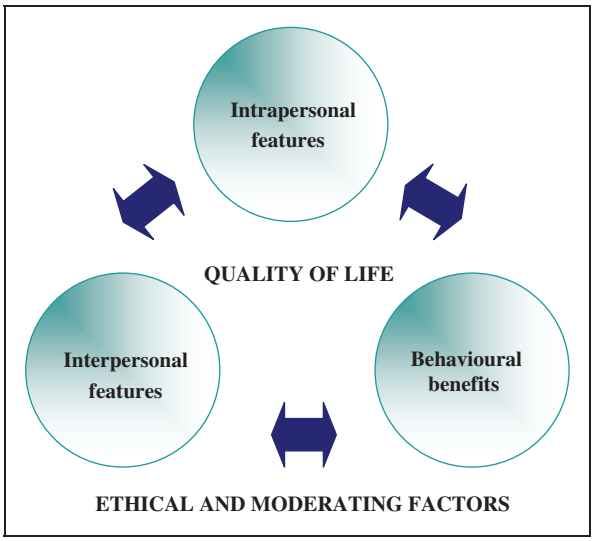

Figure 1. Thematic representation of residents' perspectives.

P11 (DU): "Well that depends upon if they are clean, that's alright or if they look dirty I do something about it. If I can give them something, I try to give them something to help them you see".
P11 (DU): "I deal with them. I wash them and so forth and put them down and sometimes feed them".
P11 (DU): "I can't do them all at once you see. It takes a long time, takes an awful long time".

In addition, participants thought that using a doll often gave some people a sense of achievement and pride knowing that they have done something well.

P11 (DU): "Really, they are well looked after".
P12 (DU): "I'm bringing them up marvellous you see".

Purpose. Closely related to the previous theme is the provision of a sense of 'purpose'. Many residents emphasised that boredom and lack of meaningful activity is common in care homes generally, but particularly for those with dementia who often find it difficult to initiate or sustain activities. In contrast, the dolls appeared to give some users a sense of purpose.

P08 (NU): "Well just nursing them, there's nothing to do in here, you just sit about all day, sit there in a chair and go to sleep. At least she has the babies in her arms, sits in a chair".
P14 (NU): "Far better than sitting . . . doing nothing. Life becomes boring".

One of the major benefits of doll therapy appeared to be related to keeping the person active, busy and occupied. It was believed that they protected the DU from becoming lonely, bored and isolated.

P12 (DU): "I'm so busy with these [dolls]".
P14 (NU): "To fill their time in. Keep their mind going you know".
P16 (NU): "I think it's kept her going over the years".

Keeping busy and active gives some older adults the opportunity to maintain their physical, social and mental capacities. Doll use or taking care of a doll is not considered cognitively strenuous task.

P07 (NU): "If it keeps her happy, certainly, why not. She could be doing a lot worse, smoking fag. If she's happy, that's it".
P07 (NU): "They think that that doll can't do that and they need to be there and be responsible".
P11 (DU): "I've got to admit I'm quite interested now and they are very nice".

Role. DUs often adopted various roles as a result of caring for a doll (e.g. being a mother, father, a job to do, helping). These roles have an important function of preserving and maintaining older adults' self-identity.

P10 (NU): "People are talking to her about her babies you know. Treat her like they are her children".
P11 (DU): "I'm working for them you see".

It is relevant to note that some of those using dolls had not been parents, and thus the roles fulfilled may be simulated rather than historical.

P11 (DU): "It's nice to have them you see of course because I never had my own".
P16 (NU): "I mean it's obvious that this woman has never had children of her own. So maybe that's done the thing".

Many NUs felt that doll use is exclusively a woman's role, which might reflect some of the dominant cultural expectations for this generation.

P07 (NU): "Well most men wouldn't because, well . . . that's women's work".
P14 (NU): "I mean dolls and men . . . I would question it".

Despite these perceptions, the first author observed some men using dolls.

Attachment. It was thought that the dolls promoted attachment and bonding. DUs collectively displayed numerous behaviours that indicated nurturing or caring activities (e.g. carrying, feeding, bathing, dressing, nursing) and these were often considered to be based on the doll eliciting maternal feelings and cueing nurturing instincts.

P07 (NU): "Yes I think . . . probably night time going to bed. Getting it tucked in and keep warm and safe."
P10 (NU): "It'll be some attachment for her".
P10 (NU): "She's not a child, she's a mother".
P12 (DU): "Just to get little bit warmth".

Attachment to the dolls also appeared to elicit positive emotions bringing happiness and pleasure to the person. This enjoyment was viewed as having a positive impact on the DU's well-being.

P02 (NU): "It gives her happiness, you can tell by her face".
P07 (NU): "If it gives them comfort and pleasure, that's why it's important".
P10 (NU): "Well it must be satisfaction for her the first thing and it must be enjoyment".
P11 (DU): "I think they are lovely, I like them very much indeed".

Some NUs felt that doll therapy gave an opportunity to resolve past conflicts in a non-threatening way.
P07 (NU): "Maybe somebody didn't have much of a childhood and maybe they are trying to do something about it at very late stage".
P07 (NU): "To make up for what she hasn't had".

Interpersonal features

Doll therapy is perceived to be a dynamic intervention that requires interactions between an older adult, the doll and others in order to attenuate well-being. Three sub-groups were identified.

Companionship. It was felt that a doll provided people with continuous companionship, a sense of connection and making them feel less socially isolated and lonely.

P06 (NU): "Used by someone that was lonely. Yeah . . . and somebody that was not only lonely but starved of company".
P07 (NU): "To make up for real human company".
P08 (NU): "It means you've got someone . . . she's not lonely because of the dolls".
P11 (DU): "I don't know hardly anybody in here you see".
P16 (NU): "The dolls is all that she has".
Some of the participants specifically mentioned that the dolls could help with those who have little contact with their families.
P07 (NU): "In care homes you are away from your family".
P14 (NU): "If they haven't got any family or their family's all grown up and gone, it's [the doll] always company".

Communication. Communication in doll therapy can occur between resident and doll, and resident and others (member of staff, fellow resident, etc.). It was evident that the dolls allowed some DUs to express their thoughts and feelings in ways that are not restricted to conventional ways of conversing.

P07 (NU): "Well to me, I think dolls are a great comfort to some people who can't converse with other people, but yet, you can talk to that doll and you can say all the things that you would like to say to other people".
P11 (DU): "Hmm . . . [smiles, cuddles and starts talking to the doll] 'Yes, you are not saying don't do anything, I know, I know you are saying that. It's alright pet.' [kisses doll]".

Many participants felt that the central purpose of doll therapy was to facilitate and allow the DU to confide in a doll without feeling criticised and to do this in a manner that suits their abilities.

P07 (NU): "Well say you are bottled up about something that was worrying you, and you suddenly talk to your doll about it . . . I think, I haven't been in that situation before, it must release them, at least it's out in the open, they talk about it".
P07 (NU): "They'll say things to the doll that they would never say to human being".
P11 (DU): "We just have a chat. We have a chat but we don't have any trouble".

Some older adults invent and create a dialogue with the doll but some prefer one-way conversations where the doll does not respond to them. This highlights the different therapeutic benefits of doll therapy where an older adult can manipulate the doll use to meet their preferred needs.

P06 (NU): ''The doll would answer back what X [doll user] wanted to hear.''
P11 (DU): ''Oh well they can't talk you see but they are just like children''.
P12 (DU): ''I try, but of course they are not alive they are just quiet you know''.

Participants thought that the dolls could facilitate communication with other people within the care home, allowing individuals to express themselves through the doll and providing focus and direction to the conversations. It was also thought that the dolls reinforced common interests and shared experiences.

P06 (NU): ''If I went to the toilet or anything like that I used to say 'X [doll user] you'll drop that bairn' she used to look at me and say 'no, I'll not'''.
P08 (NU): ''They'll say 'Oh you've got your baby sitting there X [doll user]', she'll kiss them and she'll say 'oh yeah, I've got my babies today'''.

Sometimes DUs were seen to communicate their needs and wants to others via a doll by describing how the doll is feeling.

P06 (NU): '''Yes, the bairn is tired', she used to say 'yes, we are going to bed, are we going to bed' [laughs]''.
P11 (DU): ''I enquire what to give them you see and they [staff] tell me and I find out''.

Social connectedness and inclusion. The dolls often acted as a social catalyst by increasing the DUs' sense of inclusion. Inclusion appeared to enable and encourage the person to be and feel included in a social world, physically and psychologically. This suggests that the doll use can be seen as 'non-stigmatising'.

P07 (NU): ''I think she's still one of us''.
P07 (NU): ''They [other residents] just accept it and it's her doll and she's happy, that's it''.
P11 (DU): ''People that you went with wanted to know what I want them [dolls] for. I show them [laughs]''.

Social connectedness is characterised by supportive and encouraging relationships between individuals. Such positive connections might become habitual over time and the emotional bonding may reinforce group identity.

P07 (NU): ''It just blends in and if she's happy, that's the thing because if she hadn't one, well . . . who knows what she'll do''.
P08 (NU): ''Oh they [other residents] think it's marvellous. They [other residents] encourage her with the dolls''.

Doll use can also be interesting and appealing for other residents and staff. They often enjoyed observing and interacting with the DUs.

P08 (NU): ''We all enjoy it, seeing her nursing the dolls''.
P08 (NU): ''Oh they [staff] think it's lovely. All the people here think it's lovely''.

Behavioural benefits

Participants felt that dolls had a calming effect on some DUs and resulted in a general reduction of socially inappropriate behaviours. Agitation (i.e. behaviour that challenges) can be a major barrier for social interaction and communication in residential care homes.

> P08 (NU): ''They [other residents] enjoy her having the dolls and knowing that she's calming down''.
> P08 (NU): ''It's really lovely to watch her because she's quieting down. It's marvellous to seen how they've calmed down''.
> P09 (NU): ''You can see the difference in her. . .her attitude, she's calmer, that's all I can say to you. That's what I've noticed''.
> P10 (NU): ''Well she's calmer when she's using the doll. She used to shout. Some shouted at her and things like that because she was shouting all the time you know.''

Ethical and moderating factors

The ethical and moderating factors determine the ease of use of the dolls within the care home settings.

Access. A minority of care home residents in this study used dolls. Some participants believed that many care home residents who currently use dolls would have possibly benefited from the intervention long before they had access to dolls.

> P07 (NU): ''Maybe she didn't have access to it''.

It is often difficult to predict who would choose to use a doll. This can also be complicated by older adults' lack of knowledge about doll therapy, inability to ask for a doll and not being able to anticipate that it would potentially be of interest and benefit for them. It appears that doll therapy does not often become a viable therapeutic tool until the dolls are readily visible and 'catch' older adults' attention.

> P06 (NU): ''So she got the doll. She didn't buy the doll. The doll was in here, she picked it up and after she found it and she got it, she hung on to it [laughs]''.
> P14 (NU): ''It's all matter of choice''.

Participants in this study also acknowledged that other residents in the care homes might benefit from doll therapy in the future.

> P08 (NU): ''I think some of them might like a doll, yes. I think a few of them would for company and you know''.
> P08 (NU): ''If it does that for one, it could do that for another''.

Appropriateness. Many NUs acknowledged that there are particular practical and ethical concerns associated with doll therapy. However, the majority of them considered that doll use is safe and the perceived intra- and interpersonal benefits outweigh practical and ethical concerns.

P02 (NU): ''Well people in their right senses maybes think that it's silly, I don't know but people who have lost their memory, they can't help losing their memory so if a doll pleases them why not let them have the doll''.
P07 (NU): ''If it keeps her happy, why not. She's not harming anybody at all''.
P10 (NU): ''As long as it's helping X [doll user] that's the main thing and they seem to be helping her''.

However, some participants were concerned about the age appropriateness of doll use.

P02 (NU): ''Well, they are not really for grown ups, are they?''.
P10 (NU): ''I don't know if they are belittling her''.
P10 (NU): ''I think the dolls make it seem as if it's treating them like a child''.

Related to these concerns, some felt uneasy about whether DUs perceive the doll to be a real baby. It seems that some DUs were clearly aware that their doll was not a baby but this was unclear for others.

P08 (NU): ''No, I think she'll knows they are dolls, but I'm not sure''.
P12 (DU): ''No, no. I just cuddle them, I don't think they are real babies''.
P16 (NU): ''She treats them like real children''.

Despite some of these ethical concerns related to DUs' awareness and perception of dolls, participants felt strongly that it would be ethically wrong to remove and take the dolls away from the residents who are using them.

P02 (NU): ''I don't think they should take the doll off her. They should leave her have a doll''.
P07 (NU): ''Well . . . if their mentality is that way, why not. Why deprive them''.
P10 (NU): ''I couldn't see her without them now''.
P012 (DU): ''I've had them for so long, I would be stressed if I lost them''.

The importance of these ethical debates highlights the value of having guidelines in place to safeguard older adults from any potential difficulties related to doll therapy.

P08 (NU): ''The staff would have to keep an eye on them . . . and keep propping the dolls up . . . and put them in their arms . . . staff have to help, they have to work with them . . . they need to have a lot of patience''.

Fears. As with all surveys, the process of data collection may have influenced the participant responses. In this case some DUs became fearful that the researcher would take the doll away from them as a consequence of the interview, which clearly may have influenced their responses.

P12 (DU): ''You not gonna take them are you?''.
P12 (DU): ''I'm saying it's frightening to a certain extent you see when people resort of pushing you around and these [dolls] are the ones that I'm trying hard not to lose because I think they are lovely . . . they do poke their noses in sometimes''.

Personal choice of user. Many NUs felt that doll therapy is a personal and private affair and perhaps something that they should not interfere in. As a result, many older adults living in care homes possibly avoided talking about it because they perceived that it did not directly influence them.

P03 (NU): "I wouldn't dare criticise it. No.".
P02 (NU): "You just ignore it and let her have a doll".
P05 (NU): "I wouldn't turn my nose against anyone who had a doll. It's nobody's business but your own and people who want to nose into that kind of thing want to mind their own damn business".

As a result of this perspective, it is possible that some of the difficulties associated with doll therapy within the care home environment did not get raised by the residents. This highlights the importance of advocating older adults' involvement in discussions and consultations about doll therapy in order to facilitate their inclusion and empowerment.

P07 (NU): "Well . . . it's not talked about because the subject really, although there might be someone who comes to talk to me, nobody's ever asked me in here or anything . . . at all, when I think about it".

Discussion

Participants in this study felt that quality of life for older adults with dementia living in residential care homes is generally rather poor as a result of multiple personal losses (e.g. dementia, illness, loss of communication abilities) and because of the care home environment itself (e.g. boredom, institutionalism). Older adults portrayed a powerful impression about what it is like living in a residential care home. There were statements about the dullness and boredom of life in the care homes, and restricted ways of living. This by no means is a new discovery and many observational studies in residential care homes have highlighted similar problems (e.g. Alzheimer's Society, 2007; Ballard, O'Brien, James, & Swann, 2001). However, the results of the study suggest that participants thought that the well-being of some DUs could be improved with the use of dolls.

The residents felt that dolls help some DUs to cope better with difficult circumstances. This would concur with our previous work (James et al., 2006), which suggested that doll use can help the person to engage in a meaningful and purposeful activity, also providing opportunities to build relationships.

The central tenet of the thematic representation (Figure 1) is that doll therapy may influence various socio-psychological processes that are based on intra- and interpersonal needs. The most 'visible' impact of doll therapy appears to be the calming or soothing effect it has on the person who is using the doll. Various descriptions provided by the participants indicated that some challenging behaviours (e.g. agitation, shouting, aggression) can often reduced once the person is using a doll. This finding is in line with previously reported studies in the field, which have reported that doll therapy may be an effective approach in reducing challenging behaviours and promoting more positive behaviours and mood (Ellingford et al., 2007; James et al., 2006; Mackenzie et al., 2006).

The theoretical representation suggests that doll therapy is a dynamic intervention where the doll may provide continuous companionship and improved relationships with other residents and care staff within the residential care home environment. The proximity and consistency of the doll may also allow an older adult with dementia to feel emotionally safe.

It is important to consider the ethical issues related to doll use since it has been questioned in the past and also because this was an area highlighted by many participants in the study. The main ethical issues raised by participants were related to age-appropriateness of doll use among older adults and potential deception involved where the older person believes the doll

to be a real baby rather than a doll. The degree to which participants felt that doll use was an ethical intervention varied on a continuum. This highlights the complexity and clear confusion about the appropriateness of doll therapy in dementia care. Of note, some DUs in the study were noticeably aware that the dolls were dolls but still valued them for comfort and pleasure.

Underlying these ethical dilemmas are concerns about whether older adults' dignity is preserved. As Andrew (2006) states 'the deliberate use of tasks or activities which can potentially diminish the dignity of people with this disease may be seen as unethical' (p. 419). Dolls cannot be forced upon the individuals with dementia and not everyone will want to use them. However, allowing the person with dementia a choice about whether they would like to use a doll can be empowering. In addition, the study findings suggest that doll therapy may be associated with increased well-being, which implies that their self-worth and dignity may in fact have been endorsed.

If challenging behaviour is reduced as a result of using a doll, dignity would be enhanced, rather than diminishing it. It could also be seen as a more preferable method than physical restraint and problematic medication (Banerjee, 2009). Clearly, there is an ethical tension in doll therapy involving dignity, autonomy and benefit.

At the heart of the ethical dilemma is how other people view and respond to doll therapy within the care home settings. It has long been established that the caregiver's attitude regarding either the dementia patient's abilities or the treatment approach will greatly influence patient outcomes (e.g. Kitwood, 1997). For example, a common concern relates to the potential misuse of dolls by 'busy' care staff, with the dolls being used to compensate for lack of human contact and comfort. Our studies over the last few years (Ellingford et al., 2007; James et al., 2006) have suggested that dolls' success is, in part, due to the fact that they facilitate social interaction with others. Hence, the dolls should not be treated as stand-alone devices, rather staff should be trained in how to make best use of them as vehicles of social engagement.

If care staff are not aware of the intentions and reasons for using dolls in the care home, they may respond to older adults in a childlike and demeaning manner when doll therapy is being utilised. This undoubtedly is infantalising. Therefore, it is important that all care staff are educated about doll therapy and given an opportunity to carefully examine their own attitudes and views related to the use of dolls in care homes. It could also be argued that residents should also be encouraged to participate in discussions about the use of dolls, particularly as we have shown in (div. Personal choice of user) that some NUs feel they should not talk about the dolls and therefore they may not raise questions.

As such the current guidelines are outlined in Table 2.

In addition to the ethical issues raised above, any form of treatment able to change mood and behaviour will have potential negative effects as well as positive. This is well illustrated by the work of Stevenson (2010) who describes a case where doll use evoked problematic memories. As one can see from the guidelines, the sorts of issues raised are addressed.

The present study attempts to represent the views of all care home residents, both DUs and non-users. The notion to do this came from queries arising in previous qualitative studies undertaken with staff (Fraser & James, 2008). However, by combining the two group views it is evident that we may have failed to capture the unique experiences of doll-users alone. Nevertheless, as this is a programmatic topic of investigation, the views of doll-users will be the focus of a future study. In this article, owing to the nature of grounded theory protocol, and the low number of doll-users present, we have not

Table 2. Guidelines.

Guidelines for doll therapy:

1. Speak to all staff and the families of residents before introducing the dolls. Discuss concerns and reservations, and provide relevant literature (Moore, 2001). Stress that once a doll has been introduced and accepted by the residents, it usually will not be removed.
2. Select dolls that look different from each other; different shapes, sizes, wearing different clothes. This will help to avoid confusion over ownership.
3. Select dolls that have eyes that open and close. Moore (2001) reported an incident where a resident became distressed because the doll had permanently closed eyes. The resident thought it had died.
4. Avoid dolls that cry. Moore (2001) suggests that crying can distress residents.
5. When introducing the doll, do not present them directly to the resident. Rather, place a range of dolls on a table and let the residents make their own selections.
6. Monitor residents' levels of fatigue, as caring for the dolls may make them tired. Also, ensure that they are not putting their own welfare at risk by caring for their doll.
7. Use the same name for the doll as the resident uses. Also, if the resident refers to the doll as a baby, staff should do so too.
8. Never take a doll away from a resident without the resident's permission. When removing a doll, inform the resident where you are taking it (e.g. to the bathroom to give her a wash).
9. Never remove the doll as a form of punishment because the resident may perceive the act as taking away his/her child.

(Adapted from Mackenzie et al., 2007).

attempted to analyse the responses of doll-users separately due to our lack of confidence that their thematic data set achieved saturation. It is also important to acknowledge that categorisation of the themes is open to debate and the thematic groups may have been clustered and summarised differently by different researchers. However, the present groupings are the work of the first author who immersed herself in the data set, while remaining true to Charmaz's (2006) grounded theory methodology. The present paper is a summary of the first author's larger thesis (Alander, 2010) which was submitted in part-fulfilment of her doctorate thesis in clinical psychology.

Future work will attempt to take a more ethnographic approach, building on the present findings with data from observation and video recordings. Such material will help examine the dynamics of doll use, and serve to refine the emerging concepts. The sampling techniques used to date have tended to be self-report methods, and therefore run the risk of positive bias. With the use of observational methods we are likely to obtain more ecologically valid material, helping us to verify our hypothesis about dolls enhancing communication, etc. These methods could help us explore material from previous studies on the negative effects of using dolls, including (i) the misuse of dolls by staff, (ii) the ridiculing of doll-users by non-using fellow residents; issues that did not arise in our current data set.

Conclusion

This study explored older adults' perspectives and experiences related to doll therapy in residential care homes. Overall the results suggest that residents, non-users and users, hold many positive opinions about doll use. Doll use appears to be non-stigmatising and may fulfil some relevant intra- and interpersonal features; although the latter view requires further exploration. Our work also suggests that with the correct implementation plan, doll

therapy is acceptable to residents living in 24-hour care settings. The use of grounded theory methodology in this study allowed residents' perspectives to be analysed, highlighting that older adults living in residential care homes can provide detailed information about doll therapy in dementia care.

Whilst we should not pass over some of the ethical and practical issues related to doll therapy, which clearly require further clarification and careful thought, there appears to be grounds for further exploration of doll usage as a form of person-centred care.

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References

Alander (2010). Older adult's views and experiences of doll therapy in residential care home. Dissertation submitted for degree of Clinical Psychology, University of Teesside, Middlesbrough, UK.

Alzheimer's Society. (2007). *Dementia UK*. London, UK: Alzheimer's Society.

Andrew, A. (2006). The ethics of using dolls and soft toys in dementia care. *Nursing & Residential Care*, *8*, 419–421.

Ballard, C., O'Brien, J., James, I., & Swann, A. (2001). *Dementia: Management of behavioural and psychological symptoms*. Oxford: Oxford University Press.

Banerjee, S. (2009). *The use of antipsychotic medication for people with dementia: Time for Action. A report for the minister for care services by Professor Sube Banerjee*. London: Department of Health.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage Publications.

Ehrenfeld, M. (2003). Using therapeutic dolls with psychogeriatric patients. In C. E. Schaefer (Ed.), *Play therapy with adults* (pp. 291–300). New York: John Wiley & Sons.

Ehrenfeld, M., & Bergman, R. (1995). The therapeutic use of dolls. *Perspectives in Psychiatric Care*, *31*, 21–22.

Ellingford, J., James, I., Mackenzie, L., & Marsland, L. (2007). Using dolls to alter behaviour in patients with dementia. *Nursing Times*, *103*, 36–37.

Fraser, F., & James, I. (2008). Why does doll therapy improve the well-being of some older adults with dementia? *PSIGE Newsletter*, *105*, 55–63.

Godfrey, S. (1994). Doll therapy. *Australian Journal of Ageing*, *13*(1), 46.

Groulx, B. (1998). *Nonpharmacologic treatment of behavioural disorders in dementia*. The Canadian Alzheimer disease review (pp. 6–8).

James, I., Reichelt, F., Morse, R., & Mackenzie, L. (2005). The therapeutic use of dolls in dementia care. *Journal of Dementia Care*, *13*(3), 19–21.

James, I., Mackenzie, L., & Mukaetova-Ladinska, E. (2006). Doll use in care homes for people with dementia. *International Journal of Geriatric Psychiatry*, *21*, 1044–1051.

Kitwood, T. (1997). Cultures of care: Tradition and change. In T. Kitwood, & S. Benson (Eds.), *The new culture of dementia care* (pp. 7–11). London: Hawker.

Libin, A., & Cohen-Mansfield, J. (2004). Therapeutic robocat for nursing home residents with dementia: Preliminary inquiry. *American journal of Alzheimer's Disease and Other Dementias*, *19*, 111–116.

Mackenzie, L., James, I., Morse, R., Mukaetova-Ladinska, E., & Reichelt, F. (2006). A pilot study on the use of dolls for people with dementia. *Age and Ageing*, *35*, 441–444.

Mackenzie, L., Wood-Mitchell, A., & James, I. (2007). Guidelines on the use of dolls in care settings. *Journal of Dementia Care*, *15*(1), 26–27.

Mayers, K. (2003). Play therapy for individuals with dementia. In C. E. Schaefer (Ed.), *Play therapy with adults* (pp. 271–290). New York: John Wiley & Sons.

Moore, D. (2001). 'It's like a gold medal and it's mine' – Dolls in dementia care. *The Journal of Dementia Care*, *9*, 20–22.

Stevenson, A. (2010). Dolls: Handle with care. *Journal of Dementia Care*, *18*, 16–17.

QSR International. (2009). QSR international homepage. Retrieved from http://www.qsrinternational.com/

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