

## Doll Therapy May Be a Quick Way to Improve the Wandering Symptoms of Dementia: Two Case Reports

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### Keywords

Dementia, Doll therapy, Wandering.

### Introduction

Wandering is one of the behavioral and psychological symptoms of dementia, with an incidence of more than 60% among moderate to severe dementia [1]. Wandering has various adverse consequences for patients themselves, such as injuries, getting lost. In addition, wandering also increases emotional distress to caregivers [2]. Kovach et al. [3] considered that wandering might represent a patient's attempt to express physical or emotional distress in response to unmet needs. Brittain et al. [4] proposed that wandering might indicate that the patient perceives a threat that needs managing. Doll therapy (DT) is a non-pharmacological intervention, which theoretical rationale is based on the concept of attachment theorized by Bowlby in 1980, aimed at reducing the level of anxiety and agitation in patients affected by moderate to severe dementia, mostly in nursing homes [5]. In our actual clinical practice, we found that DT could quickly and effectively alleviate wandering symptoms. The case reports are as follows.

### Case 1

Wang ××, who was female and 79 years old, had progressive memory loss for more than five years. In the past six months, the patient has significant behavioral abnormalities. She often goes out to pick up garbage and takes it home as a treasure to keep it from being touched, often walks around during mealtime and cannot eat quietly, hides her things repeatedly for fear of being stolen. Her daughter brought the patient to hospital. She considered her daughter as her grandson and followed closely. After her daughter left, she walked back and forth in the corridor with a nervous expression. She did not stop walking even if she was sweating. She would not drink water either. During the meal, she did not sit at the table and walk repeatedly and aimlessly. Due to the

severe decline of cognitive function, she could not express her true thoughts in words. From her daughter, we further learned that she loved her grandson very much. We speculated that the patient has an attachment complex with his grandson. Then, we selected a grandson doll and delivered the doll to her with the professional's verbal explanation. When the doll was given, she held the doll in her arms and had been sitting in a wheelchair for a long time. She could sit quietly at the table and eat quietly.



Figure 1: The patient held the doll and sat quietly.

## Case 2

Chen ×× was an 84 years old woman. Three years ago, her memory gradually declined, missed this and that, and called a familiar person by a wrong name. She often lost her temper without any reason and beat her nanny, so that her nanny was changed repeatedly. She often made noise and said something impolite, often refused to eat for no reason. After admission, she was always noisy and swearing. Especially at night, she did not sleep, repeatedly sat up and lay down in bed. We further asked the patient's daughter if the patient had a favorite family. Her daughter responded that the patient loved her granddaughter very much and kept delicious food for her. The patient worried every time if her daughter did not go home on time. We selected a doll with the characteristics of a lovely little girl. The nurse guided the patient to say that the doll was going to sleep and asked her to sleep with the doll. She covered the doll with a quilt. She gradually calmed down and fell asleep with the doll.



**Figure 2:** The patient took care of the doll to sleep.

## Discussion

Our case reports suggest that DT can improve the wandering symptoms of patients with advanced dementia, calm patient's irritability and improve sleep. Moyle et al. [6] reported that DT was associated with a range of benefits for dementia patients, including emotional comfort and calming effects, as well as

providing patients with purposeful activity. In addition, DT was reported to promote clinically significant improvements in the ability to relate to the surrounding world [7]. Taken together with these previous findings, the current results indicates that DT can help patients become calmer and adapt to their environment, thus improving wandering.

Our reports also show that DT can quickly alleviate wandering symptoms of dementia. Tamura et al reported that dementia patients were happier and less agitated after the dolls were presented for 60 minutes [8]. Sumioka et al. [9] found that participants who interacted with HIRO or a robot with a face for 5 min showed positive attitudes toward them. They treated the robots as if they were actual infants, by caressing them, singing to them. Bisiani and Angus [10] proposed that DT can be used as a therapeutic tool in response to attachment-related needs because it allows patients to experience emotions that they experienced in their past significant relationships, causing them to recall a time in which the need for protection and security was met. Therefore, we infer that doll may quickly arouse the emotional needs of patients.

An important point of our reports is to ask patient's attachment from their insiders. This includes two meanings. One was that their insiders should be informed of the purpose of the treatment orally or in writing. Another purpose was to assess the patient's attachment and select appropriate doll because not all patients are interested in dolls. Previous study by Tamura et al. [8] have shown that patients reactions were classified into four categories (no reaction, close observation, taking care of the doll, communication with other patients) and that patients whose attention was caught and held by a doll were interested in caring for it.

In conclusion, DT may be an option for the treatment of wandering symptoms of hospitalized dementia patients based on the doll acceptance both from patients and family.

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