

De Zweedse Britt-Marie Egedius Jakobsson is de ontwerpster van deze bijzondere poppen. Zij heeft een achtergrond als lerares en gezinstherapeut. Deze unieke poppen staan voor comfort, veiligheid en vriendschap en zijn betekenisvol voor zowel kinderen als volwassenen. "Empathy Dolls" worden voornamelijk gebruikt op scholen, in ziekenhuizen en in woon- en zorg centra m.b.t. het inlevingsvermogen van zowel jongere als oudere mensen (denk hierbij o.a. aan autisme en dementie).



De knuffelpoppen hebben een hoge "aibaarheidsfactor". Ze zijn gemaakt uit zachte en aangenaam aanvoelende materialen. Ze hebben behoorlijk wat gewicht waardoor ze stevig aanvoelen als wezentjes van vlees en bloed. Er is bijzonder veel aandacht gegeven aan bepaalde details, zo zijn de handen en vingertjes bijzonder natuurlijk gemaakt. Als je de pop op je linkerarm houdt, zoals de meeste mensen dit vanzelfsprekend met een baby doen, dan kijkt de pop je aan. Dit contact roept het gevoel op om voor de pop te willen zorgen. De poppen zijn ook makkelijk aan- en uitkleden.

NIEUW

Om de verbondenheid met de pop nog te vergroten is er de mogelijkheid om deze uit te rusten met een hartslag- of stemopname module.



WIST U DAT...

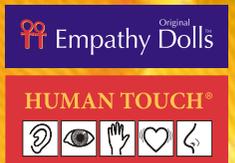
Er is een wetenschappelijke Italiaanse studie gemaakt omtrent de invloed van "Empathy dolls" op personen met een dementie. De belangrijkste conclusies waren:

- een duidelijke verbetering van de levenskwaliteit door het gebruik van knuffelpoppen.
- een verhoogde sociale interactie en een betere deelname aan de georganiseerde therapie-activiteiten.
- een afname van medicatie bij een aantal personen.

Het volledige onderzoek is na te lezen op www.advys.be.

JOYK[®]

Original Empathy Dolls
– for learning, playing and therapy





Foreword



JOYK is devoted to the development and supply of products with significant human values. Our products have qualities that make children and old people bond with

them. Some dolls still have features like the very first ones. However, the development of new techniques and designs have contributed to significant improvements, and the selection of our popular Empathy Dolls becomes wider every year. Decades of doll making, combined with a solid expertise in paediatrics, psychology and sensory stimulation, guarantee JOYK's products a high educational value. Please enjoy our new catalogue.

December 2009, Varberg, Sweden

Marie Ekman Bäcklund
General Manager, inventor
Occupational therapist (OT)



My experiences as a child, as a student and from many years of working with children and grown-ups have no doubt significantly influenced my creative work. The inspiration has come from

my conviction that it is important to create prerequisites for interactions and meaningful play. My work to develop a doll that gives the feeling of a small child resulted in 1996 in the first Empathy Doll. Over the years, many different dolls and animals have followed, all with one thing in common, they awake human reactions and work well as transitional objects in play and therapy. For me personally, it has always been a great satisfaction that my creative work during my youngest child's grave illness affords happiness and consolation to young and old alike. The Empathy Dolls from JOYK is the result of ongoing creativity and continuous development work.

December 2009, Göteborg, Sweden

Britt-Marie Egedius-Jakobsson
Designer, inventor, teacher
Group and family therapist



Generation Dolls

– Sister and Brother, Mother and Father, Grandmother and Grandfather

Generation Dolls symbolise an ordinary family, depicting people in a lifelike manner. They stimulate children's fantasy, empathy and disposition to play. The Generation Dolls are gender specific, which creates opportunities to explore gender roles. Playing with

the Generation Dolls helps children to reflect, understand and overcome difficulties inside as well as outside the family. They have multiple uses within play, for storytelling and also for language learning.



Inventor's intention:

"Over a long time, experiences from teaching and therapy convinced me of

the importance of using high quality transitional objects which support children's personal, social and emotional development. My aim was to create efficient tools for play and therapy that could help children imagine daily situations inside and outside the family. Fortunately experiences from several countries show that the Generation Dolls fulfil my expectations to a high degree."

An ordinary family – transitional objects liberated from conventional beauty ideals

The English magazine “Nursery equipment” gave the Generation Dolls five out of five stars:

“...These were really well played with from day one. The children enjoyed carrying them around and were constantly undressing them. They cover all the early learning goals, giving opportunities for communication, exploring of feelings, imaginative play and manipulative skills. They are also really well made, and the features remained firmly intact after washing. In fact they looked as good as new. The children have really taken to these, making them good value for money.”

Lynne Lynch, Early excellence co-ordinator



Play with Generation Dolls support children’s understanding of their own and others’ feelings. The Generation Dolls are symbolizing an ordinary family. Not so beautiful, just like ordinary people in three generations. They have bendable limbs and their “skin” is made of soft and high quality velour that endures washing.



Sister and Brother,
Art.no: 600-1



Mother and Father,
Art.no: 600-2



Grandmother and Grandfather,
Art.no: 600-3

© Doll design: B-M Egedius Jakobsson, 2003, Sweden

Human Touch concept – reinforces bonding with the use

Tactile stimulation
Smooth skin and hair.

Modelling and mirroring
Visual similarity to a human baby.

Eye contact
Supports emotional bonding and well-being.

Feel the rhythm and vibrations from a heart

Stimulation of olfactory sense.
Scents stimulate memory, relaxation and bonding.

Record personal voices and sounds
Hearing and talking.

HUMAN TOUCH®

The new and protected concept HUMAN TOUCH enables reinforced bonding with the use of scents, sound and vibrations. The accessories can be put into the belly pocket.



Heart

- Art.no: 200-1
Battery: LR44 x 2, not included.
- Pulsations.
 - Natural, soft sound.
 - Relaxing human rhythm.



Voice Recorder

- Art.no: 200-2
Battery: LR44 x 3, not included.
- Recording time 10 sec.
 - Easy to record and to activate your personal recordings.

Aroma Bags
Art.no: 200-3
5 bags



of scents, sound and vibrations



Inventor's intention:

Sensory stimulation is important for bonding, relaxation and mirroring. Scents play a key role for feelings and memories.

JOYK's NEW sensory concept, "Human Touch" enables users to give their own personal touch to the dolls. With the addition of sensory stimuli we have reinforced the quality of our Empathy Dolls and enhanced their potential as tools for bonding, playing, learning and relaxation.

Olfactory stimulation

Newborns develop a preference for the odour of their mother which makes them feel good and secure. Spices such as cinnamon, cardamom and vanilla evoke feelings of well-being whilst lavender is used to combat stress and aid restful sleep. Your choice of scent can be placed in a

small container beneath the doll's left arm. For example, you could immerse a piece of cloth with a personal body scent; use organic essential oils, perfume or spices to give the doll a familiar or favourite smell.

In safe arms

Rhythm and song are intrinsic to all humans, young or old. The first rhythm we recognise is the sound and feel from a beating heart. Rhythms are comforting to babies and important for language learning too.

In order to give the Empathy Doll a sense of rhythm or sound, we have created space for a battery operated beating heart or a recorded sound that is inserted into a container under the left arm.

HUMAN TOUCH®





Using Empathy Dolls with young children

In 2002 I was undertaking research through The University of Leeds in UK, looking at diversity with children aged 3-5 years as well as the Empathy doll project. The aim of this project was to explore ways that early years practitioners could develop and support young children's understanding of diversity.

We were completely open-minded about how we might use the Empathy Dolls having never read anything about them or even seen one before ordering them from the catalogue. I soon began to witness a very positive response to the Empathy Dolls. Lots of people picked them up, held them, asked questions about them. They stimulated lots of interest.

New perspectives support emotional learning

When an adult effectively plays back a scene to a young child using an Empathy Doll it can help them see the feelings from another perspective. The modelling and mirroring behav-



iours of the practitioners and children support this emotional learning. The two processes provide many opportunities for rehearsing, revisiting and positively reinforcing young children's understanding of how they and others feel, and in a familiar context. The actions of the practitioners also give a very strong unspoken message that 'pretending' is valued.

Modelling and mirroring

We have found that the beauty of using the full size Empathy Dolls with babies and children who are not yet very mobile can be the way in which they mirror the children themselves. Similarly we have observed over time that the smaller dolls are easier for older children, beginning to roleplay the caring role with the dolls, to manipulate and carry.

All aspects of communication are being utilised

Pretending with the Empathy Dolls provides opportunities for children to play out and make sense of the



Judy Dawes, teacher for Primary and Early Years and author of the book "Using Empathy Dolls with young children".

world as they experience it. This way of playing opens up lots of chances for young children to talk about themselves and for the adult to learn about the child's perspective and feelings. Similarly, observing children playing independently with the Empathy Dolls can help practitioners in effectively listening to children as all aspects of communication are being utilised, not just verbalising of their language. This is especially

important when working with babies and toddlers who communicate with us in so many more ways than simply vocalising. The presence of the Empathy Doll ensures that the learning takes place within the context of play. For very young children all the aspects of communication about feelings are utilised, the facial and body language and not just words that describe that feeling. The physical exploration, hold- ▶



▶ ing, cuddling and caressing of the dolls appears to provide a lot of emotional support for some children. The same experience can be said of some adults who use the dolls too.

Teaching young children about emotions

Non-verbal aspects of communication are very important to young children. Using the dolls encourages the adult to make full use of facial and other body language when teaching young children about emotions. Children need to learn what other people look like when they are feeling happy, sad, angry or scared, not just know the words that describe those feelings.

Mostly I find that people respond with lots of interest to the dolls. The design of the Empathy Dolls and the reaction this evokes in the adult is the most striking difference.

The practitioners can use an ordinary hardbodied doll or other type of soft doll but sustaining the play can be harder. Young children can tell when a grown-up is trying too hard and not managing to be convincing in their play. With the Empathy Dolls, however, the adult is given a kind of crutch to support them in naturally entering into the play.

Using Empathy Dolls with boys

Using Empathy Dolls with younger boys can help try and counter some of the dominant messages that still pervade our society about how boys should behave. The caring and nurturing of the Empathy Dolls is really important in trying to work against attitudes that boys should be tough and not cry or show their emotions. I feel that the key to get boys to relate to the dolls without them (or their fathers...) feeling that it is not "a boy's toy" lies in the way that the boy or father sees others treat Empathy Dolls. It is treated completely differently from a traditional 'dollie'.

Holding the Empathy Doll triggers positive reactions

I have discovered that for most adults, the actual holding of the Empathy Doll triggers their positive reaction to it. I see them hold the doll in the crook of their arm, place it on their hip and use gentle, affectionate body language towards it. Then they start to stroke the doll's little hands, pat its heavy bottom or stroke the hair away from its face. When you watch an adult behaving in these ways with an Empathy Doll it becomes a very convincing roleplay and the doll looks like a real baby! The eye contact with the doll is another aspect of this.

When you read how Britt-Marie came to create the dolls then all of this makes perfect sense. However, I had witnessed all these reactions to the dolls with adults before. I have found

that the simple honesty and emotional and intensity of Britt-Marie's words seem to make a deeper emotional connection with some adults. They visibly tighten their grip on the Empathy Doll.

The Empathy Dolls provide emotional support for adults

Looking back over the last years since we began to use the Empathy Dolls, I am always amazed by how far we have come and how much we have learnt along the way. For me the biggest surprise has been the way in which the dolls can provide a kind of emotional support for adults. My work and focus has been on working with children under the age of five and yet I increasingly see the quite significant



roles that the dolls can take on in the lives of the practitioners themselves who use the Empathy Dolls.

I feel very proud of and grateful to the group of practitioners that helped to develop the use of the Empathy Dolls in our settings.

Judy Dawes
Inclusive Practice Dev. Advisor,
Early Years Service,
Leeds City Council, England



Boys and girls need to be acknowledged



Many adults feel insecure in giving dolls to boys. Such thoughts might originate from the misunderstanding that playing with dolls would develop feminine qualities in boys. This may be due to the fact that the word "doll" is the same for human-like objects, in spite of their disparate fields of applications. Boys, just like girls, need good transitional objects such as JOYK's Empathy Dolls to develop empathy and social skills. Boys too need to be acknowledged by adults when using dolls in role-plays. Research at the University of Halmstad, Sweden, has shown that boys in most cases have considerably more dolls than girls, but with different characteristics.



Happy is he or she who has someone that understands and gives comfort.

Learning by playing mak

The big doll Vera is a cosy companion that offers a strong human-like contact in play, relaxation, therapy and teaching. Although it's soft, the body is stable and exhibits a natural body language. The size, appearance and feeling of the doll literally mirror that of a real child aged between 3–9 years.

Multiple applications:

-  Makes learning fun and helps children stay focused.
-  For practitioners to model behaviours within role-play.
-  Comforting and supporting children who won't sleep on their own.
-  As a true playmate to share secrets with.
-  In role-play and to support language learning.
-  For doctors, therapists and nurses' demonstration purposes.
-  Promotes contact for the elderly and disabled.



Accessories for JOYK Dolls and Pets

See pages 5–6.

Reinforced bonding. Vera is prepared for strengthening bonding through sensory stimuli. Place your personal choice of scents, the relaxing and pulsating battery operated Heart or the Voice Recorder inside the pocket and close it.



Inventor's intention:

When creating the big doll Vera, I did it with children suffering from sleep difficulties in mind. Vera has the same strong contact as the other Empathy Dolls, but the body is of a completely new design which considerably increases the potential use. Even if Vera is just a doll, she makes me smile each time I look at her!

es learning fun!

“ The doll Vera has become a highly valued playmate for my six-year-old daughter. Unlike play with small dolls which children take care of, Vera is a patient playmate that provides security but also the inspiration for exploration. The size of the doll and the substantial contact given by her makes her an equal friend. When the children sing and dance, it is of course much more fun to do so in front of an audience. Chairs are lined up and Vera's place is given in the first row. In front of her there is no embarrassment, and the children sing and dance quite uninhibited. Sometimes, when I hear giggling from the children's room and take a look, the kids are playing doctors with Vera as a patient. Whether it is medicine to be given or temperature to be taken it has of course to be done in the behind. As a parent, you are grateful that it's a doll who is the patient!

I think that the doll Vera helps the children to feel confident and curious at the same time. She is simply a friend who allows anything. ”

Anna E Owesson,
Mother, Stockholm, Sweden

Vera,
approx. 100 cm
Art.no: 100-1

– A boy or a girl or even both? That is up to the user to decide! Black or brown wigs supplied separately.



Wig for Vera,
black hair
Art.no: 100-3w

brown hair
Art.no: 100-4w



New!

The newborn Elias and Lilly

– trigger human feelings

Empathy Dolls support children's emotional development and their understanding of who they are. These dolls are anatomically correct and depict the differences between girls and boys in a very natural way. In a world where toddlers are often still wearing nappies the newborns can be excellent tools to support potty training.



Lilly and Elias awakes instincts of caring. Their "skin" is soft and they are relaxing to hold.



The newborns Elias and Lilly can be helpful tools for observation and discussion around the differences between boys and girls in a sensitive and natural way, for instance when a new baby comes into the family.



Not knowing that playing is a preparation for becoming a parent, children's role-playing is fantasy trips into the adult world. Play with the newborns supports learning how to care for a real baby.



Inventor's intention:

I started creating the Empathy Dolls, when my youngest son Elias became ill with a prolonged terminal illness. I have always been creative and was determined to make a doll with a potential human trigger to support interaction and maturation. Even though my work has its roots in bereavement, it has brought very positive effects for thousands of children and adults. Actually, I thank Elias for giving me those dolls, which just came to my mind through a flow that was too intense to stop.

© Doll design: B-M Egedius Jakobsson, 2007, Sweden • Registered Community Design

Elias and Lilly

– awakes instincts of caring

Lilly and Elias are adorable newborns who promote intense eye contact. They awakes instincts of caring, no matter how young or old you are. Just like real newborns, they need support under their heads.

The feeling of them and their body language are realistic. Even though they are sculptured dolls made of soft textiles, they have a life-like open mouth, a belly button, fingers and show which sex each doll is. The pretty outfits are made with fasteners to make it easy to handle.



Elias,
approx. 50 cm
Art.no: 300-1

Lilly,
approx. 50 cm
Art.no: 300-2



Accessories for JOYK Dolls and Pets. See pages 5–6.

Reinforced bonding. Elias and Lilly are designed for strengthened bonding through sensory stimuli. Place your personal choice of scents, the relaxing and pulsating battery operated Heart or the Voice Recorder inside the pocket and close it.



New!

Siblings

– Sofia, Nelly, Johan and Emelie

Our new and extraordinary Empathy Dolls are perfect tools for teaching, to play with, for therapy and care. Their softness, weight and open faces make you feel that you are holding a real child who is looking at you with a gentle smile.



“ The Empathy Dolls in particular are suitable for participating in daily life activities, in play and for learning by playing. ”

Jörn Martin Steenhold, author and scientist specialised in toys, children’s play and learning. Fredericia, Denmark. From the book “Working with Empathy dolls”.



Accessories for JOYK Dolls and Pets.

See pages 5–6.

Reinforced bonding. The siblings are designed for strengthened bonding through sensory stimuli. Place your personal choice of scents, the relaxing and pulsating battery operated Heart or the Voice Recorder inside the pocket and close it.



Inventor's intention:

When someone looks at you with a warm smile, you most probably smile back. The reason why is the mirroring neurons. Mirroring, imitation and pretending are the foundation for learning empathy and social skills. The Siblings' friendly smile and warm and understanding eyes support kindness and feelings of well-being. I assigned them strong eye contact as if they listen and trust you completely. The Siblings have male and female sexes, as an understanding of differences helps children build up their own personal identity and a positive self-image.

© Doll design: B-M Egedius Jakobsson, 2009, Sweden • Registered Community Design

Sofia, Nelly, Johan and Emelie

The Siblings represent a 3–6 year-old child. Their body language is realistic. They can sit, lie down with straight legs and they may even walk, with some help of course. They have a belly button, cute fingers and there are realistic differences between the boy and the girls.



Sofia, approx. 65 cm
Art.no: 650-2



Nelly, approx. 65 cm
Art.no: 650-1



Emelie, approx. 65 cm
Art.no: 650-3



Johan, approx. 65 cm
Art.no: 650-4





The Empathy Dolls provide strong contact without asking for anything in return. Their faces and body shapes trigger human instincts of caring. Our dolls have been proven to reduce stress and anxiety among users with sensory disorders.

Empathy Dolls for child

– Mandy, Simon and Simone



The Empathy Dolls have a remarkable human trigger. They open up opportunities for exploring and developing the understanding of emotions. Within the context of play, opportunities for referring to the doll's imaginary feelings are constantly provided.



Accessories for JOYK Dolls and Pets.

See pages 5–6.

Reinforced bonding. Mandy, Simon and Simone are designed for strengthened bonding through sensory stimuli. Place your personal choice of scents, the relaxing and pulsating battery operated Heart or the Voice Recorder inside the pocket and close it.



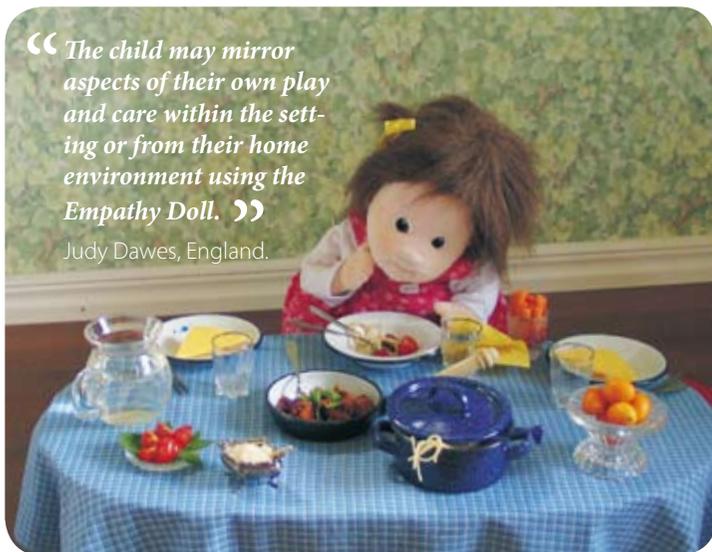
Inventor's intention:

Creativity combined with play has always been a part of my life from childhood until today. The greatest creations are in the ability to form interactions between people and to create meaningful life filled with substance. Babies make us feel warm and happy. We instinctively want to care for and protect them. I designed the Empathy Dolls to awake the same kind of feelings.

ren and adults

“ I do my training in a nursing home where patients are suffering from dementia. They are in the first stage of their illness and are still able to talk quite understandably and may be still up and about. The dolls usually sit on the couches here and there, particularly in the living rooms. It's not long before someone puts them on their lap for the rest of the day. It is quite wonderful to see how the Empathy Dolls stimulate conversations and feelings. The dolls take part during meals and are often fed. It is obvious that the elderly regard them as real children. Often the staff has to look for dolls that get lost, because our patients bring them to their rooms. ”

Liza Håkansson,
Borlänge, Sweden



“ The child may mirror aspects of their own play and care within the setting or from their home environment using the Empathy Doll. ”

Judy Dawes, England.

Mandy,
approx. 53 cm
Art.no: 530-19



Simon,
approx. 53 cm
Art.no: 530-20



Simone,
approx. 53 cm
Art.no: 530-21



“ Empathy Dolls have to fit into our everyday practice, otherwise we wouldn't be using them to support young children's everyday well-being. ”

Noreen Higgins,
Under 3's Manager, Leeds, England.
From the book "Using Empathy dolls with young children".





“It’s just like holding a real baby”

– Nina and Tom

Nina and Tom have short hair, which make them appropriate for young children and those who might take the long hair into their mouths. Hold them on your left arm, just as you do with a real baby. Tom and Nina are looking back at you as if they were listening. Their confidential gaze is triggering social interactions and emotional reactions.



The Empathy Dolls leave you with a unique impression. They are soft to cuddle and heavy at “the bottom”. It truly feels as if you are holding a real baby in your arms. The dolls provide a tool through which practitioners can regularly model social interactions and emotional behaviours.



Accessories for JOYK Dolls and Pets.

See pages 5–6.

Reinforced bonding. Nina and Tom are prepared for strengthened bonding through sensory stimuli. Place your personal choice of scents, the relaxing and pulsating battery operated Heart or the Voice Recorder inside the pocket and close it.



Nina, approx. 50 cm
Art.no: 550-3

Tom, approx. 50 cm
Art.no: 550-4



“ The beauty of using the full size Empathy dolls with babies and children can be the way in which these dolls mirror the children themselves. Using the Empathy doll support children’s continuing sense of the world around and their place within it. ”

Judy Dawes, England.

From the book “Using Empathy dolls with young children”.

When my daughter Anna met Baby Boy



she got protection against her father and from further abuse, which has been a big relief and given Anna hope for the future. However, Anna really misses her siblings on her father's side and she is very much longing for a little sister or brother.

Anton is filling up that empty space in her with his warm eyes and smile of subtle humour. He has become a little brother to her. When she is sad Anton is there to comfort her, and when she is playing he takes part and brings her joy. Anna talks to Anton and finds comfort in his company.

Anton has become very important to Anna. When she had some friends sleeping over night they also fancied a turn with Anton. They wanted to nestle, play and sleep with him. The situation that started in such a warm atmosphere ended with Anton having to be put to bed as the friends' affection for Anton made Anna close to jealous. When they asked if Anton could come home with them, the answer was NO with emphasis. (Like Anna, her friends are 12 years old. In fact the time is over when they

“played with dolls”, however, Anton is not like other dolls.)

Anton is so different from Anna's other dolls. His whole body is soft which makes it possible to hug him without any feeling of stiffness. His face is not symmetrical which makes him much

more alive. You can hardly carry Anton in any other way than supporting him with one hand under his bottom and one behind his back, just like a real baby. Anton is absolutely lovely! ☺☺

Anneli Ekblad
Bromma, Sweden

“ Anton is filling up that empty space in her with his warm eyes and smile of subtle humour. He has become a little brother to her. ☺☺



“ Anna met Anton a day at the end of July. As we entered a shop on the island of Gotland she immediately saw him where he was sitting among his doll friends. She took him straight to her heart. At that moment I did not see what she saw, that Anton looked straight at her and asked if she liked him to become her friend. Today Anton has got “contact” also with me and Anna's twin brother Erik. Anton brings warmth and nearness to all of us and when together with Anton all of us are a little happier.

Anna has a traumatic background – she has been sexually abused by her father. After many years of fighting in the municipal court and court of appeal

“The dolls are absolutely lovely!”

– Baby Boy and Baby Girl

Our irresistible “sweeties” awake feelings such as empathy and the desire to care for someone else. They are soft and excellent for children dreaming about having a baby sibling of their own. Playing with JOYK’s Empathy Dolls helps children to pretend, reflect and understand. It has been observed over time that dolls like Baby Boy and Baby Girl are easier for older children, beginning to role-play of as the dolls are easy to manipulate and carry.

Baby Boy and Baby Girl are beautifully dressed and have nappies and bibs. The pretty outfits are made with fasteners to make it easy to handle.



Baby Boy, approx. 40 cm
Art.no: 700-1

Baby Girl, approx. 40 cm
Art.no: 700-2

© Doll design: B-M Egedius Jakobsson, 2004, Sweden



“ *Presence, confidence and empathy are the way to learn how life can be shared with others – with love and care for one another.* ”

Jörn Martin Steenhold, author and scientist specialised in toys, children's playing and learning. Fredericia, Denmark. From the book "Working with Empathy dolls".

Smaller dolls

– Sara and Junichi

Although Sara and Junichi are textile dolls their faces are sculptured with fine details, just like the other of JOYK's Empathy Dolls. They look at you with a friendly expression that elicits conversation. Are they happy, sad or perhaps thoughtful or uncertain? Expressions allow their caregiver to decide about their mood.

Their soft bodies encourage cuddling with them. Instinctively you carry them whilst supporting them with one hand under their bottom and the other one behind their back, just like a real baby.



Sara,
approx. 38 cm
Art.no: 500-1



Junichi,
approx. 38 cm
Art.no: 500-2





“ *The mirroring aspect of using the dolls can shift the focus onto role-playing aspects of the relationships in the child's own life when older parent or carer and can project their ideas and perceptions of those roles into their play with the Empathy Dolls.* ”

Judy Dawes, England. From the book "Using Empathy dolls with young children".

Spectra Kids

– Bella, Peter, Elleni, Natalie, Susy and Leo

Spectra Kids are popular among older children beginning to role-play the caring role, as the dolls are easy to manipulate and carry. Like the bigger dolls, these ones support compassion and stimulate children's imagination. Dolls and outfits have a soft tactile feeling.



Bella, approx. 38 cm
Art.no: 475-11

Peter, approx. 38 cm
Art.no: 475-12

Elleni, approx. 38 cm
Art.no: 475-3

Natalie, approx. 38 cm
Art.no: 475-18

Susy, approx. 38 cm
Art.no: 475-13

Leo, approx. 38 cm
Art.no: 475-2



Modelling and Mirroring

– in care and therapy

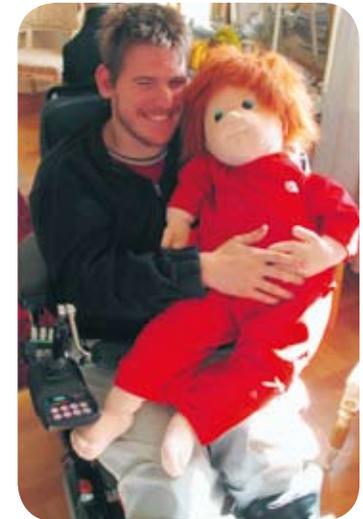
JOYK's Empathy Dolls are efficient tools in therapy and care. Scientists have found that "mirror neurons" are triggered in our brain as we watch somebody else perform an action. They mirror in our brains the neurons that would respond if we were doing it ourselves.

The aceki e.V. academy in Hochheim-Massenheim, Germany, educate physiotherapists, doctors, nurses, midwives, shiatsu- and different alternative practitioners in Germany, Austria and Switzerland. For years now they are using JOYK's Empathy Dolls to demonstrate techniques and practice BabyShiatsu, Shonishin and Play- Room therapy. The dolls are so cute and perfect for our purpose, says Renate Köchling-Dietrich:

“Your dolls are looking funny, delightful and feel gentle and the handling is easy. Their special appearance motivates the students and parents to try the treatment on their own. When the students enter the classroom and recognise the dolls, seated side by side on a bench, they feel directly the pleasant atmosphere the dolls make. ”



The intercultural academy aceki e.V. is located at the centre "therapeuticum rhein-main". Besides from Germany their students come from Austria and Switzerland. For more information, visit www.aceki.de



The practitioner models exercises and behaviours with the doll.



JOYK's Empathy Dolls make children stay focused.

“ I use the JOYK's dolls for demonstration purposes, as they are the appropriate tools in my work as a physio- and Shiatsu-therapist. The size of the doll is just like a real baby's, they are easy to move and they are washable and have different outfits. Using the dolls in the treatments guarantees that children stay focused. The feedback from mothers and children is indeed very good.

It is always a pleasure to hold the doll. It is soft, stable and made of attractive materials. In Shiatsu treatments with adults, I use the doll as an encouraging spectator as the eyes have a very attentive and supporting expression. I really recommend these dolls to others. ”

Mrs. Christina Notter,
Physio- and Shiatsu-therapist. Zürich, Switzerland

The Empathy Dolls provide a tool through which the practitioners could regularly model movements and social interactions.



The comprehension of a given task is facilitated when the child can follow how the doll executes given instructions.



Non-pharmacological treatment



“ The therapeutic dolls are useful in the treatment of patients that are suffering from dementia e.g. Alzheimer's disease. The utilization of the dolls has a relaxing effect and facilitates the care and the assistance with personal hygiene. The introduction of the therapeutic dolls has proved that the need for sedatives can be reduced when dolls are given to patients with behavioural disturbances and mental disorders. ”

Dr. Ivo Cilesi, Bergamo, Italy.



The Austrian physiotherapist Elke Prutti is regularly using the Empathy Dolls. Mrs Prutti regards them as a therapeutic tool of great importance. According to her, the effects must not be underestimated. In Mrs Prutti's work with children, the dolls are used in demonstrating movements and motivating and keeping the children's attention. The Empathy Dolls' relaxing effect for many elderly is a well-known fact. This is a story about one of Mrs Prutti's old patients who suffered from Alzheimer:

“ An old lady had a spastic arm that firmly pressed the torso and obstructed her breathing capacity. All attempts to deal with the problem was inefficient until we came up with the idea of giving the old woman one of the department's Empathy dolls. In the lady's room there were several photos of herself holding babies and that gave us the inspiration. The effect was immediate as the old lady held the doll in her arms and she recognized its face. It was quite incredible! However, the effect was not permanent, but only present when holding the Empathy Doll like a baby. ”

Mrs Elke Prutti, Physiotherapist. Zeltweg, Austria



TENA SCA is sponsoring research and therapy courses on the dolls in Italy, which are held by Dr. Ivo Cilesi.

Swedish design produced in Asia

The dolls look realistic. The eyes cannot come off. The noses, ears, belly buttons, mouths and fingers are neat and human look-a-like. The "skin" is made out of strong plush that renders a soft and huggable product. Unlike fleece-dolls, the plush prevents the skin of JOYK's dolls getting burls.

Choose dolls with short hair for young children and those who might take the long hair into their mouths.

Our manufacturer maintains excellent quality. The dolls are produced in factories which are well maintained and with good working conditions. By no means are any children involved in the production.



Laundry guides

The clothing is user-friendly with fasteners and fine materials. The dolls' bodies as well as hairs endure machine wash, at hand setting 40 °C. If the washing machine does not have such a setting, wash the dolls by hand. Protect hair with a nylon stocking. Dry flat. Coloured clothing is to be washed separately.



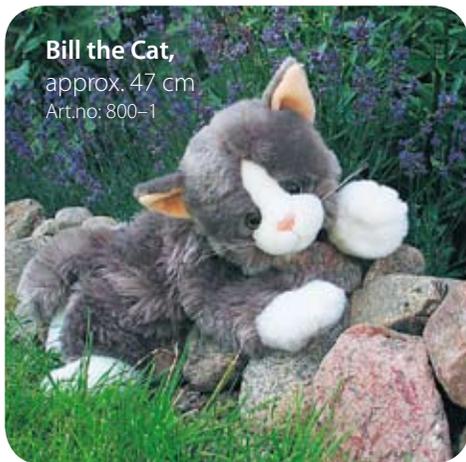
We reserve the rights to make changes in appearances and product range.

Billy the Cat – with the feeli

Billy the Cat is a soft and lovely pet that reminds you of a real cat. It is relaxing to put on your lap and to play with. Its cat-look-alike feeling awakes emotions of caring. Billy the Cat is three products in on: a soft toy, a hand puppet and a warming friend. Comes with a separate bag that can be warmed up (not in microwave oven though) and put inside the cat.



ng of a real cat



Accessories for JOYK Dolls and Pets. See pages 5-6.

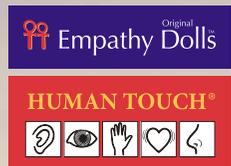
Reinforced bonding. Billy the Cat are prepared for strengthened bonding through sensory stimuli. Place your personal choice of scents, the relaxing and pulsating battery operated Heart or the Voice Recorder inside the pocket and close it.



© Doll design: B-M Egedius Jakobsson, 2008, Sweden

“ *Empathy Dolls have helped children in our setting to gain confidence, build relationships and have a positive self image.* ”

Dawn Liddle
Senior Nursery Officer, England.



© JOYK is a registered trademark
® JOYK 2009, Sweden

www.joyk.se
E-mail: joyk@joyk.se

Distributor:

JOYK
Getterön
SE-432 93 Varberg
Sweden
Fax: + 46 340 197 20

JOYK®

TITLE: NON-PHARMACOLOGICAL TREATMENTS FOR THE MANAGEMENT OF BPSD (BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA) IN SUBJETS SUFFERING FROM ALZHEIMER DEMENTIA

**AUTHORS: Melania Cappuccio M.D., Physician Geriatrician and Clinical Director
Ivo Cilesi D, Psychological and Consulent non pharmacologycal therapy**

Fondazione “C. Gusmini” Vertova (Bergamo) ITALY

ABSTRACT

Background.

The therapeutic value of the use of the doll with Dementia-affected patients which exhibit important behavior disturbances, assumes symbolic meaning in relation to the regressive potentialities enhanced by the object *doll*. The doll is an instrument that stimulates the activation of memories by encouraging the motherly care. The applied therapeutic approaches are modulated and proposed after the observation of the behavioral dynamics of patients under test.

The use of the therapeutic doll recalls the relational dynamics typical of infancy and motherhood, especially in people affected by a progressive loss of capabilities and abilities, and with important behavioral problems, such as in advanced dementia. The doll becomes a symbolic instrument which contains the paternal and maternal background and encourages memories and emotions of past life. The doll is the child to care, to nurse, to caress, to look at, to embrace. This way, archaic emotions are stimulated. Patients recognize as real the inanimate object and the care of the doll alleviates the behavior disturbances.

Methodology

20 institutionalized patients suffering from severe degree of Dementia and severe behavior disturbances - such as wandering, agitation and aggressiveness - were selected for the experiment. Dolls produced in Sweden and built with the purpose to encourage the relational contact were adopted. The doll weight, open position of legs, building material, and lateral glance itself, encourages the approach and child-like care.

The study envisaged an observation period, objectified by observation forms filled by the team operators that evaluated the patients, all day long. Afterwards an observation form for the initial evaluation of the relational dynamics patients/doll was activated. The related items explored the relational interactions: she accepts her, she searches her, she speaks to her, she hugs her, she rocks her, she attends her(she rearranges the suits and dresses again her),she smiles when she looks the doll. She smiles toward others, she sings, she plays with her, she seeks the consent, she abandons her ,the contact is continuous or fleeing, she caresses her hair, she holds her without moving her. If the evaluation was positive, patients were admitted to a one-year experimentation. The doll was proposed to the patients both during the acute phase of the behavior disturbance and in other moments, in order to facilitate the therapeutic continuity. The pursued objectives were to investigate both whether the non-pharmacological technique alleviate the behavior disturbance or turned it into a less severe disturbance, f.i. from wandering to bustling around.

Conclusions

The study highlighted interesting potentialities of the therapeutic dolls in the treatment of the **BPSD** resulting in their reduction or lower incidence. This implied:

1. a reduction in the pharmacological load, especially for Neuroleptic patients
2. a better handling of patients from the assistive personnel
3. a higher degree of satisfaction from relatives
4. a less disturbing and slower clinical course of the disease

Therefore, it can be inferred that these methodologies dramatically improve the quality of life of the elderly suffering from dementia, while the results in assistive terms are very interesting.

It was indeed experienced that all the members of the team were more involved and participative in the assistive process, with a resulting motivation that induced a reduction in the absences due to illnesses and a dramatic reduction of the *burn out* phenomenon.

INTRODUCTION

Data reported in the last Dementia Report (2006) published by Alzheimer Europe, that illustrated the European scenario of the disease spreading, are worrying. In Europe (26 Member States of the European Union plus Island, Norway, Switzerland and Turkey), there are more than 6 millions and half people suffering from dementia, and Italy is classed among the first ones with an alarming data of about one million (905.713) patients affected by Alzheimer. Facing the future, the disease appears as a real healthcare and social emergency. The predictions about the world scenarios estimate about 47 millions of individuals suffering from Alzheimer in 2020, up to 90 millions in 2040.

The Behavioral and Psychological Symptoms of Dementia (BPSD) represent one of the neuro-psychiatric conditions more critical for the elderly affected by dementia. The BPSD appear in about 90% of the cases of dementia and independently from the etiology of the disease. They are associated to an increased risk of morbidity, mortality and institutionalization, and represent a psycho-social and economic emergency for the caregivers and the society of today.

The Dementia, indeed, meant as a syndrome, includes both cognitive aspects (aphasy, agnosy, amnesia, apraxia) and non cognitive neuropsychiatric symptoms (behavior disturbances, psychiatric/psychological symptoms). Both affect the every-day life and relational life.

The definition of the psychic and behavior disturbances, the BPSD, as alterations of the perception, of the contents of the thought, of the mood and of the behavior, so often observed in patients affected by dementia, was introduced by the International Psychogeriatric Association (IPA) in 1996. With this specific term a wide spectrum of non cognitive symptoms is labeled. They characterize the course of dementia and include:

- Affective symptoms: *disphory, depression, mania*
- Psychotic symptoms: *delirium, hallucinations*

- Disturbance of the behavior: *sleep, food, sexuality*
- Specific behaviors: *wandering, agitation, aggressiveness*

They can be present in all the phases of the disease and they become more and more severe, with the disease progression.

The BPSD have a high prevalence in all kinds of dementia. They are more precocious in the frontotemporal dementia and the a Lewy body dementia. They are more tardy and correlated to their disease evolution, in Alzheimer disease and in vascular dementia.

The first fundamental rule in the medical practice is the Hyppocrates law: “PRIMUM NON NUOCERE”. Therefore, before undertaking any treatment is always necessary:

- An accurate evaluation of the effective need of the treatment
- A cost-benefit evaluation
- An evaluation and correction of every possible factor – physical, psycho-social or environmental – that can trigger or maintain the psychological disturbance

Only after having carefully evaluated that the psychiatric symptoms did not originate from specific medical problems, it is possible to consider a psychic and pharmacological intervention.

Used drugs are: , Triciclic Antidepressant and the SSRI (Selective Serotonin Receptors Inhibitory), the stabilize tone humour/antiepileptic, the typical and atypical antipsychotic, all molecules that in the old patient affected by dementia induce important side-effects, both for the presence of comorbidity and politerapies, to which the old patient is often exposed, and due to the pharmacokinetic and pharmacodynamic modifications, typical of the third age.

Furthermore, in 2002, first indications were published about adverse cerebrovascular events, in old patient affected by dementia and undertaking therapy with atypical antipsychotic drugs:

1. the risk of mortality for patients treated with Olanzapina was double with respect to placebo
2. the risk of adverse cerebrovascular events for patients treated with Risperidone was triple with respect to placebo

Therefore, FDA in US, EMEA in Europe and CUF in Italy, confirmed that the treatment of BPSD associated to dementia cannot be considered an approved therapeutic indication for atypical antipsychotic drugs.

From the analysis of all the studies undertaken at international level, it can be stated that any antipsychotic drug - in particular in the presence of risk factors – determine an increase of adverse cerebrovascular events, while the global risk of mortality is higher for traditional antipsychotic drugs.

This means that, before adopting a drug, it is better, in the light cases, to adopt a non-pharmacological treatment, and to use drugs only if necessary, together to the non

pharmacological treatment in order to reduce their load in moderate and severe cases of the behavior disturbances.

From what stated above, it can be inferred that it is strictly necessary and right to test non-pharmacological methods in the treatment of these behavior disturbances present in dementia-affected elderly.

This study tested the efficacy of an innovative therapy: the Doll Therapy, a therapy that was adopted more than one year ago in Alzheimer Centres (specialized departments in the treatment of dementia) within the Fondazione C. Gusmini in Vertova (Bergamo), a Psychogeriatric Institute which includes a RSA (Assistive Healthcare Residence). These Special Care Unit were introduced by the Healthcare Service of Lombardia Region in 1995. They are closed with specific structural requirements, enhancing a prosthetic environment, and quite high level professionalism of caregiver personnel.

The Doll Therapeutic Function

The role that the object *doll* will assume inside an affective relationship with the patient, must be considered.

Three possibilities can be envisaged:

- The patient recognizes the doll just as an inanimated object. At the beginning, he/she thus manipulates it, and then he/she forgets it, without considering the doll as a relational element
- The patient looks after the object *doll*, thus recognizing it as a child from any point of view, and cares the doll more or less intensively all the day long
- The patient can alternate moments of intense nursing toward the object *doll* and moment of disattention or indifference or rejection

Some indications

When affectivity is discussed, it is necessary to consider how a person relates herself/himself to the other one. With a severe cognitive degeneration there is no effective recognition of the real event with respect to the imaginary event. There is an incapacity of distinguishing true events from false events, but with a bent to remember and to get excited for situations and/or objects stored in the long-term memory.

In these terms, the object is constituted by the person (doll) towards which the patient addresses his/her first kind of affection.

It is determinant to consider that the capacity of getting in relationship with the object *doll* results from the integration of the instinctual components of the subject, and the capacity of getting in relationship with the other one results from the recognition of her/his identity.

We have to consider the times of the relation patient/doll, to verify the waiting time and research time of the object doll, testifying the care time. All the above must be done according to concrete objectives.

Analysis of possible objectives:

- Decrease of agitation
- Decrease of wandering
- Stimulation of attention and concentration
- Decrease of moments of inactivity

The doll therapy is a therapy that, by means of a doll with specific characteristics - weight, position of arms and legs, dimensions, and somatic characteristics - alleviate some behavior disturbances. By means of the care attitude, the patient activates tactile relations and motherly ones that support the management and sometimes alleviate behavior disturbances such as agitation, aggressiveness, apathy, non adequate motor behavior.

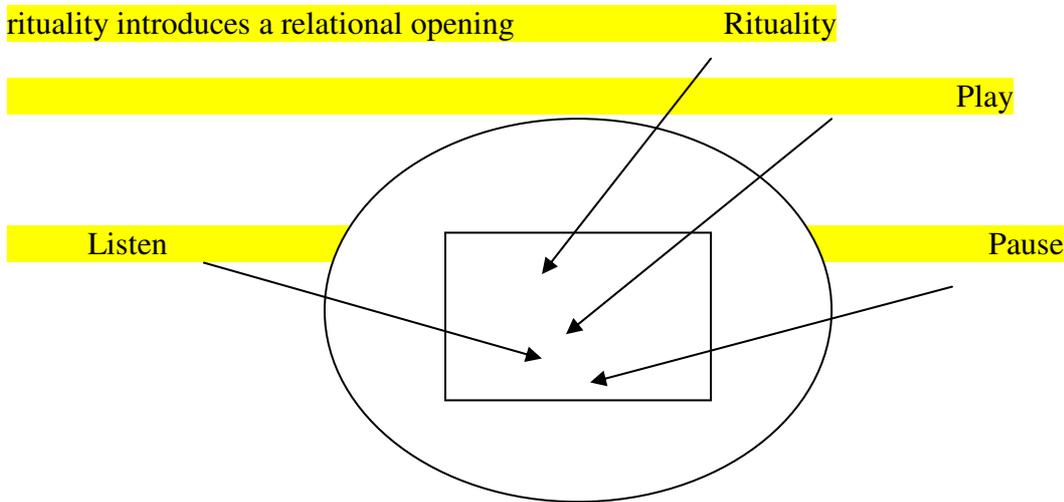
THE DOLL THERAPY: “RITUAL AND EMPATHIC MOMENTS ACTIVATED IN THE EVERY-DAY LIFE SPACES”

The established dynamics (Patient-Doll) in a first moment is connected to a series of ritual moments that encourage the activation of vocal and body response. In this phase, in the patient prevails the availability to carry out shared processes, both at the level of body communication and at the level of relational actions. The empathic-affective relation allows improvised moments with playful dynamics and, at the same time, an important attentive capacity is activated. During the different sessions, the patients altogether alternate moments of openness – often proactive - to moments of relational and postural pause. During the sessions, an evident playful rituality emerges with a curiosity that often turns into empathic moments of improvisation. The doll is explored in a functional way (conventional and non conventional). Proactive and dialogic moments and passivity moments alternate. The attitude to listening should encourage the decrease of situations of relational closure.

Key-words:

- rituality
- game
- listening
- pausa
- corporeity
- dialogue
- glance
- contact
- affectivity

- empathy
- emotion
- wait



EMPHATY (PATIENT DOLL)

METHODS

Preliminary and observational study that analyses the administering of a non pharmacological therapy called “Doll Therapy” to patients suffering from Dementia of different etiology, which exhibit behavior disturbances treated with different symptomatic drugs of the illustrated syndrome.

The 6-months study analyzed 20 patients with observational forms studied by the authors to make the evaluation objective by all the staff.

- **20 patients affected by medium-severe dementia and BPSD** (Behavioral and Psychological Symptoms of Dementia) present in Alzheimer Centres (Special Care Unit of 30 beds) of Fondazione “Card. Gusmini” of Vertova in Bergamo Italy, and under pharmacological treatment with drugs suitable for the illustrated disturbances
- **Comprehensive Geriatric Assessment** of patients and BPSD illustrated by the whole healthcare-assistive team during the meetings to draft the PAI (Individual Assistive Project), when the patient enters the study.
- **Presentation/Introduction of the observational forms** to all the involved personnel.
- **Insertion of patients in the Doll Therapy;** with observation of the behavior one-week long.
- **Definitive Insertion with filling of the form every 15 days**

Observation:

- 1 hour (morning) from 10 to 11
 - 1 hour (afternoon) from 16 to 17
 - The observation form must be filled at the end of the morning shift and at the end of the evening shift
-
- **Re-evaluation of the methodology at every PAI meeting;** Every three months and when needed (more frequently, if needed).

Phases of therapeutic insertion and evaluation

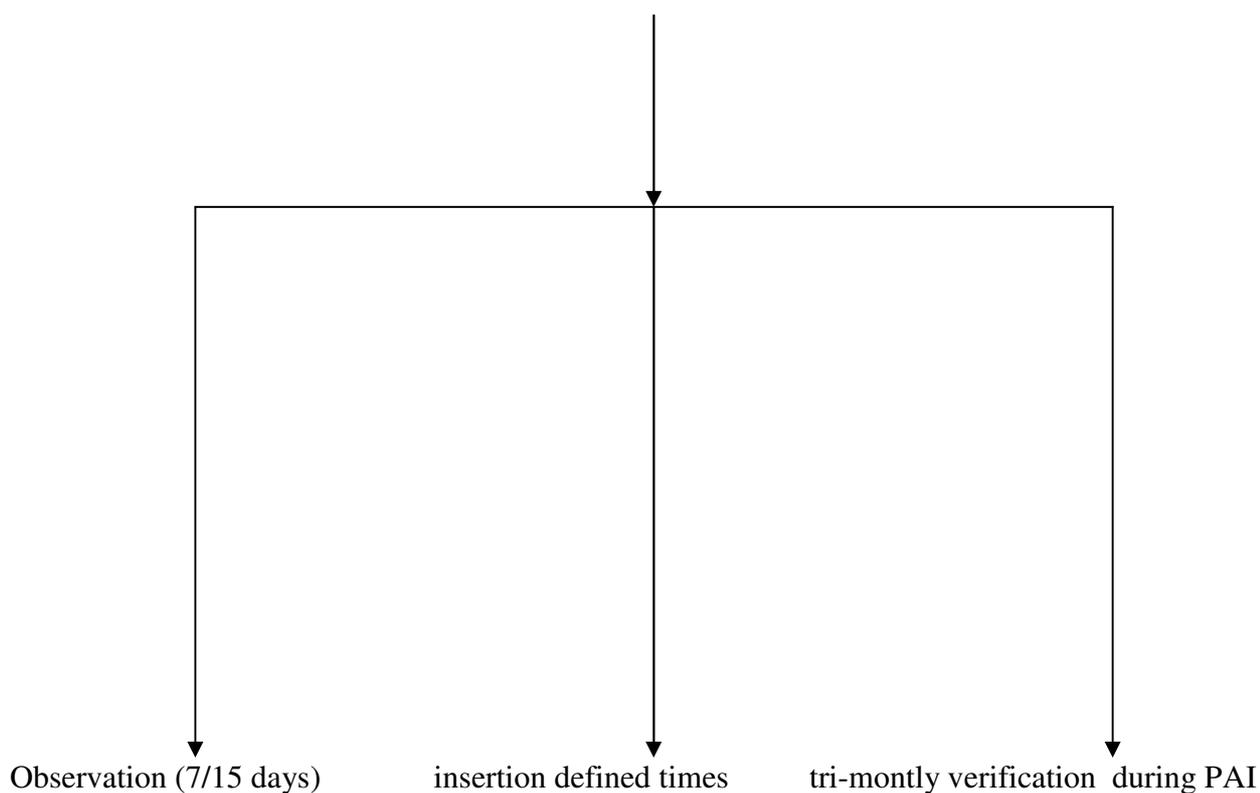
Administration of observation form

The form must be filled for the first 15 evaluation days of a possible insertion (once a day)

- **If data of the objective evaluation are positive, the patient is inserted in the therapeutic course**
- **During the insertion, the evaluation form of the therapeutic trend was filled (afterwards, two monthly evaluations were performed) for one year.**
- **The considered items enhance the different empathic and relational interactions patient/doll**
- **The body tactile connections and dialogic connections that the different patients activate with the dolls- and through the dolls among themselves – are highlighted**
- **The conclusive form highlights the numerical level of the interactions.**

PROTOCOL

The insertion is subdivided into 3 phases



Doll providing procedure

- the doll must be provided with the patient possibly in a resting situation, by activating an affective/relational approach
- in case of rejection – f.i. during the morning provision – the provision is shifted to the afternoon. In case of rejection during the afternoon provision, the doll is proposed the day after.

Explanation of Evaluation Form Items

- **Environmental silence**

During the administration of the doll, the environmental silence stresses the sound level of the space surrounding the patient

People close to the patient, indeed, often decrease their verbalization and moment of confabulation, by drawing their attention to the patient with the doll, in a shared silence.

- **Participation**

The term *participation* indicates that the patient with the doll activates verbal evoking finalized and devoted to the moment he/she is living with the child/doll. Memories express the capacity of the patient of remembering events connected to the relation that was activated between him/her and the doll.

- **Tension relaxation**

The terms suggests a decrease in the body and verbal tension, with an initial relaxation, verifiable in an objective way (postural change)

- **Body movements**

This term reminds all the series of movements that the patient activates.

Such movements are related to the relational empathic relationship with the doll.

It is important to verify that these movements are connected to the care of the doll.

- **Voice**

The use of the voice is related to the vocalism that the patient expresses while caring the doll, by singing to it (nursery rhymes, songs, refrains). Furthermore, the dialogic aspect between the patient and the doll is very important

- **Memory activation**

It is related to the memories and moments that the patient expresses verbally (also dialoging with the doll) during the doll administration

- **Crisis – crying**

Crying moments - with or without tears - can be observed during the administration of the doll.

- **Stereotyped**

The term highlights that the patient with the doll activates memories and verbal recollections not addressed to the moment that he/she is living, but that will be recalled in other moments of the day.

- **Communications among patients**

It indicates dialogic moments that are activated between the patients that got the doll with other patients with or without a doll, finalized to express relational and social aspects, by decreasing the isolation of patients (doll as social mediator)

Behavior Disturbances and Doll Therapy

Patients treated by the doll therapy exhibit the following behavior disturbances

- Delirium
- Hallucinations
- **Agitation 7**
- **Depression 2**
- **Anxiety 3**
- **Apathy 2**
- Euphoria
- Disinhibition
- **Irritability 1**
- **Wandering (bastle) 4**
- **Sleep disturbances 2**
- Food disturbances

By means of several tests it was possible to verify that for some disturbances the doll therapy is certainly effective for some behavior disturbances.

The doll therapy was administered with efficacy to patients that exhibited the following behavior disturbances:

- **agitation**
- **apathy**
- **anxiety**
- **wandering (bastle)**
- **depression**
- **sleep disturbances**

The doll therapy is certainly contraindicated for patients that suffer from food disturbances.

In such a case, on one side a condition that guarantees the efficacy of the therapy is certainly the important cognitive decay that implies the recognition of the doll as a child to care, on the other side at the meal time the patient feeds the Doll/child with his/her portion of food, with the practical results of his/her own non-alimentation, thus risking of increasing instead of reducing his/her disturbances.

For the other disturbances (f.i. delirium, hallucinations), in some cases the administration of the doll therapy can be used in the initial phase of the hallucinatory or raving status, but only if the vision of a child appears in the hallucinatory or raving status (initial confirmation reinforced by the doll of the hallucinatory vision or of the raving idea)

Before inserting the patient in the therapeutic course, it is essential to verify that in the patient life no tragic events occurred (premature death of a small child), otherwise the presence of the doll could evoke distressing memories.

The doll therapy was administrated in the space of about 6 months, with a gradual insertion of patients, up to a total of 20 patients.

RESULTS

The study evaluated:

Number of patients: 20

Observation period: 6 months

Number of observation: 4/month

Total number of observations = 20 x 4 x 6 months = 480

The BPSD exhibited by the patients are reported in tab. n. 1

From the synthetic graphs (Tab. n. 2, 3 e 4) it can be inferred that the most important result is that the doll therapy – i.e. the administration of a non pharmacological therapy – certainly modified the behavior of these patients. The action on the mood tone resulted to be the most incisive: 75 reports (Tab. n. 2). There are only 145 out of 480 the reports which describe no variations in the behavior. In other words 30 % (tab.n.3). This means that 70 % of patients had a relapse.

The most meaningful behaviors were the modification of:

mood tone = n. 75 reports, i.e. 16% ,

vocalisation = n. 58 → 12%,

suitale body movements = n. 52 → 11% ,

relaxation of tensions = n. 50 → 10%,

greater participation = n. 40 reports → 8 %.

Up to a total of 70 % . (Tab.n.4)

Taking into account that the most meaningful data was the impact on the mood tone, the mood tone has been better analysed (tab. n. 5).

From the graph it emerges in a very clear way that the patient appears as prevalently relaxed (55%), cheerful (21%), and in a minor measure agitated (12 %), angry (7%) and sad (4 %). Therefore, the mood tone was conditioned more in a positive than in a negative way.

Consequently the disturbances that mainly were reduced by this therapy resulted to be: agitation, depression, anxiety e apathy. Sleep and wandering were not modified. Furthermore possible variations in the pharmacological therapy obtained during the study lifetime were evaluated. More precisely a reduction in the global pharmacological load was verified (NRL- antipsicotic and BDZ – benzodiazepines) in most cases i.e. n. 13 patients, no incidence in 4 cases, and only in 3 patients it was verified a further increase of therapy for the exhibited behavior disturbances (agitation and aggressiveness).

CONCLUSIONS

Despite, at present, the validity of non pharmacological therapies for patients suffering from Dementia and with behavior disturbances, was not verified yet, this observational study allows to conclude that non pharmacological therapy which are new and innovative such as the Doll Therapy can affect some disturbances so frequent and disabling like the BPSD, that often lead to institutionalization and administration of drugs as NRL (antipsicotic) and BPZ (benzodiazepines) that are burdened by important adverse effects on the old patient suffering with dementia.

As it could be noted, in the study just a small group did not get benefits directly from the doll therapy, both because it did not exhibit positive or negative variations, and because it did not get benefits from a considerable reduction of the pharmacological load (7 patients out of 20), despite the clinical history of these patients during this phase of the disease is more frequently characterized by a constant dosage increment or by the introduction of other active principles to reduce the BPSD, and this occurred just in 3 patients.

To a greater extent, on the contrary, it was possible to verify a relevant influence of the method on the patients, that appeared more relaxed and calm, so that to reduce with benefits the pharmacological therapy. *This allowed us to stick to international guidelines that suggest to adopt all the non pharmacological strategies known and suitable to reduce the BPSD, before intervening with typical and atypical neuroleptic drugs*

In any case, the authors verified a **clear improvement in the quality of life** of these elderly suffering from dementia, with a greater participation to relational life and to educational/rehabilitative activities of the ward, organized by the specific healthcare operators (professional educators, physiotherapists, occupational therapists and music-therapists).

Certainly this study, due to the number of patients and the observation period, needs a further widening and verification. To obtain meaningful developments, it is wishable and necessary to continue the study, by involving a higher number of patients for a longer period, and comparing studies from different European healthcare and assistive situations.

This way, it is possible to arrive at certain results and with a scientific approach, without forgetting that, at present, there are no pharmacological strategies really useful and affecting the clinical course of the disease.

This is to demonstrate that “unusual” non pharmacological therapies, such as the doll therapy that is based on the relational approach, meant as empathic relationship, and aim at the environment improvement in a “prosthesis” sense, can be really useful in the most flourishing and disturbing phase of dementia.

Last, but not least, the authors verified that the introduction of this therapy in their medical division dramatically reduced the burn out of the healthcare and assistive operators (professional nurses and ASA = healthcare assistive operators). Furthermore, the requests for changing division due to saturation/workload that usually occurred in this division, disappeared with a dramatic reduction of the personnel turnover. Furthermore, the patient relatives modified their approach to the division, to the patients themselves, and need less psychological support, probably for a reduction in their sense of guilt that the institutionalization had determined

Certainly it would be interesting to study and verify also these interesting side effects on the personnel and patients relatives.