

Application and Effect of Media Therapy to the Recreational Activities at Group Homes Reduction of Spiritual Pain of Elderly People with Dementia

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Abstract. At group home “Terado”, improvement of quality of lives of the elderly suffered from dementia is being attempted through a method called Media Therapy using interactive digital photo albums in order to achieve enjoyable days and realization of individuality in their lives. In Media Therapy, we utilize an interactive digital photo album that is a collection of photographs and videos of the personal history and life story of a resident with dementia. This album is used for several sessions where the resident watches this album projected on a screen with the people involved such as his/her family, the care staff, his/her regular doctor, nurse or occupational therapist, and enjoy a casual conversation while viewing the video. As a result, the resident displayed mental calmness during the implementation of Media Therapy. Moreover, by sharing the life history of the resident, the care staff also displayed improvement in their care skill and grew confidence toward care work. Judging from both subjective opinions and objective data, there was clear improvement in the quality of care. In this study, we report the result of applying this Media Therapy to the team care of care staff, which is necessary in the frontline care work. The interactive digital photo album produced for Media Therapy was used for the daily recreation at the group home, which involved not only the resident for whom the album was produced, but also other residents of the facility. Reduction of BPSD (behavioral and psychological symptom of dementia), which is difficult to treat through dementia care, was observed. This is inferred to have resulted from the change in the relationship between the dementia patient and the care staff, and the patient and other residents. Through the power of human relationship, the hardship of the dementia patient was alleviated, and resulted in the reduction of BPSD. Based on this observation, we focused on the relationship between the caregiver and care receiver, and discussed the method for constructing the relationship between them, which is the basis of care work.

Keywords: Media Therapy · Dementia · Recreation · PDCA cycle · Spiritual pain

1 Introduction

Japan is now entering the high level of aging society that is internationally unprecedented.

The percentage of people above 65 years old in the total population is increasing, and it reached one in four people in 2015. Therefore establishment of high quality care that supports the dignity of the elderly people is an urgent task. Especially, it can hardly be said that the dignity of elderly dementia patients is properly protected at home or care facilities.

Group home is a facility where the elderly people with dementia symptoms who face difficulties in living due to illness or disability live together independently with supports from specialized staff, with each resident taking up a role, such as cooking or cleaning, based on his/her abilities.

(Handbook for Dementia Group Home, 2006, Akashi-shi, Hyogo Prefecture)

We believe that the most important aspect in managing a group home is the corporate philosophy. “Every day with a smile on everyone, achieving your own life”: The “smile” mentioned in this motto means not only the smiles of the elderly people who receive care, but also include the smiles of the care staff who administer care work to the elderly. Care is a people-centered service where individuals interact directly with one another. Unless the care staff conducts their duties without stress, it is impossible to operate a high-quality group home that cherishes the dignity of the elderly people with dementia.

In this study, we will discuss the method of a recreation that reduces and removes the spiritual pain of the elderly people with dementia, using the example of Media Therapy which is a recreation that leads to the care burden reduction of the care staff.

2 Approach of Teruko Doi Laboratory

At Teruko Doi Laboratory, we are engaged in these projects.

- Education, training, instruction and organization of workshops related to medical treatment and care.
- Research and study related to dementia care.
- Research and study related to medical treatment and care.
- Training and dispatching of animal therapy, supplying temporary labor force and training of therapists.

The philosophy of group home “Terada” that was established in 2011 is thus: “Achieve every day with a smile on everyone and realization of individual life through the collaboration between medical treatment and care”. At “Terado”, various recreations for practicing person-centered care are carried out in order to cherish the dignity of the elderly people with dementia and offer them days that are full of smiles. These daily recreations include animal therapies such as dog therapy, horse therapy and aqua therapy, garden therapy that involves growing flowers, fruit trees and vegetables, and practice of Japanese traditional culture such as tea ceremony and flower arrangement.

The pictures below show the views from a tea ceremony practice (HCII 2015).



And these pictures below were taken during a flower arrangement practice (AHFE2014).



Views from the Flower Arrangement Practice.

3 Spiritual Pain

Hisayuki Murata [“Hisayuki Murata, 2011, Spiritual Pain and Its Care in Patients with Terminal Cancer, *Journal of the Japan Society of Pain Clinicians*, 18(1), 1–8”, “Hisayuki Murata, 2003, Spiritual Pain of Terminal Cancer Patients, Its Care Assessment and Construction of a Conceptual Framework for Its Care, *Journal of Japanese Society for Palliative Medicine*, 5(2), 157–165”] claimed that the human existence has three dimensions, namely existence in time, relational existence and autonomous existence, and defined spiritual pain as the pain that caused by the disappearance of the meaning of self-existence. This definition was made from the view that care is for mitigating and reducing the suffering of another person, and if possible removes it. Moreover, he made following further definitions. “Meaninglessness and purposelessness of life” caused by the disappearance of future for a person with terminal cancer or incurable disease who is facing imminent death is defined as spiritual pain of time. Anxiety of the self-loss due to losing relationships with others caused by incapability of communications because of terminal cancer or dementia is defined as relational spiritual pain. And “worthlessness, dependence and meaninglessness” caused by losing independence and productivity due to terminal cancer, incurable disease or dementia is defined as spiritual pain of autonomy.

The difficulty and suffering of dementia patients is categorized into this spiritual pain. Therefore, it is demanded on the frontline care work to mitigate and reduce the spiritual pain, and if possible remove it. In order to realize such care, it is necessary for the dementia patient to feel that he/she is accepted by others. In other words, change in the sense of value of the patient is necessary. As a concrete method, we propose careful listening for understanding the suffering of the patient and making him/her feel understood. Moreover, by analyzing the conversation record from the listening, it is possible to evaluate whether the change in the sense of value of the patient was achieved.

It can be said that Murata [Hisayuki Murata, 1994, *Idea of Care and Interpersonal Support—From the Frontline of Terminal Care and Welfare—*, Kawashima Shoten] proposes a more concrete care methodology compared to person-centered care. However, due to the limitation in time, to practice listening/conversation record analysis during the frontline care work is extremely difficult for the care staff who are busy with the daily care work. Moreover, it is not directly covered by the elderly care insurance. Due to these reasons, its introduction to facilities is not progressing.

4 PDCA Cycle

In this study, we distinguished between “Group Recreation” and “Individual Recreation” among the recreational activities. Moreover, we separated the group recreations into two types: one is mainly engaged in interactions with others, and the other is mainly based on the individual and independent engagements.

The main purpose of the group recreation that emphasizes the interaction with others is to create mutual trust between the care staff and the patients. On the other hand, the main purpose of the group recreation that emphasizes the independent

engagement of each person is to regain his/her awareness of personal role in the local community and recover pride.

Finally, the purpose of the individual recreation is to involve the family of the patient and regain mutual familial love and feeling of gratitude, and moreover to deepen the trust with the care staff.

Recreation Design as Care

	Group Recreation		Individual Recreation
	Mainly engaged with interaction with others	Mainly based on independent engagement	Mainly engaged with interaction with family.
	Creation of mutual trust with the care staff.	Regain the former roles in local community and pride.	Both the family and the patient regain love and gratitude toward each other. Deepening of trust with the care staff.
Planning (P)	(1) Understand Dementia (Identification of core symptoms and BPSD)		
	(2) Recreation that helps gaining understanding from the family.		
	(3) Recreation that can be enjoyed together with the care staff.		
	(4) Recreation that incorporates the past experiences of the patient.		
	(5) Using real tools (Teacher, equipment, set-up of the situation, appropriate clothing)		
	(6) Producing extraordinary space and experience.		
	(7) Conducting in the limited framework regarding purpose and time.		
	(8) Prior understanding of the personal information of the patient (character, personal history).		
	(9) Recreation based on Japanese tradition.		
	(10) Prior understanding of physical conditions of the patient.		
Implementation (D)	(1) Understand Dementia (Identification of core symptoms and BPSD)		
	(2) Using real tools (Teacher, equipment, set-up of the situation, appropriate clothing)		
	(3) Producing extraordinary space and experience.		
	(4) Conducting in the limited framework regarding purpose and time.		
	(5) Prior understanding of the personal information of the patient (character, personal history).		
	(6) Prior understanding of physical conditions of the patient.		

It is important to plan, implement, evaluate the effect and adjust according to the evaluation these recreations for the dementia patients with symptoms such as memory disorder, disorientation and decline in judgment ability. This is commonly called PDCA cycle, as shown in Fig. 1. PDCA cycle is a method proposed by Deming that continuously improve work by repeating the following four steps: Plan → Do → Check → Act.

As stated above, it can hardly be said that the methodology for concretely plan (P) and implement (D) recreations as dementia care is established today. Even in person-centered care, which is a progressive initiative in dementia care, planning (P) and implementation (D) is the responsibility of each care worker, though evaluation (C) is defined in detail as DCM. Therefore in this study, based on the approaches for dementia care at the group home so far, we summarized the recreation purposes and points to be noted in the table, regarding planning (P) and implementation (D) of recreations as methodology.

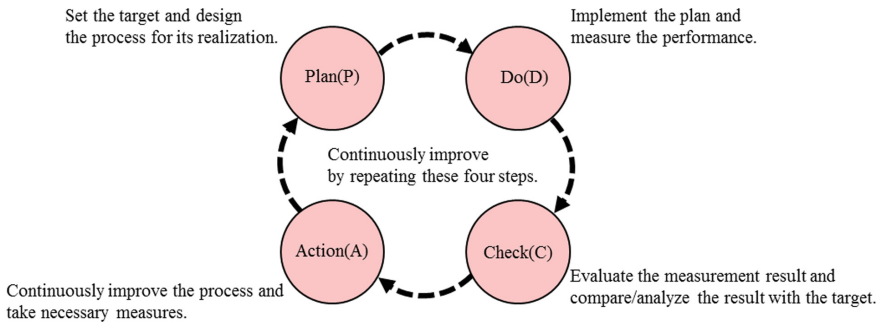


Fig. 1. Diagram of PDCA Cycle Proposed by William Edwards Deming

5 Application to Media Therapy

At group home “Terado”, Media Therapy is being implemented as an individual recreation, for reducing the spiritual pain of a patient and improve his/her relationship with the family and the care staff.

- Case Example of Media Therapy.

The subject is Mrs. K, a woman in her 80s. She displays strong BPSD, and the elderly care insurance assessed her nursing care level as level 4. She worked as a maternity nurse from when she was 18 until she was 53. After her son and daughter became independent, she lived only with her husband. She is strong-willed and competitive, but also compassionate and full of motherly affection. She reverts men and feels highly dependent on her husband, presumably because of her generation.

We held six sessions covering the following periods in her life.

1. From childhood to adolescence.
2. Wedding and the early days in her marriage.
3. Her 20s and 30s with her children growing up.
4. Early in her 40s, an overseas trip with her daughter.
5. Late in her 40s when she felt fulfilled both in her work and at home.
6. In her 50s and later, traveled with her husband after retirement.



Views from the Media Therapy

The following results were observed:

- By including the episodes that brought smile on her face during the Media Therapy, such as how she met her husband or stories from her work, to the everyday communication, the relationship between the subject and the care staff improved.
- The son, who never visited her because he could not accept the dementia of his mother and thought she was as good as dead, regained his forgotten love and gratitude toward his mother when he saw her crying and laughing during the Media Therapy.
- Her BPSD was reduced, judging from the following signs. The reversal of day and night was solved. The complaints about anxiety during the nighttime and the confusion caused by paranoia were reduced.

They are changes toward a good direction that leads to bringing back smile on her face.

It can be inferred that the relational spiritual pain was reduced through the Media Therapy using an interactive video that allows the patient to share her life with the family and care staff, discuss it and be in the same place.

6 Conclusion

A person with dementia possesses personal history of 70 to 80 years. It is his/her own story and it is precious because it is absolutely unique in the world. We infer that by sharing this story between the elderly person with dementia, his/her family and the care staff and discuss it among these three parties during the Media Therapy, the relational spiritual pain defined in the support model, namely the anxiety of losing relationship with others, was cared.

Care is to reduce and remove suffering through the power of human relationship. Recreations for the elderly people with dementia who are suffering from symptoms such as memory disorder, disorientation and decline in judgment ability must be more ingenious than the recreations for healthy people in order to reach and engage with the elderly people with dementia. During the implementation of recreations, the care staff was aware of PDCA cycle. Especially the points of consideration in planning (P) and implementation (D) were compiled.

In order to bring smiles not only to the patient but his/her family and the care staff in the frontline of dementia care, we will continuously evaluate the effect brought by utilizing ICT.