

# Reflexology and Dementia:

## tips for therapist and carer support

**M**ost reflexologists will come into contact with people suffering from various stages of dementia, both in their professional capacity as a therapist and also in a private capacity when a family member, friend or neighbour is diagnosed. For 19 years, I have worked as a reflexologist at the St Monica Trust, a large residential nursing and care organisation in Bristol, and have become closely involved in working with some of the residents, including those who are living with dementia.<sup>(1)</sup>

Relatives often feel powerless to help someone as the disease develops, especially in the later stages when simple communication is difficult. Reflexology can be a powerful and therapeutic addition to the healthcare on offer; I have taught many relatives and carers simple hand reflexology techniques that have made a real difference to a person's well-being, easing anxiety and sometimes, as Dawn Nelson has observed, bringing about a sense of peace and calm.<sup>(2)</sup> Not all older people enjoy touch, but for many it is a means of connecting with the outside world when all other forms of communication start to fail. A short hand reflexology treatment of only 5 minutes sometimes produces a far-reaching and stabilising effect. Ideally, a 15-30 minute hand reflexology session is the best option, but always be ready to bring the session to a close if a person's mood changes.

There are many very different forms of dementia, with symptoms including short term memory loss, disorientation and problems surrounding thinking, language and problem solving. This produces many behavioural difficulties, ranging from great agitation and extreme behaviour to total passivity with very little communication. Dementia is a progressive

disease and, although medication and therapies aim to help to alleviate symptoms, there is no cure as yet.

### **So what can reflexology offer that can make a positive difference to someone living with dementia?**

Hand reflexology can be gently introduced as it is non-invasive; no clothes have to be removed and the therapeutic touch is usually limited to the hands. In some cases, I have successfully introduced foot reflexology, but confused older people may become distressed if their footwear is removed and hands are a natural and familiar option for comfort, especially if a relative or carer is involved. There are a growing number of research studies and trials in relation to reflexology; the following paper by Nancy A Hodgson RN PhD CS, *Efficacy of Reflexology as a Palliative Treatment in Nursing Home residents with Dementia: Pilot Study July 2006*<sup>(3)</sup> suggests that reflexology "may be an effective treatment for older adults with dementia, appearing to relieve pain and improve psychological wellbeing".

Dr Gemma Jones is a Dementia Care Consultant and has developed a new resource for dementia care education entitled *Communication and Care-giving in Dementia: A Positive Vision*<sup>(4)</sup>. Her pioneering work in the field of dementia is graphically illustrated on her training courses and she encourages carers, therapists and family to explore ways of helping someone living with dementia to cope better. For example, she explained that, after the age of 85, many people lose their peripheral vision - so it is best to position yourself in front of someone rather than sit next to them where they have to try and look sideways to see you.

Globally, **36 million people have dementia** and the World Health Organisation predicts that those living with dementia will nearly double every 2 decades - meaning that 66 million people will have dementia in 2030 and more than 115 million in 2050.

*Future healthcare organisations may be in danger of being overwhelmed by this devastating condition in an aging population. Complementary therapies will hopefully be increasingly introduced to help alleviate some symptoms, bringing calm and a feeling of relaxation to people whose world is spiralling out of control.*



Dr Jones suggests application of lateral thinking if someone starts displaying distressing behaviour and she gave the following examples: over a period of time, a group of residents with dementia had become distressed and would not go near the nursing station in a new nursing home. On inspection, it was noted that it was situated in front of a very shiny floor which some residents perceived to be dangerous water. New flooring solved the problem. Another person with dementia called continuously that there was a mouse in the bin despite being shown there was no mouse anywhere in the room. The problem was only solved when a bank staff member arrived and pointed out that an electric plug and cord on the floor was reflected as a mouse shape on the aluminium bin. Sometimes, distressing behaviour needs detective work to solve the problem, rather than medical intervention.

Dementia is one of the greatest medical challenges of the 21st century and reflexology is a complementary therapy that should be considered - alongside other modalities - in offering valuable support to this group of clients and those who care for them.

### Protocol for reflexologists who are working with people living with dementia

#### Be sensitive to a client's reaction to you:

If you wear a white, medical-type tunic, they may associate you with uncomfortable but necessary medical interventions. Discuss this factor with medical staff and, for preference, dress in your normal clothing. In many dementia care centres even the nursing staff and carers wear everyday clothes rather than uniforms, and often night staff will put on dressing gowns to give the residents a sense of night and daytime.

**Do not write client records in front of a person with dementia:** many residents will welcome the reflexologist as a friend, even though they may have to be reminded each time who you are.

Oran Aviv, a senior reflexology tutor in Israel, was taught VRT techniques including simple VRT Nail-working on the thumb nails by Lynne Booth and immediately incorporated these into her care plan when working with Alzheimer/Dementia residents.(5)

She wrote in March 2009:

*"The results of caregiver's Hand Reflexology Course have been very exciting. Some Alzheimer's/Dementia patients are sleeping better, some are less agitated, one no longer suffers from constipation and one caregiver said her resident is starting to eat by herself - which she hasn't done since the caregiver came to work for her!"*

### Find out information about the client's life from the staff and family if possible:

Ask to read the resident's Life Story which will have been compiled by the family. A dementia patient's short term memory is often almost non-existent, so refer back to events in their early days and do not be afraid to initiate the same conversation on your next visit, as this will revive fond memories for them and may illicit new ones too.

- I often ask a resident if they would like a "soothing hand massage" first, rather than introduce the word "reflexology," which may be unfamiliar.
- At the start I always say I am going to "gently take your hand" and I cup it in mine. Then there is no confusion that I am going to shake hands with them. I then wipe their hands with a "wet wipe" before I commence. (Fig 1)
- I find it helpful to ask a person to smell the lightly scented organic cream I use very sparingly and to ask them to tell me what it smells like, or remind them that it is the smell of roses, lavender or mint etc. Check with staff for any known allergies first. Work sensitively with less pressure, as the skin is thinner in older people.

- Place a towel (or a towel over a small cushion) on their lap; slowly apply gentle reflexology to the entire palm and repeat on the other hand. Then work each thumb and finger up and down in a flowing, light pinching fashion. (Fig 2)
- VRT Nailworking can be very powerful; gently tap their thumb nails with your thumb or finger nails with the aim of achieving a cognitive response. To calm the body, simply hold your thumb nails in the centre of their thumb nails for 30 seconds. (Fig 3)
- Always complete a session with light brush strokes of your hands; gently squeeze their hand and tell them you have finished. I often add some words affirming that I hope they feel nice and calm. A senior member of the nursing staff gave me some good advice: she often, in conversation, tells residents that they are "safe", which is such an important affirmation in an often frightening and confusing world. (Fig 4)





f.1



f.2



f.3



f.4

fig 1. Cup the client's hand in yours

fig 2. Working up the hand to thumbs and fingers

fig 3. Calming VRT Nail-on-Nail technique

fig 4. Gentle hand reflexology

#### References

1. The St Monica Trust, Bristol, [www.stmonicastrust.org.uk](http://www.stmonicastrust.org.uk)
2. Nelson, Dawn; From the Heart Through the Hands: The Power of Touch in Caregiving, Findhorn Press, 2006 ISBN: 13-978-1844090839
3. Hodgson, Nancy A, RN, PhD, CS; Efficacy of Reflexology as a Palliative Treatment in Nursing Home residents with Dementia: Pilot Study, July 2006
4. Dr Gemma Jones, Dementia Care Consultant; Communication and Care-giving in Dementia: A Positive Vision. [www.thewidespectrum.com](http://www.thewidespectrum.com)
5. Aviv, Oran; Caregivers Learn Hand Reflexology to Help Patients with Alzheimer's/Dementia. [www.reflexandmore.com/en/articles/99-dorot-hands-on](http://www.reflexandmore.com/en/articles/99-dorot-hands-on)

#### Books:

- Booth, Lynne (2000), Vertical Reflexology, Piatkus Books, London. ISBN: 0-7499-2132-3.
- Booth, Lynne (2003), Vertical Reflexology for Hands, Piatkus Books, London. ISBN: 0-7499-2319-9

#### Biography

Lynne Booth has studied reflexology for over 23 years. She has a private practice and also runs a reflexology clinic at the 350-resident St Monica Trust in Bristol, as well as a clinic for professional footballers. She frequently presents VRT at conferences internationally. The research and development of VRT and a small medical study were conducted at the Trust in the early to mid-1990's. In 1998, Lynne was awarded an ART (Advanced Reflexology Techniques) fellowship for services to reflexology and in 2008 The Association of Reflexologists (AoR) also gave her an Honorary Membership. In 2011, the respected Institute for Complementary and Natural Medicine gave Lynne the prestigious Highly Commended ICNM award for Outstanding Contribution to Complementary Medicine.

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