

Naomi Feil Workshop Handouts

HANDOUTS for a BASIC WORKSHOP

by
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Purpose

This workshop is designed for health and human services workers, families and volunteers who wish to learn how to communicate with disoriented “old-old” people. Its overall objectives is to restore dignity to the old person; to teach empathy, self-awareness of one’s own aging, and the applications of simple Validation® techniques.

Objectives

- List the physical, social and psychological characteristics that lead to change in very old age
- Experience an awareness of yourself and others
- Differentiate between the phases of disorientation in older people
- Identify specific Validation® helping techniques
- Formulate ways of preventing burnout and ways of reaching a wise old age

Contents

The course will include, not necessarily in this order, the following:

- Role play of the phases of resolution
- Workshop goals
- Characteristics of malorientation
- Viewing age-specific behavior: principles of Validation®
- Empathy
- Validation® techniques: centering and rephrasing with empathy
- Characteristics of Time Confusion
- The difference between early and late-onset Alzheimer’s Disease
- The wisdom behind disorientation
- Use of symbols
- Why you don’t lie: Validation® principle
- Role play with audience: obstacles, what doesn’t work
- DVD: Communicating with Alzheimer’s-Type Populations
- Verbal Validation® techniques role play: “preferred sense”, “polarity”
- Erikson’s life stage theory
- Teen-age role play
- Non-verbal Validation® techniques for Time Confused people and those in Phase 3 and 4
- Role play and exercises: ‘muscle memory-kinesthetic sense’, Say emotion with emotion”, “touch”
- Evaluation, questions
- DVD: Myrna, the Maloriented

PHASES OF RESOLUTION

PHASE 1	Malorientation (Unhappily oriented to life)
PHASE 2	Time Confusion (Loss of cognitive capabilities)
PHASE 3	Repetitive Motion (Repetitive motion replaces speech)
PHASE 4	Vegetation (Total retreat inward)

VALIDATION®

- An age-appropriate final life struggle – a developmental theory
- Resolution vs. Vegetation
- To validate is to respect their struggle
- Validation is also a method with 15 verbal and non-verbal techniques

WHAT IS EMPATHY?

How does empathy differ from:

1. Sympathy
2. Confrontation
3. Insight-oriented therapy
4. Patronizing
5. Behavior Modification (i.e., extinguishing the behavior, reinforcement)
6. Diversion
7. Reassurance
8. Therapeutic Lie
9. Redirection

Techniques of Validation

1. Centering
2. Having empathy
3. Using non-threatening, factual words
4. Rephrasing
5. Using polarity
6. Imagining the opposite
7. Reminiscing
8. Maintaining genuine, close, eye contact
9. Using ambiguity
10. Using a clear, low, loving tone of voice
11. Observing and matching motions and emotions (mirroring)
12. Linking the behavior with the unmet human need
13. Identifying and using their preferred sense
14. Touching (exception: the maloriented)
15. Using music

Universal Symbols and What They Can Mean

Jewelry, clothing	Worth, identity
Shoe	Container, womb, male or female sex symbol
Purse	Female sex symbol, vagina, itendity
Cane or fist	Penis, potency, power
Soft furniture	Safety, mother, home
Hard furniture	Father, God
Napkin, tissue, flat object	Earth, belonging, vagina, identity
Food	Love, mother
Drink from a glass	Male power, potency
Any receptacle	Food
Picking the nose	Sexual pleasure
Playing with feces	Early childhood pleasures

A Few Typical Personal Symbols Used by the Old-Old

A hand	A baby
A finger	A parent, feet to walk, children to walk with
A cloth	Important papers, dough for baking, children's clothes
The arm of a chair	A street
Open space	A hallway at home, heaven, hope
Button, pebble	Nourishment, love
Clucking sound	Safety, joy
Rocking movement	Mother, motherhood, safety, joy
Liquid	Male power
Strong chair	Penis, man, husband, sex
Fork, knife	Anger
Handle	Penis
Low voice	Male person
Spoon or curved object	Woman, female sex
Sock, shoe	Child, dressing as a child, or a sexual organ
Removable piece of clothing	Sexual act, freedom, defiance
A nursing home floor	A neighborhood
The hallway	A street in the neighborhood
A wheelchair	A car, bike, carriage

VERBAL PRESUPPOSITIONAL PATTERNS
- PREDICATES-

VISUAL		AUDITORY		KINESTHETIC	
Picture	Red, blue..	Tune	Resound	Touch	Warm
Clear	Retrospect	Note	Listen	Handle	Land
Focus	Frame	Accent	Quiet	Throw	Joyous
Perceive	View	Ring	Attenuate	Finger	Gentler
See	Draw	Shout	Discuss	Shock	Kinder
Flash	Outline	Growl	Talk	Stir	Lips
Bright	Shadow	Tone	Argue	Strike	Impact
Outlook	Peak	Sing	Loud	Impress	Pulse
Glimpse	Magnify	Hear	Quiet	Hit	Flow
Spectacle	Examine	Sound	Resonate	Move	Arrive
Preview	Hue	Clear	Pitch	Grope	Open
Farsighted	Sparkle	Say	Listen	Impact	Contact
Discern	Twinkle	Scream	Negotiate	Stroke	Tickle
Peep	Foggy	Click	Speech	Tap	Solid
Illustrate	Hazy	Static	Digitize	Rub	Foundation
Delineate	Horizon	Rattle	Utterance	Clash	Strength
Paint	Vista	Ask	Language	Smash	Join
Cloud	Illuminate	Chord	Laughter	Sharpen	Melt
Clarify	Light	Amplify	Echo	Tangible	Arrange
Graphic	Watch	Harmonize	Predispose	Crawl	Block
Dress up	Display	Key	Assume	Irritate	Wound
Show	Vivid	Muffle	Response	Tickle	Heal
Reveal	Image	Voice	Translate	Sore	Motive
Expose	Style	Compose	Vocalize	Grab	Sense
Depict	Rainbow	Alarm	Predict	Carry	Absorb
Screen		Screech		Flat	
Colorful		Discuss		Feel	

POSITIVE EFFECTS OF VALIDATON

Measurable Effects

- Patients sit more erectly
- Keep their eyes open more
- Display more social controls and less aggression
- Cry, pace and pound less
- Less need for chemical and physical restraints
- Increased verbal and non-verbal communication
- Gait improves

Non-Measurable Effects

- Less anxiety and withdrawal
- Improved sense of self-worth
- May assume familiar social roles in groups
- Improved awareness of reality and sense of humor

Validation Principles: are created by Naomi Feil, apply to maloriented and disoriented elderly; they help guide our actions and determine the Validating Attitude.

Theoretical assumptions/bases: are created by other theorists, apply to the general population (not specific to disoriented elderly) and are useful in supporting Validation Principles when challenged by scientists or academics.

Our Actions/behavior: flow out of the Principles and support the Validation techniques.

1. All very old people are unique and worthwhile.

Example: A 90 year old woman lives in a nursing home. The caregiver calls her "sweetie" or mama or grandma."

Validation: Caregivers address her as "Mrs. Smith."

V/W action: we address older people in a respectful way and treat each person as an individual.

Theory: from Humanistic psychology (Maslow, Rogers, etc.): know your client as a unique individual.

2. Maloriented and disoriented old people should be accepted as they are: we should not try to change them.

Example: a 90 year old woman demands her breakfast after she has just eaten. The nurse does not say: "Honey, its 8 o'clock. You just finished all your breakfast. You can't be hungry".

Validation: we know that this woman is perhaps psychologically hungry for her family, for love. We ask, 'what fills you up?'

V/W action: we do not try to change the person's behavior; we accept it and try to help the individual fulfill the needs that are being expressed.

Theory: from Humanistic psychology (Rogers, Maslow, etc.): accept your client without judgment.

Additionally, Freud said that the therapist cannot give insight or change behavior if the client is not ready to change or does not have the cognitive capacity for insight.

3. Listening with empathy builds trust, reduces anxiety and restores dignity.

Example: A woman angrily declares that the caregiver threw a basin of water over her clothes and now she's all wet. The trusted, familiar Validation caregiver rephrases, asks, 'Does that happen every morning? 'Yes, every morning.' 'Is there a morning when she doesn't throw water over you?' 'Well, only when the very, nice, young lady comes to look in on me in the night. She asks if I need to go to the toilet. You see, I'm getting older now and I have a problem sometimes with pee-pee.'

V/W action: we understand that this woman is ashamed of being incontinent and empathize with the feelings of the older person without concentrating on the 'truth' of the facts.

Theory: from Humanistic psychology, most especially Rogers who focused his client-centered approach on using empathy.

4. Painful feelings that are expressed, acknowledged and validated by a trusted listener will diminish. Painful feelings that are ignored or suppressed will gain in strength.

Example: An old woman gets up at 3.30 every afternoon to go home to her children. When staff says, 'Sit down. Everything's OK.' She gets more and more nervous and upset. When staff asks, "What is the worst thing that can happen to your children?" The old woman expresses her vivid memory of having left her children alone. Her fears are expressed to a validating caregiver and the old woman feels relieved.

V/W action: we are open to all feelings that are expressed by older people. Through empathy we share these feelings and encourage expression. We acknowledge that disoriented older people freely express emotions in order to heal themselves.

Theory: from Psychoanalytical psychology (Freud, Jung, etc.): “the cat ignored becomes a tiger”

5. There is a reason behind the behavior of very old maloriented and disoriented people

Example: A woman accuses the cook of poisoning the food. The nurse does not say, "We have the best cook from Paris." The nurse knows the old woman may have been overfed by her mother (instead of loved), and now she expresses anger against the cook. The validating caregiver asks, “What does she put into the soup?”

Example: An old woman refuses to eat soup and vomits each time she is forced to do so. As a Jewish woman during WWII, she hid her identity papers in the soup tureen during a raid at her home.

V/W action: although we do not always know why the person behaves in a certain way, we help him or her express emotions to resolve unfinished business.

Theory: The brain is not the exclusive regulator of behavior in very old age. Behavior is a combination of physical, social and intrapsychic changes that happen during the life span. (Adrian Verwoerd is the original source for this, but this idea has been generally accepted by most geriatricians.)

6. The reasons that underlie the behavior of maloriented or disoriented very old people can be one or more of the following basic human needs:

- Resolution of unfinished issues, in order to die in peace
- To live in peace
- Need to restore a sense of equilibrium when eyesight, hearing, mobility and memory fail.
- Need to make sense out of an unbearable reality: to find a place that feels comfortable, where one feels in order or in harmony and where relationships are familiar.
- Need for recognition, status, identity and self-worth
- Need to be useful and productive
- Need to be listened to and respected.
- Need to express feelings and be heard.
- Need to be loved and to belong: need for human contact
- Need to be nurtured, feel safe and secure, rather than immobilized and restrained.
- Need for sensory stimulation: tactile, visual, auditory, olfactory, gustatory, as well as sexual expression
- Need to reduce pain and discomfort

And so they are drawn to the past or are pushed from the present in order to satisfy their needs. They: resolve, retreat, relieve, relive, express.

Example: A very disoriented woman kisses her hand. The hand is a symbol of her baby. The woman had an abortion, and now needs to express her guilt. She may not be able to see her hand or be aware of her body's position in space. Her hand feels soft, as if it were her baby. She sees her baby with her mind's eye to resolve her guilt and restore her identity as a good mother.

Example: An old woman moves her fingers like she used to use her typewriter, to maintain her dignity and identity as a typist. She cannot bear being old without a job. To restore balance, she works. A validating caregiver asks, “You certainly did a lot of typing in your life, didn't you?”

V/W action: We accept that very old people are in the final life stage, ‘Resolution’; we accompany them in the process; we accept that they are often in a personal reality and see this as a wise and healing response to an unbearable present reality.

Theory: several theories back up this principle:

Maslow's hierarchy of needs

Erikson's life task theory

From Humanistic psychology: human beings struggle for balance/ homeostasis, and are motivated to heal themselves (Rogers particularly)

7. Early learned behaviors return when verbal ability and recent memory fails:

Example:-movement of tongue, teeth and lips create new word combinations – it is often an expression of basic human needs; an old woman sucks on her fingers to feel safe and pleasure (like she felt as a baby) and it is self-stimulating – she is alive.

- early learned movement can replace speech when verbal ability fails.

A woman moans: HEALVEN. She tells the worker she needs help from heaven. Her mother is in heaven. She combines images and sounds to form, HEALVEN. The worker asks, “You really miss your mother. Was she always with you when you needed help?”

V/W action: We calibrate the breathing, movements, gestures, body tension, mirror movements and sounds.

That allows us to get onto the same wavelength as the old person and meet them where they are in that moment, even if we can't explain their behavior logically.

Theory: Piaget's theory: movement comes before speech in human cognitive development.

8. Personal symbols used by maloriented or disoriented elderly are people or things (in present time) that represent people, things or concepts from the past that are laden with emotion.

Example:

Person: An old man who has been oppressed by his father, accuses the administrator of tying him up at night; a doll is treated like a baby.

Concept: A wedding ring can represent love, a handbag, the identity or self.

Object: An institutional hall can become a street, a wheelchair can become an auto, an old man who used to be a car mechanic gets under his bed everyday to repair a car.

V/W action: we accept that symbols are used to express needs and feelings; we try to explore and react with empathy.

Theory: Freud and Jung wrote extensively about symbols, describing them as representations.

9. Maloriented and disoriented old people live on several levels of awareness, often at the same time.

Example: An old woman runs out of the nursing home calling, ‘mama’; she needs to find her mother. When asked, ‘Where is your mother?’ the old woman says, "My mother is with the dear Lord."

V/W action: we never lie to older people because we know that on some level they know what is the truth.

Theory: Freud, preconscious, conscious and unconscious

10. When the 5 senses fail, maloriented and disoriented elderly stimulate and use their ‘inner senses’. They see with their ‘mind’s eye’ and hear sounds from the past.

Example: A mother hears her children calling her – she wants to be a good mother to her children. The validating caregiver asks, “How many children do you have?”

Example: An old mother hears her daughter crying next door. This happens every night. Her 17 year old daughter died and the mother never had enough time to grieve. She wants to express her guilt. The caregiver asks, “What do you miss the most?”

V/W action: when older people see or hear things that we do not, we accept those as being part of their personal reality and understand that they are trying to meet their human needs.

Theory: Wilder Penfield: Human beings can stimulate their brains to recreate vivid visual, auditory and kinesthetic memories.

11. Events, emotions, colors, sounds, smells, tastes and images create emotions, which in turn trigger similar emotions experienced in the past. Old people react in present time, the same way they did in the past.

Example: A woman hides behind the sofa scared to death each time the meal cart clatters onto the department. She feels the same fear she felt when tanks clattered through the streets of her hometown and bombed her home when she was 4 years old. The worker asks, "Did something terrible happen?"

V/W action: we accept and acknowledge that experiences from the past can be triggered and explore the feelings without judgment and with empathy.

Theory: Early, well-established emotional memories survive to very old age. Schettler & Boyd. Proust Was a Neuroscientist, by Jonah Lehrer, 2007, published by Houghton Mifflin Co., NY

Certification in Validation®

The four levels of certification are:

VALIDATION® WORKER
VALIDATION® GROUP PRACTITIONER
VALIDATION® TEACHER
VALIDATION® MASTER

Successful completion of the respective Validation® course, led by a Certified Validation® Teacher, is required for certification.

More information about Validation is available at the website,
www.vfvalidation.org