

## **CONTROVERSY**

How should caregivers handle stress situations of the affected persons: does it help to validate the causes and to look for a way to express feelings with the affected? Or does one have to divert and calm, if need be also use lies and illusions? **demenz**DAS MAGAZIN conducted a combative conversation with nursing expert **Hedwig Neu** and psychologist **Sven Lind**.

### **Feed Chickens versus Validate Feelings**

Interview by Michael Ganss & Peter Wissmann  
(translated by V. de Klerk)

**demenz:** What does Validation have to do with feelings?

**Hedwig Neu:** One basic assumption of Validation is that confused, disoriented people express feelings, also painful ones, and that we must accompany these feelings. Reality Orientation training or anything like that does not help.

**Sven Lind:** That was the positive accomplishment of Naomi Feil, that she showed that things like reality orientation training is contra-productive for dementia patients in the middle stage, for instance.

**demenz:** What does that mean, to accompany painful feelings?

**Hedwig Neu:** An example: a woman in a nursing home says always the same thing for weeks: She has to go to Heidelberg, let me finally go there. The nursing staff always discussed the factual information, Heidelberg, because they knew that the lady had studied there. They interpreted that the lady wanted to go to the university there and then said, "You can't go there today; the train doesn't go anymore." The lady asked the same thing every day. Then I spent a long time with her and learned that she wanted to go to the university clinic and that she had panic-like fear of not being able to reach her sister, with whom she had fought. She cried as we talked and she said that her sister actually died there. This theme came up continually. As a team we went into this and when I met her 8 weeks later, she smiled at me and quickly took her leave because she wanted to read the newspaper. The theme, Heidelberg, did not come up anymore. That is, for me, an example of a successful accompaniment of feelings.

**demenz:** In your view, what led to this?

**Hedwig Neu:** She came back into balance because this emotional problem didn't bother her any more. We adapted ourselves to her and gave her the emotional room to express her pain. Validation is also a way of listening and allowing.

**demenz:** Mr. Lind, would you have reacted differently?

**Sven Lind:** No. I have difficulty with the concept, Validation though. For me it is empathy, it is an innate behavior. When a psycho-social imbalance is there, everyone does this. You don't need an extra concept or theory.

**demenz:** But often we make the mistake, like in the example, of entering at the level of the contents of the words instead of entering at the emotional level.

**Sven Lind:** I didn't express myself completely correctly before. It is not innate, when one deals with dementia patients. Then I need to know: that is a demented person, who cannot do anything with what I say because the regions in the frontal lobe aren't there anymore.

I also have to know that the other person can no longer reflect and is no longer able to handle conflicts appropriately. That is work experience and not innate. And then I must use another level of communication.

**demenz:** What does that look like?

**Sven Lind:** When, for example, a woman in a nursing home says that she must feed the chickens, then that is disorientation. There are no chickens but the person becomes ever more stressed. Now I must differentiate and use two of my established concepts: is this a 'time-crossing' that can be influenced or is it fixed?

With a 'time-crossing' that can be influenced, one would say: Mrs. Mayer, everything is all right, I just fed the chickens. The woman would then get calm, the problem would be solved. But when it has to do with a fixed 'time-crossing', one needs nursing skills. Let us take a woman who always gets up at 3 o'clock and wants to deliver newspapers. The statements that the newspapers are already delivered doesn't help, the woman must be able to act it out. She would get a pile of newspapers, distribute them and then is all right. You see there are two levels where the reality of the demented is not identical with our real world and there are mixed forms.

**demenz:** An example please.

**Sven Lind:** A woman who never leaves her room because she has to look after the chickens. Someone had given her a few toy chickens and then the lady really went out. But when it is a fixed 'time-crossing', then she needs to feed the chickens. In the morning, the nurses would first spread a little chicken feed in front of the bed, then the resident would let them care for her.

**demenz:** Mrs. Hedwig Neu, would you also feed the chickens?

**Hedwig Neu:** I would say to the lady: 'Yeah, feeding the chickens', and then ask her about the past. Did you use to have chickens, or did you live on a farm? Now I would create a reference to this woman's past and not just pay attention to the 'what' (feed the chickens), but to the 'how'. Does she say this with pleasure or rushed? What is the message behind what she says? That is what we would try to understand through posing interested questions and listening.

**demenz:** And when she says it in a stressed way?

**Hedwig Neu:** For example: "It's always exhausting feeding the chickens and you are scared when no one looks after the chickens." In my experience, something is then released. That people tell some story that they have experienced. Then I also ask: under which circumstances could she imagine perhaps taking a small break from feeding the chickens or to walk with me? Or: what happens when you don't feed the chickens now, for example? I would work with open questions and with rephrasing. Maybe one could make a connection between this woman and a real animal in the institution.

**Sven Lind:** For me that is a diversionary conversation. That helps when the stress is not so intense and the feelings are not so strong. Five minutes of diversionary conversation and as a rule, the problem is gone. But when the woman is too agitated, more is needed. A change of location, for example, go into the kitchen, put a cup in her hand and ask her to dry it. Then there are three impulses: a change of scenery, activity and objects. And together they are so strong that the negative impulse, feeding chickens, is cancelled. Or I go out of the room and come back costumed in a red or blue nose. There are various ways to cancel out a negative impulse.

**Hedwig Neu:** The biggest different between a diversionary and validating conversation is that we Validation practitioners start from the assumption that one can release stress when one expresses one's feelings. Therefore we would never follow a diversionary or 'do as-of' strategy; no chicken feeding when there are none there. We would accompany the person through her feeling.

**demenz:** Can you substantiate that?

**Hedwig Neu:** Again an example: a demented nursing home resident wants to telephone her son and tell him that she is pregnant. The nurse promises to call him. Because the resident constantly asks, she says that the son's line is busy. The old woman is relieved: "When it's busy then he's at home and you can try again!" In the end, the nurse grabs deeper into the chest of tricks: 'There, where your son lives, there's a power failure and that's why we can't reach him.' As you can see that you should never underestimate people with dementia. And I have asked myself: wouldn't it have been good if the nurse had simply for once engaged with the woman with respect and empathy instead of continually lying?

**Sven Lind:** there are no lies in the moderately severe stage, when the demented can no longer reflect because of the atrophy process. He is then on the same level as a two-year-old child and can only accept the statements, no longer questioning them. Then there is only diversion and calming. For a demented man who was always scared that he's going to be enlisted in the *Wehrmacht*, we simply faked an enlistment letter. It said that he was exempted from military service, complete with 'Heil Hitler' at the end. Words wouldn't have helped, something more intense was called for. One must sometimes, in a certain stage directly fake.

**Hedwig Neu:** I don't believe that this really works. Maybe a few people are sometimes calmed by this, but we must look at the reason for this calm. Sometimes it is resignation. I've often experienced that people with dementia said to nurses: "Stop with that nonsense, you are such a liar." I can't use those sorts of methods. I would lose respect for myself. Because I have the experience that Validation works well with these sorts of painful expressions, I'm glad that I found this alternative.

**Sven Lind:** In dementia care you must divert and calm, that is a part of the everyday world. If you can't do that for ethical grounds, then you are not qualified for it. The demented have the right to a psycho-social balance that requires a quasi-catalog of skills. If that is not guaranteed, then I say: go to McDonald's and work as a cashier, but not in dementia care.

**demenz:** How do you want to be treated with your feelings if you would be demented?

**Sven Lind:** I expect that I will be given assistance, whether in the form of diversion or another element of an imaginary world. But in any case, I would need help because I would not be able to handle it myself.

**Hedwig Neu:** I hope that then someone stands with me and shares these feelings, following the motto: shared pain is half pain and shared happiness is double happiness.

**demenz:** We thank you for this conversation.