

# THE VIF VALIDATION® TRAINING INSTITUTE, INC.

WINTER NEWSLETTER 1995  
Naomi Feil, Editor

Volume 15  
February 1995

21987 Byron Road  
Cleveland, Ohio 44122



*A Non-profit Agency Devoted to Wise Aging*

## CLINICAL COLUMN

*"The Cat Ignored, Becomes a Tiger" Carl Jung*

### THE DIFFERENCE BETWEEN VALIDATION, RE-DIRECTION AND DIVERSION With Those in Resolution

In the context of Validation theory, to validate involves respecting that a very old person is resolving important life issues. The old-old are people with a past. In very old age, it is self-healing for human beings to express emotions that they have possibly bottled up for over eight decades. Bottled-up emotions can become toxic. In the final struggle to wrap up loose ends, very old people who have successfully controlled strong emotions for a lifetime, now need to bring these emotions to the light of day. Progressive deterioration leads to emotional incontinence. The physical condition and the psychological need interlock. The old person needs someone to affirm the truth of the emotions, someone who will listen with empathy and someone who will validate this human being who needs to make peace with the past.

The validating caregiver listens with respect, knowing that once the emotions are expressed and validated, they lose their strength. Validation theory encompasses 16 verbal and non-verbal techniques for listening with empathy.

In the context of behavior management theory, "re-direction" and "diversion" have evolved from Pavlovian operant conditioning learning theories that are the foundations of Behavior Modification. Behavior Modification theory proposes that the caregiver can change or modify the behavior of the very old person by ignoring or punishing the "negative" behaviors and re-

directing or diverting the person towards more "positive" behaviors. The caregiver, it is assumed, knows what is positive and negative behavior, steering the old person accordingly. A basic assumption is that the very old are: (1) motivated to conform to the goals of the younger caregivers; (2) have sufficient cognition, and self-awareness to change their "negative" acting out behaviors towards more "positive" behaviors; (3) have the motivation and the capacity to control their emotions. Therefore, those who use Behavior Modification techniques believe that they can manage behaviors of very old people.

Diversion and re-direction are also often used because caregivers become anxious when old people, whose controls have become incontinent, act out their anger, fear, grief, or love. Caregivers are afraid that, if the feelings are heard and acknowledged, the emotions will escalate. The old person may become physically ill.

In over 30 years of working with very old "Alzheimer-type" populations, I have found that although dependent upon the caregiver, they are not like children who want to learn and to please authority. The very old know what is important. With intuitive wisdom, they want to heal themselves. Once the emotions have been fully expressed to someone who is able to listen without discomfort, the emotions de-escalate. The emotions dissipate. The self-healing process works. Only when emotions are invalidated and ignored, do they gain strength and begin to give physical pain. When no one listens, the emotions grow inside. The yelling, the panic, the sexual acting out behaviors increase. "The cat ignored, becomes a tiger." Too often, they very old person must be tranquilized to "calm them down." The person withdraws inward. Another old human being, slumped, lifeless, is stacked in a row in a nursing home. *continued on page 2*



**Clinical Column, *continued from Page 1***

Let me give you an example. A 90 year old woman in Resolution, who must make peace with her mother who died 40 years ago, will not be re-directed to the bingo table. If the old woman walks to the bingo table, the diversion is temporary. An old-old person in Resolution will not give up the struggle to vindicate herself from a tyrannical mother. The old woman will shout her rage to her peers. Using her mind's eye, the old woman will restore her mother. The managing caregiver will become her mother. At the bingo table, the 90 year old woman shouts: "Don't push me! Don't tell me what to do. I hate you!"

If an empathetic caregiver validates the old woman's need to restore her mother, facilitating the communication with the past, using the Validation techniques, then the old woman will *modify her own behaviors, managing herself*. The validating caregiver might ask: "You see your mother? She won't look at you? She never listens to you? What do you want to tell her?" The old woman shouts her hurt at her mother to someone who hears. Finally, at age 90, the old woman, spitting out her rage, struggles to free herself from a dominating mother. When her struggle is acknowledged, the old woman feels tangible relief, and then she can attend to present time.

Very old human beings, in this final struggle, first must re-enter the past before moving to a present-day location. They need to uncover buried emotions to make peace with parents, sibling, husbands, wives, and children. Their activity, their attention will be fixed on the past as they prepare for their final move. They will continue to pack.

They are not children. They will not be re-directed.

