

When Feelings Become Incontinent: Sexual Behaviors in the Resolution Phase of Life

Naomi Feil, M.S.W., A.C.S.W.^{1,2}

Three clinical case histories, representing scores of similar Alzheimer-type individuals with whom the author has worked since 1963, show that suppressed sexual behaviors emerge in late life when social controls recede. The old-old person enters a final Resolution phase; a struggle to express feelings, to be validated in order to die with self-respect. This article also presents specific Validation Therapy techniques that help relatives and professionals communicate with Alzheimer-type individuals who act out sexually. Caregivers who have used Validation have found that when sexual feelings are expressed and affirmed, they lose strength, dissipate, and the very old human is relieved.

KEY WORDS: resolution phase of life; validation therapy; Alzheimer's; dementia; time confusion; repetitive motion.

Social scientists who have studied the sexual behaviors of institutionalized, Alzheimer-type populations, have found that touching, stroking, caressing, fondling, singing love songs, and verbal expressions of sexual desires, can be beneficial physically and mentally for this population (1-4). Studies show that relatives and nursing staff often express embarrassment and dismay when Alzheimer-type residents act out sexually, undress in public, fondle each other, or express sexual needs verbally (1, 4-6).

I have found little research investigating acting-out sexual behaviors that occur for the first time in very old age when increasing neurological damage continues to erode control centers. Emotions, bottled up for more than eight decades often become incontinent, when physical controls no longer function and denial is no longer a defense. When caregivers understand the self-healing aspect of emotional ventilation and acknowledge the need to express repressed

¹Executive Director, The Validation Training Institute, Inc.

²Address correspondence to Naomi Feil, 21987 Byron Road, Cleveland, Ohio 44122.

emotions before death, the very old person feels validated, and can often die with self-respect.

This article presents three case histories of Alzheimer-type individuals, aged 85-94, with no previous history of mental illness whose sexual acting out behaviors increased in late life when social controls had eroded; case studies that represent scores of similar nursing home residents with whom I have worked from 1963 to 1994 (4, 7, 8, 11). Families and staff who have tried to extinguish these "negative" sexual behaviors found that the sexual acting out did not decrease after months of behavior modification and reality orientation. Moreover, the nursing home residents became increasingly hostile or withdrawn. Neurological impairment, reducing brain plasticity often impedes recent memory and new learning capacity. Very old nursing home residents did not recall verbal positive or negative reinforcements, nor did they remember the care providers who attempted to extinguish their sexual behaviors. Unaware of present reality, the old-old disoriented nursing home residents became hostile when confronted with the consequences of their sexual behaviors through reality orientation (4, 7, 12).

Social and behavioral scientists have long observed that repressed emotions can become toxic (13-19).

Literally thousands of old-old people in nursing homes around the world, diagnosed as having a progressive disease, Alzheimer's dementia, are expressing emotions that they have denied in earlier years (4, 12, 20-24). When validated, acknowledged, and affirmed by a trusted caregiver, the emotions: anger, fear, guilt, sexual feelings, and grief, lose their strength, subside or disappear. When invalidated, through diversion, behavior modification, or reality orientation, the emotional expressions continue and often increase.

Is it possible that the expression of sexual feelings in very old age is a legitimate final struggle? Is it possible that these very old people enter a Resolution stage of life? Packing for their last move, they find dirty linen stashed away in the mind's closet. They want to die without a load of unexpressed sexual feelings. Choked emotions can bring physical and psychological pain. When emotions are released, the pain lessens. Nursing home administrators and caregivers have found that when emotions are validated, the very old person is relieved (27-30).

In over thirty years of work with old-old Alzheimer-type nursing home residents, their families and their professional caregivers, I have developed Validation Therapy (see Figures 1 and 2). Validation therapy is a developmental late life theory that includes verbal and non-verbal interventions to enable very old Alzheimer-type populations to express their emotions, to be heard and to be believed.

When validated, very old people restore their dignity. In very old age, they need someone to listen to them as they struggle to express the emotions, which

Fig. 1. Definitions Fundamental to Validation Therapy

Resolution Phase of Life:

A fundamental principle of Validation Therapy is the belief that in very old age, when physical controls have eroded, there is an age-appropriate psychological need to complete unfinished business. Resolution is the final struggle to express emotions that have been controlled for over eight decades.

Validation Therapy:

A late-life, holistic, developmental theory that encompasses physical, psychological and social factors in order to explain behavior. Validation categorizes very old people who are in Resolution, into four progressive stages, with specific Validation verbal and non-verbal communication techniques for each stage.

Alzheimer's Dementia:

After extensive laboratory tests to rule out reversible dementias, the individual scores 8-21 on the Folstein Mini-Mental Status test or 5-7 on the Brief Cognitive Rating Scale.

Time Confusion:

The second stage in Resolution, when present and past time blend; speech is relatively intact; sequential, logical, symbolic thinking has deteriorated. The very old person restores the past to resolve it.

Repetitive Motion:

The third stage in Resolution, when dictionary words are replaced by repetitive movements of tongue, teeth, lips and torso. The old-old express human needs through familiar movements. Their kinesthetic memory replaces speech.

include sexual longing, that they have denied in youth and middle age. They want these emotions to be affirmed by a trusted caregiver in order to be relieved.

Validation is a holistic model of viewing a very old human being. Their behavior in late life is not just a reflection of brain damage, but also reflects how they have lived their lives; how they have expressed emotions to significant people; how they have faced their developmental life tasks, how they have achieved intimacy, coped with rejection, the social and physical losses that come with aging, and the disappointments that come with living.

Behavior, in late life, is a consequence of both physical deterioration and psychological and social factors. Behavior that is age appropriate for a ninety year old man whose controls have eroded and who struggles to express sexual feelings in order to die with self-respect, with feelings of potency, may be inappropriate for a sixty year old man whose controls are still intact and who is still cognitively capable of insight in order to change his acting-out behaviors.

Fig. 2. Validation techniques summarized. (Complete description and documentation of Validation Techniques are found in: *V/F Validation* and *The Validation Breakthrough*).

-
1. *Center*: Focus on a spot two inches below your waist. Breathe into your nose. Follow the breath mentally down your throat, lungs, diaphragm, waist, and exhale from your center. Focus and breathe 5-8 times.
 2. Use “who, what, where, when, how” questions to explore: Avoid the use of “why.”
 3. Rephrase: Repeat the gist of what the person has said, using their key words. Approximate the pitch and tempo of their voice.
 4. Use their preferred sense: If the person uses seeing words (notice, looks like, imagine, picture), they are visual, and the worker also uses visual words. If the person uses hearing words (sounds like, loud, etc.) the worker uses hearing words.
 5. Use Polarity: ask the extreme (worst, best, how bad, etc.).
 6. Imagine the opposite: Help the person imagine what would happen if the opposite were true.
 7. Reminisce: Explore the past to re-establish familiar coping methods to help the person survive present-day crises. Those in Resolution can no longer learn new coping skills, but they can restore well-established ways of dealing with losses. Use “always” or “never” to help the person recall the past.

The Following Validation Techniques are Appropriate for Stage Two and Three Only

8. Touch: Approach from the front in order not to startle people who have lost peripheral vision. Where to touch in order to trigger well-established relationships is found in the Validation text, “V/F Validation: The Feil Method,” page 73.
 9. Use genuine, direct, prolonged eye contact. Bend down to meet the person’s eyes.
 10. Use a clear, low, warm, nurturing voice-tone, to trigger an established relationship to build immediate trust.
 11. Observe the emotion.
 12. Match the emotion: (Love, Anger, Fear, Grief). Communicate via emotions, as Stage Two and Three have lost dictionary speech.
 13. Link the Behavior to the Human Need: Basic human needs: Love, Safety, Usefulness, Activity, the Expression of Emotions, Intimacy, are met through movements rather than speech. A former farmer milks the cow he sees with his mind’s eye, moving his hands in a milking motion. In Repetitive Motion, the old-old move to well-established past rhythms.
 14. Express the emotion with emotion: Example: “You are worried. Is it that you can’t find your mother?”
 15. Ambiguity: Use a vague pronoun, “he, she, it, they, someone, something,” when the person combines similar sounds to convey thoughts instead of using commonly understood dictionary words. Example: “The suds fill my middle-place.” Ambiguity: “Does that feel good or does it hurt?”
 16. Use Music: Familiar sounds learned in childhood become permanently imprinted in memory. People relate immediately when the Validation worker sings a familiar song. Those who cannot speak, often can sing.
 17. Mirror the Movements: In Repetitive Motion, the old-old make repetitive sounds with tongue, teeth, lips and body to communicate. In mirroring the movement, the worker can establish a trusting relationship.
-

CASE I: MISS H.

Social Service Assessment and Care Plan

Initial History: March, 1993

Miss H., aged 83, had been living in a small suburban hotel for “refined elderly” for the past twenty years. Advertised as a retirement home, nestled on

a hill, removed from the bustling city, the hotel housed forty “well-to-do” aging men and women. Miss H. seldom socialized. Her father, a wealthy tobacco manufacturer, had left her a comfortable income. She had never worked. An only child, she remained dependent upon her parents until they died. She described her mother as being very beautiful, strict, and religious. Ms. H. adored her father, despite the fact that he was seldom home and had little time for his only daughter.

Events Precipitating Admission:

Three years ago, tenants complained that Ms. H. began her nightly tirades by shrieking in a falsetto voice: “What a combination!” Stark naked, she would streak through the hotel halls, knocking on doors, demanding sexual satisfaction. In the morning, Ms. H. would vehemently deny all accusations. Diagnosed, “Manic Depressive,” Ms. H. was given Thorazine and hospitalized in a psychogeriatric hospital. Ms. H.’s sexual acting out behaviors ceased abruptly. However, she became incontinent and confused as to time and place. In October, 1992, Ms. H. had extensive laboratory tests to rule out reversible causes for her dementia. She scored 12 on the Folstein Mini-Mental Status Dementia test. After severe gait impairment, a series of falls and hypotension, her medication was changed to Ativan, she was placed in a wheelchair, and referred to the nursing home.

Her diagnosis, upon admission to the nursing home:

 Degenerative Dementia—Alzheimer’s Type.

Nursing Home Plan of Care: 1. Reality Orientation; 2. Socialization; 3. Decrease in medication.

Current Status: June, 1993

Ms. H. is able to feed herself, but needs help in dressing and bathing. Her medications could not be lowered. Reality Orientation seems to have increased her confusion. She swears, makes obscene gestures, stripping in the lounge, grabbing the sexual organs of any male she can reach from her wheelchair. She screams: “*Help Me!*”, throughout the day and night.

Referral to consultant to determine further treatment.

Consultant’s Report

Below is a sixth-month summary of Validation Therapy with Ms. H.:

June, 1993-January, 1994

Ms. H: *Help Me! Help Me!*

NF: *Does it hurt bad, Ms. H?* (Using Validation Technique #4, “The Preferred Sense”, which is Kinesthetic for Ms. H.)

Ms. H: (Her yelling stops. Her mucous-thick tongue caresses her lips. Her blue eyes, dulled by medications, focus on the worker. Her index finger points to her vagina.)

Terrible. It aches. Call me Edith, Bitch.

NF: *Is it a sharp ache, or more a dull pain?* (Validation Technique #4.)

Ms. H: (Surprised that someone is really listening, mollified by the genuinely caring voice-tone)

Honey, it's a burning pain. It hurts so bad. I need a big thing to fill it up. (a meaningful pause, her eyes narrow with sharp knowing)

You can't help me, bitch.

NF: *You need a man, not a woman, Edith?* (Validation Techniques #1, & 3, "Re-phrasing," while picking up the person's pitch and tempo.)

(Ms. H. lowers her head nudging her bulging belly, nodding. We share a moment of filled silence.)

NF: *You don't want me to call you by your last name? You prefer Edith. Do you feel like a young girl?*

Ms. H: *Yes. My mamma hurt me so bad. I did a terrible thing.* (Ms. H. gazes solemnly at NF, who has bent down for genuine, direct eye-contact, non-verbal Validation Technique, #9.)

NF: *What is the worst thing that you did?* (Validation Technique #5, "Polarity," asking the extreme.)

Ms. H: *I did it to myself. Mama slapped me so hard. Jesus is punishing me. I am bad. Get away from me. And stay away.*

Note: Ms. H.'s fear and hatred of female authority figures cancelled any feelings of trust toward NF. Marc, a male graduate student, with insights into his own sexuality, replaced NF.

September, 1993

Ms. H. grabs Marc's hands, kisses them and presses them toward her vagina. Marc gently moves their hands to her shoulders, massaging her shoulder with a light, circular motion. (Non-verbal Validation Technique #8.)

Ms. H: *Honey, I'm too old to have sex.*

Marc: (Re-phrasing) *You're worried about having sexual feelings at your age?*

Ms. H: *Yes, honey. I'm bad.*

Marc: (Validation Technique #7-Reminiscing)

Did you ever feel that way about anyone else?

Ms. H: (She stares into space, taking a deep breath.)

No, honey. But my lips are so dry. It's this disease I've got.

- Marc: *What disease have you got?*
(Validation Technique #2, "Exploring with "who, what, where, when," avoiding the use of "why.")
- Ms. H: *It doesn't kill you. It wants you to have sex. Mama says I caught it from daddy.*
- Marc: *You loved your daddy?*
- Ms. H: (Begins to cry, softly, placing her head on Marc's shoulder.)
He never loved me back. He never kissed me.
- Marc: *Did you kiss him?*
- Ms. H: *I kissed him in his coffin. I want you, honey, all the way.* (Pressing his hands to her breasts.)
- Marc: *You want to love me, all the way?* (Validation Technique #1-Centering to free oneself of one's own emotions, and Validation technique #3-Re-phrasing.)
- Ms. H: (Lowers her head onto Marc's hand, stroking his cupped hand with her cheek. She sighs, lifts her head, her blue eyes cloudy in conflict.)
- Marc: *Do you think that talking with me helps let go of the wanting?*
- Ms. H: (In a low whisper) *Yes.*

Note: Until January, 1994, in weekly sessions with Marc, Ms. H. continued to express her sexual longing, her suppressed love for her father, her fear of punishment from her mother. Her nightly wanderings ceased, her medications were drastically reduced, and she no longer acted out sexually with male residents. Marc helped her relate to a 78 year old male member of the Validation group. Marc transferred this case to a male social worker, who Validated Ms. H. until she died.

THE CASE OF LAURA M.³

Reported to N. Feil by Lowell Dodson, CVT, Leavenworth, Kansas.⁴

November 11, 1994

I entered the Special Care Unit for residents diagnosed with Alzheimer's Dementia or a similar disorder. In the Family Room, where I conduct my weekly Validation Groups, I noticed Laura M, aged eighty-eight, sitting apart from the others. Huddled in her wheelchair, her body language spoke fear: facial muscles, tight; eyes squeezed shut; hands locked together, fingers twisting around each other, moving up and down in agitation; shoulders trembling;

³This case represents thousands of similar cases I have encountered in North America, Europe, and Australia.

⁴Certified Validation® Therapist.

toes scratching the linoleum floor. I knelt down to establish close eye contact, reaching out to touch her hands. In Stage Two, "Time Confusion," Laura M. with damaged sensory acuity, was not always aware of my presence unless I touched her and looked straight into her eyes. She drew back, gasping.

Laura: *Oh my God! You aren't going to do that to me, are you?*

I drew back, maintaining close eye contact, "Mirroring" (Validation Technique #17) her hand movements. In a gentle, respectful, nurturing voice tone (Validation Technique #10), I asked:

LD: *Did he hurt you very much? ("Ambiguity." Validation Technique #15.)*

Laura: *(in a whisper) I don't know why he did it. He had a wife.*

LD: *How old were you, Laura?*

Laura: *Nine. I went over to play with the kids. He'd take us for ice cream. Sometimes. He would have me sit by him. He'd hug me and squeeze me all the time.*

Laura's voice trilled, words tumbling. Her breath came in tight spurts punctured by sobs. Her eyes raised upwards, to better view her past. I used visual words to help her. ("The Preferred Sense," Validation Technique #4.)

LD: *Was it a sunny day, Laura?*

Laura: *No. It was cloudy. Before a storm. We were playing outside when he came to the back door. He yelled at me to "come here a minute," in a mean, angry voice. I was scared. I ran over. He shut the door behind me.*

Laura's hands wrenched, twisting violently. Her body trembled.

Laura: *He gave me a hug. He rubbed my back and my bottom. Then he rubbed and fiddled down there. (Laura pointed to her vagina.) He took his thing out, It was big. It was awful. He tried to get me to touch it. But I didn't want to. He held me and wouldn't let me go. I screamed. I was scared. I cried and screamed. Over and over. Until he let me go. I ran out the back door. The kids were at the back door. They yelled, "What's the matter? Where are you going?" I ran home as fast as I could, crying all the way. "Mama. He wanted me to touch it. It was awful."*

Laura reached out and grasped LD's hand, pressing it hard.

Mama wasn't home. I laid on my bed, crying and crying. I must have fell asleep. Mama woke me and said, "what are you doing in bed?" I told her what happened. She said I made it up. I cried and told her over

and over, it was true. She spanked me for lying. It's true. I didn't lie. I didn't lie.

LD: (Re-phrasing) *Laura. You didn't lie.*

Laura grabbed LD's hand, shaking their hands up and down, shouting:

Laura: *Mama. I didn't lie. I didn't lie.*

LD mirrored Laura's hand-motions, moving to her rhythms, until she dropped his hands and looked into his eyes. Her voice calm, her breathing even, her muscles losing their rigidity.

Laura: *Mama said I was not to go over there to play. The kids could come here. I was not to go over there! ever again! Mother was mad when she told me not to go over there.*

Relieved, Laura closed her eyes and fell asleep, breathing softly. Laura will never remember my name. Next week, she may repeat this horrible tale of child abuse in the Validation group. But each time she expresses her fear and her hurt, the tale loses some of its horror. Supported by the group, validated and believed, she becomes stronger. When Laura dies, I believe that she will die with self-respect.

THE CASE OF JOSEPH W.

Initial History: January, 1992.

Aged 94, Joseph W. had been a successful dentist. His wife, Edna, aged 88, still lives in their comfortable suburban two-story home. The couple's two children, Alex and Martha, do not speak to each other. Rivalry has embittered this family. Both adult children claim that their mother has been a vicious, domineering, manipulator, the cause of the family friction, pitting the children against each other.

Events Precipitating Admission:

Joseph depended upon his wife, both psychologically and financially. She was his dental assistant for fifty years. Neighbors reported that the couple walked to church, hand in hand, every Sunday, until Joseph's arthritic knees placed him in a wheelchair. Gradually, he began to lose track of the days; he had more difficulty breathing; he no longer recognized his wife or his children; his speech slurred; and he became incontinent.

He began acting out sexually. Three home health workers quit, claiming that Joseph called them whores, grabbed their breasts, insisting that they rub his

penis. Extensive tests results produced the following diagnoses: Congestive heart failure; severe arthritis; Multi Infarct Dementia with increasing brain atrophy. Dr. W. scored 19 on the Folstein Mini-Mental Status test. He received 4 mg. of Haldol, in addition to his heart medication.

Current Status: February, 1992

Joseph W. resides in the Dementia Unit. His wife, whom he does not recognize, visits daily. She complains to the social workers that her husband is being harassed by female residents. Joseph exposes his genitals, masturbates, and waves at females who pass his wheelchair, yelling: "f . . . me!" He does not touch his wife.

Consultant's Report

Case Summary of Validation Therapy with Joseph W., March-October, 1992.

- Joseph: (his voice harsh and low).
You better fiddle with trest of the fuckermuckers.
- NF: *You think I should fiddle with the rest of them?*
 (Validation Technique, #15, "Ambiguity" and "re-phrasing.")
- Joseph: (eyes widen as he hears his emotions reflected in NF's voice.) *Oh! me. Heh. Heh.* (His body heaves, embroiled in producing a profound chuckle, struggling for release.)
- NF: *I hear you, loud and clear.* (Picking up the cadence of his speech and his low pitch.)
You think they fiddle around too much?
- Joseph: *You guiddled it. Youbugger rip em.*
- NF: *I better rip em? Are they mean?*
- Joseph: *No. They won't zip yer goodies.*
- NF: *You think they want to unzip my goodies?*
- Joseph: *It'd feel soooo good.* (His dictionary words increase as he communicates.)
- NF: *Did you ever unzip yours when you wanted to?*

Joseph looks up quickly, catching NF's eyes. He blinks. Shakes his head, slowly, sadly. A tear escapes as NF catches his sad mood, validating his emotions. Once each week for ten minutes, NF Validated Joseph W., re-phrasing, matching his emotions, using ambiguous pronouns to communicate, enabling this 94 year old man to express his sexual needs. He communicated with unique word-formations. He had lost most of his symbolic, classified, dictionary

speech. Now, in "Repetitive Motion," he moved his tongue, teeth and lips to form concrete, sensory sounds to express his thoughts and feelings.

The Validation worker communicated with his emotions and human needs, rather than attending to the definition of his unique word-formations.

In the Validation Group, Joseph W. sat next to a woman who longed for her husband. He held the role of "lover," and his sexual needs were affirmed by group members. In this group for Time Confused old-old people, socially acceptable touching, singing love songs, feeding and nurturing each other are an integral part of the weekly group ritual. NF worked with Joseph's wife to help her accept her husband's need to openly express the sexual feelings he had repressed during his lifetime. Joseph W. no longer grabbed females, nor did he use offensive sexual language with staff and residents. His sexual needs were affirmed through individual Validation sessions and through the Validation Group.

REFERENCES

1. Rankin DJ: Intimacy and the elderly. *Nursing-Homes* 38:10-14, November, 1989
2. Lichtenberg P, Strzepek D: Assessments of institutionalized dementia patients' competencies to participate in intimate relationships. *Gerontologist* 30:117-120, February, 1990
3. Rose M, Soares H: Sexual adaptations of the frail elderly: a realistic approach. *Journal of Gerontological Social Work* 19:167-178, 1993
4. Feil N: *The Validation Breakthrough: Simple Techniques for Communicating with People with "Alzheimer's-Type Dementia"*. Baltimore, Health Professions Press, 1993
5. Steinke E, Bergen M: Sexuality and aging. *Journal of Gerontological Nursing* 12:6-10, 1986
6. Dickey M: Exploring nursing staff attitudes on sexuality. *Nursing-Homes* 38:15-17, November, 1989
7. Feil N: Group therapy in a home for the aged. *The Gerontologist* 7:192-195, 1967
8. Feil N, Shove L, Davenport S: Pilot study: A new approach for disoriented nursing home residents in a home for the aged. Presented at the meeting of the International Gerontological Society, San Juan, Puerto Rico, 1972
9. Feil N: Resolution: the final life task. *Journal of Humanistic Psychology* 25:91-105, 1985
10. Feil N. Validation theory. In *Serving the elderly*, P.H.K. Kim (ed). New York, Aldine de Gruyter, 1991, pp. 89-115
11. Feil N: *V/F Validation: The Feil Method* (rev. ed.), Cleveland, Feil Productions, 1992
12. Dietsch J, Hewett L, Jones S: Adverse effects of reality orientation. *Journal of American Geriatric Society* 37:974-976, 1989
13. Freud S: *The Basic Writings of Sigmund Freud*. New York, Random House, 1938
14. Freud S: *The Interpretation of Dreams*. New York, Random House, 1950
15. Jacobi J: *Complex/Archetype/Symbol in the Psychology of C.G. Jung*. New Jersey, Princeton-Bollington, 1971
16. Rogers C: *Counseling and Psychotherapy*. Boston, Houghton Mifflin, 1942
17. Rogers C: *Way of Being*. Boston, Houghton Mifflin, 1981
18. Watzlawick P, Bevin J, Jackson D: *Pragmatics of Human Communication*. New York, W.W. Norton, 1967
19. Watzlawick P: *How Real is Real? Confusion, Disinformation, Communication*. New York, Random House, 1977
20. Babins L, Merovitz S: The effects of validation therapy on disoriented elderly. *Activities, Adaptations & Aging*. 12:73-88, 1988

21. de Klerk-Bubin, V: How validation is misunderstood. *Dementia Care*. 2:14-16, 1994
22. Feil N, Flynn J: Meaning behind movements of the disoriented old-old. *Somatics*. 4:4-10, 1983
23. Morton I, Bleathman, C: Validation therapy: extracts from 20 groups with dementia sufferers. *Journal of Advanced Nursing*. 17: 658-666, 1992
24. Prentczynski J: Unpublished doctoral thesis cited in *The Validation Breakthrough*, N. Feil, Baltimore, Health Professions Press, pp 302-305, 1993
25. Sharp C, Johns A: Using validation at the South Port Community Nursing Home in Australia, In *The Validation Breakthrough*, N. Feil, Baltimore, Health Professions Press, pp 298-301, 1993
26. Averill S: Using validation in a 60-bed skilled Medicare Facility in the Kansas City metropolitan area: an administrator's perspective. In *The Validation Breakthrough*, N. Feil, Baltimore, Health Professions Press, 1993, pp. 271-274.
27. Bayer M: Using validation at a newly purchased facility in Maine. In *The Validation Breakthrough*, N. Feil, Baltimore, Health Professions Press, 1993, pp. 278-283
28. Pinsky S: Using validation at a 422-bed verterans home in Minneapolis, Minnesota. In *The Validation Breakthrough*, N. Feil, Baltimore, Health Professions Press, 1993, pp. 275-277.