

# Validation

---

A NEWSLETTER FOR THE VALIDATION TRAINING INSTITUTE



**"Using the techniques: POLARITY, RE-PHRASING"**

*By Naomi Feil, M.S.W., A.C.S.W.*

Q. How do I Validate someone using the technique, 'Polarity'? Here is an example of a real case: Elsie J., age 88, lives in her own home, refuses physical therapy. She has had a stroke, and without physical therapy, she will become bed-ridden. Physical therapists have tried the following interventions without success:

**1. Reality Orientation and Confrontation:**

Physical Therapist: "You like to walk. Without daily physical therapy, you will never walk again."

Elsie: "Just leave me alone. I know what's best."

**2. Behavior Modification:**

Physical Therapist: "I can't come to see you anymore if you refuse physical therapy. Your daughter is spending a lot of money on you. She'll feel terrible if you waste it."

Elsie: "That's her problem, not mine. Go and help other people and leave me alone."

**3. Re-direction:**

Elsie: "Stop fussing with me! Get out of my house! I didn't ask you to come here. I have my rights!"

Physical Therapist: "What a beautiful apartment you have here. Did you decorate by yourself? Can you show me the pictures of your family?" (She prepares to massage Elsie's leg as she talks.)

Elsie: "You're not fooling me. Sweet talk me all you like, but you're not touching my leg."



**Two Validation Techniques:**

**1. POLARITY (asking the extreme)**

Physical Therapist: "What is the **worst** thing that could happen to you, if I massaged your leg?"

Elsie: "You could hurt me. I could die." (continued on page 2)

---

SUMMER '98  
VOLUME 16, No.8

---

**INSIDE THIS ISSUE**

Using the Validation techniques: polarity, re-phrasing  
page 1,2

EVA president's letter  
page 2

Clinical Column:  
"Why Validation is not in the mainstream of American healthcare"  
Dale Beaulieu  
pages 3,4

Validation Therapist/trainers:  
pages 5,6



## “Using the Validation techniques: polarity, re-phrasing”

By Naomi Feil. M.S.W., A.C.S.W.

Physical therapist: “Did they hurt you at the hospital?”

Physical Therapist: “That’s the hardest blow, isn’t it? The feeling that no one cares.”

Elsie: “They sure did. They almost killed me. I was in agony. I can’t tell you how much pain I was in. I called and called. They looked at me and left the room. They never came when I called them.”

Elsie: (her voice low, trembling) “Yes. That’s hard. It’s hard to be old and sick and alone.”

(The physical therapist and Elsie share an intimate look. Elsie feels understood.)

### 2. RE-PHRASING

Physical therapist: Is it that they don’t care about you?”

Physical therapist: “Do you think that I care about you?” (Elsie nods. She extends her leg.) “You could massage me a little, and we’ll see what happens. But as soon as it begins to hurt, you stop.”

Elsie: (Her voice less hostile, more trusting) “That’s it. Nobody cares.”

The physical therapist nods and begins her treatment, gently.



## Letter from EVA president, Thomas Schelzky

Dear friends of Validation in the USA!

I am glad to have the chance to introduce our organization and myself to you. The European Validation Organization (EVA) represents now up to 11 nations, reaching from Scandinavia to the Mediterranean. Members are mostly delegates of the Authorized Validation Organization (AVO). We have existed ever since 1993, starting in Holland. The meetings occur once a year, and we try to let them take place in different countries. (We all like to travel). Each nation sends, on average, two delegates to our meetings.

Organizationally, we are represented by the EVA board, which elects the president, vice president, treasurer and two secretaries. These also form the Executive Committee and meet twice a year in order to prepare for the annual meeting. The VTI representative is also a permanent member of the Executive Committee and guarantees tight cooperation with VTI. At present we are trying to find a way to guarantee consistency, clarity and quality in Europe involving anyone who works with Validation. We also try to utilize the experiences from different countries in order to spread Validation in countries that are not members of EVA. I look forward to informing you annually about our experiences, work and results. May this letter be a good start.

With kind regards, Thomas Schelzky, EVA president





## Why Validation is not in the mainstream of American healthcare

*By Dale Beaulieu, CVT*

I want to share a memory from my first years as a Certified Validation Therapist in training. I see, now in my mind's eye, a vignette: Naomi Feil noticing a woman tucked in the corner of a nursing home where I was working. Naomi's first movement toward validating was just that simple: She noticed.

Having worked for several years at a nursing home, I know it is easy not to notice. Tasks take precedence: bingo, bathing, meals, exercise. The line between the old human being and the task involved in their care diminishes, until all that remains is a ceaseless parade of tasks: A scheduled routine, filled with actions and doings and movement, with little room left to notice. Very little attention is paid to the emotional life of the elders, unless an emotional outburst threatens the nursing home's daily routine.

This first step in Validation—this noticing—is fueled by one fact: the presumption of family. In a family, each member is unique, with his or her own eccentricities, both lovable and disagreeable. Naomi was raised in a nursing home. The elders were her extended family. Naomi long ago discovered that the human dignity and value of each elder prevails regardless of the level of confusion that aging can create. Validation holds fast to this human value.

In our current healthcare system, there is no presumption of family. So we lean on the medical model: we find disease where there is struggle to deal with the losses of aging. We are blind to the final life task: resolution, the tying together of the loose threads of one's life to prepare for death.

We fill medical books with management terms: We medicate, chemically restrain, behavior modify, redirect, therapeutically lie, or distract. In short, we pathologize. The medical world distances itself from the humanity in confused elders. We have taken the strongest step in not noticing: Our elders have been categorized, labeled with a disease, removed from family and reduced to patient. Nursing assistants, the primary caregivers, are taught the medical model.

This presumption of family is a new model where each person is unique and valued despite their deficits. In the existing model there are two components: 1) the caregiver and 2) the one in need of care. Or in the dollars-and-cents equation: one who pays to receive and one who receives payment to care. There is a line. The giver is noble and heroic. The other is needy, struggling. Caregivers can love, nurture, support and uplift, but the nature of the existing system is that there is a power imbalance. One delivers care; one receives care. In this formula, patronization and condescension weed their way into the system; respect dissipates.

Validation is an affront to this structure. The circle where Validation groups meet is one of equality. There is very little "cared for, tended to and done for." Rather, Validation practitioners and confused elders meet each other with respect. Lines evaporate. Roles shift. The Validation worker invites confused elders into an intimate space—a space where each member is equally responsible to contribute. **Mutuality, not caregiving, reigns.**

Another vignette comes to mind from my training for Validation certification. Naomi once attended a group I led. One morning, Sally, our hostess, was rather fatigued and I, being a well-programmed caregiver, immediately took the tray of cookies from Sally and started offering





## Why Validation is not in the mainstream of American healthcare

treats to the other elders in the circle.

---

The circle where Validation groups meet is one of equality. There is very little "cared for," "tended to" and "done for." Rather, Validation practitioners and confused elders meet each other with respect.

---

Naomi's hand quickly stopped me. Firmly but gently, Naomi scooped Sally to her feet and supported the hesitantly ambulatory woman. Sally, delighted, started handing out cookies and smiles—often three or four cookies found their way onto an elder's lap. All the while, Sally's face shone with radiance—the beauty of being the agent, rather than the object of nurturance.

As I watched Naomi lead Sally around the circle, I saw that the goal of Validation is to honor the integrity of each elder, to regard each as one who has something valuable to contribute. This is a posture of respect and awards individual dignity. All contributions our elders offer make a difference in the circle's intimacy and energy—if only in a cookie shared, a word, a look, a touch, a voice joined in song.

It suddenly dawned on me why Naomi was so successful in leading groups, often groups of people she has scarcely met. Naomi does not force action or create solutions. She waits. She anticipates. She **expects** the wisdom, solutions and support that group members bring to the circle. Her expecting creates a climate which calls forth intimate community: what the Validation literature calls "a 'we' feeling." Naomi's fundamental life stance in her work is one of

faith—even amidst confusion and deterioration—in the gifts each elder brings to us and to one another.

Naomi trusts this wisdom the way a child trusts the world around him to supply air for the next breath. Or the way the child, Naomi, once trusted the elders who passed life and wisdom and meaning on down to her.

As the Validation worker empathizes and 'feels with' the elder on his or her resolution path, genuine intimacy awakens. 'Feeling with' is not 'feeling sorry for.' And authentic community displaces the isolation, loss and abandonment that can occur when a deteriorating elder is managed rather than understood.

---

She expects the wisdom, solutions and support that group members bring to the circle. Her expecting creates a climate which calls forth intimate community.

---

This Validation community is ours for the making. All it takes to create it, is an intentional effort to adopt Validation techniques and join (and travel with) our elders as they move to resolve long-held feelings and complete their unfinished life's work. All we have to do, as Naomi teaches, is get together long enough to take the first step: just notice.

—Naomi's workshop schedule is on our new website: <http://www.vfvalidation.org>

*If you have not paid your \$20 newsletter subscription fee for 1998, please send in your money to:*

VTI :21987 Byron Road  
Cleveland, Ohio 44122



A Validation Center can teach courses that have been approved by the Central VTI and can give out Validation Worker tests and Validation Worker certificates. However, first Validation Centers must sign a letter of agreement with the Validation Training Institute headquarters in Cleveland, Ohio. Further, Validation Centers must submit annual written reports regarding their (a) membership, (b) geographical scope and (c) yearly activities to the principle office listed in Cleveland.

\*\*\*\*\*

Validation Therapists/Trainers who are certified after January, 1998, will be required to take periodic updates in Validation. Naomi is offering a Validation update to be held on July 30th and 31st, 1999, in Cleveland, Ohio, for Validation Therapists who have been certified prior to January, 1998. This 12-hour seminar will be free of charge. Please contact VTI: Phone: 216-561-0357 Fax: 216-751-6434

### THERAPISTS/TRAINERS

Katherine Burris  
Pine Grove  
2255 Broadway Drive  
Hattiesburg, MS 39402

Joy Goodwin  
The Baptist Home  
P.O. Box 87  
Ironton, Mo 63650

Mary Ann Anderson, MS. RN.  
Allied Health Sciences  
Weber State University  
Ogden, UT 84408-3903

Dale Beaulieu  
315 Johnson Ave.  
Lawrence, KS 66044-3758

Pat Bukosky  
Westmoreland Health Center

1810 Kensington Dr.  
Waukesha, WI 53188  
Marsha Castleton  
Utah State University  
Attn: Shirley Hanchett  
Secretary for Nursing  
Logan, Utah 84322-2600

Marilyn E. A. Fjels  
491 Wartburg Place  
Dubuque, IA 52001

Ann Gurnett  
1/9 Newhaven Ave  
Glenelg North  
Adelaide, S.A.  
Australia 376-0959

Diana Jacobson  
137 Fairlane  
Lansing, KS 66043

Patricia Ohlman, LPN  
Our Lady of Peace Hospital  
313 El Conquistador Pl.  
Louisville, KY 40220

Sandra Smith  
Schylar Ridge Residential Health Care Facility  
1 Abele Blvd.  
Clifton Park, New York 12065

Amy Sypek  
1242 S. Schodack Dr.  
Castleton, NY 12033

Scott Averill  
Osage Nursing and Rehabilitation Center  
1017 Main St.  
Osage City, KS 66523

Colleen Brill  
1310 Harvey Lane  
Rollo, MO 65401

Susan Bush  
776 Silversmith Ct.

FYI: Vicki de Klerk, CVT (European Manager/Vienna, Austria)



Lake Mark, FL 32746

Lowell Dodson  
Colonial Manor Nursing Home  
Holiday Plaza  
P.O. Box 250  
Lansing, KS 66043

Margaret Giske  
Mount St. Francis Hospital  
1300 Gordon Road  
Nelson, B.C. VII, 3M5, CANADA

Mary Lou Hess  
School of Nursing  
Weber State University  
Odgen, UT 84408-3903

Theresa G. Lester  
3410 Pinnacle Drive  
Hattiesburg, MS 39401

Sherri A. Snider  
P.O. Box 261  
Pilot Knob, MO 63663

Ms. Judy Ureel  
38925 Moravian  
Clinton Township, MI 48036

Velma Bass  
c/o Colonial Manor  
Holiday Plaza  
P.O. Box 250  
Lansing, KS 66043

Claudeen Buettner  
2082 Stadium Blvd.  
Twin Falls, Idaho 83301

Mrs. Sally Drumm, Social Worker  
Keswich  
700 West 40th Street  
Baltimore, MD 21211-2199