Using the techniques: POLARITY, RE-PHRASING

By Naomi Fell, 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 bedridden. 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)
"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?”

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.”

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

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.)

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.”

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 Fell 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 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 of 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.

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.

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.

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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:
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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

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