“I’m stuck with a mean mother who insults me every time I try to be nice to her. My sister isn’t so dumb, she and her rich husband have moved as far away as they can get!” Jill’s eyes narrowed, accusing Phil.

“Sweetie,” Phil piped in his whiny tone of apology, “Think of all the nice things your mother did for you.”

“Name one?” Jill demanded, her voice flat and angry.

Her question hung in the air, filling the small office.

“She had you,” the VW’s answer was followed by a deeper question. “Does that mean you owe her?”

Jill had to decide if she wanted to spend the time and energy to learn how to Validate her mother.

“It’s easy for Phil. His mother died when she was 60. Maybe cancer is a blessing.” Jill was avoiding the question. Phil lowered his head to hide his hurt. “I loved my mother. I’d give anything to have her back.”

Jill’s lower lip tightened. “Last week, I bought my mother the pearl necklace she’d always wanted, that Dad never bought her. For months, she bugged me about that necklace. I went to six stores, I spent one whole week finding a necklace with a rhinestone clasp and twelve perfectly matching pearls. She threw the necklace on the floor and told me I might as well take the pearls now and not wait until she was dead.”

The little group sat silent. Today was the sixth family meeting. Each time, Jill burst out, furious. Each time, accounts of her mother’s cruelty worsened.

Continued on next page
“Did your mother ever love you?” The VW asked.

The office clock ticked heavy moments of pain. Finally, Jill answered. “No.”

Phil started to apologize: “Sweetie, she helped you each time we moved. She watched the kids.”

“Because she felt important, bossing us. She was always too busy with herself. She couldn’t care about anyone else, except maybe Dad. And that was only because she needed him. She’s scared to be alone.”

“Aren’t you?” Phil’s honest brown eyes searched. “You called me at 4:00 o’clock in the morning last week, in Toledo. And you knew I had to make that important presentation at 8:00. Why did you wake me?”

“I had terrible stomach pains. The emergency room phone was busy. I couldn’t drive myself to the hospital.”

“Your pains went away pretty quickly. How come?” Phil’s laconic smile couldn’t mask anger. Jill’s mouth opened to answer, then closed in shock. Her forehead furrowed. “That’s what my mother does. Are you saying that I’m like my mother?”

“Are you?” The VW cut in before Phil could object.

Jill faced Phil, touching his hand. “I was terribly thoughtless. I used you because…” Jill’s voice cracked. “Because I’m afraid to be alone.” Phil stared at the floor.

“Jill, are you like your mother?” The VW persisted.

“Oh God! Please, don’t let me be like her. She is so hurtful. She is a lonely old woman. If I learn how to Validate her, will I learn how to avoid being like her when I get old?”

“Yes.” The VW answered quickly. “Validating means feeling what your mother feels. You’ve got to be honest with yourself before you can step into her shoes. To do that, you have to first know how you feel. Self-awareness will motivate you to behave differently from your Mom. You’ll learn how to shelve your emotions so that you can take in hers…You’ll learn empathy.

When she spits out her anger and misery to you, and you feel her anger and misery too, she’ll feel relief. She’ll begin to trust you because you feel what she feels. She won’t be so alone.”

“Will her relief be permanent? Jill was skeptical. “Will she remember the next time we’re together?”

“No. You’ll have to Validate her until she dies.” The VW answered her first question. Validation can’t cure an old person. It’s too late for your mother to make a permanent change, but not for you. Today you gained insight. Your emotions and your intellect clicked. You suddenly realized why you acted as you did with your husband. You can change, because you want to know yourself. Your mother doesn’t.”

Summary of Part One:
Ken Raff was advised by his physician not to visit his wife, diagnosed with Alzheimer’s Dementia.

She was “Drugged until her behavior modified to suit the establishment. Through my granddaughters’s internet, I acquired the “Validation Breakthrough.” Hope became a potential reality.”

“How Validation Assisted in Re-establishing an Improved Quality of Life for my Wife: A CARER’S PERSPECTIVE’ Part Two

By Ken B. E. Raff, Melbourne, Australia

I slowly learned not to react to her behavior, but to look for the meaning behind it. For instance, when she was first admitted to the diagnostic hospital she had periods of quite violent behavior. Their only answer was hypodermic or medication. Now, I was beginning to understand that this violence has been occasioned, at least in part by sheer frustration at not understanding or having any control over what was happening to her. When she first came home, such episodes were not uncommon, but gradually I was able to work out at least some of the background causation factors, and so alleviate her anxiety, and the episodes gradually disappeared. Having a complete picture of her life was a great help in doing this. Professor Elerly Hamilton-Smith, Visiting Fellow at the Lincoln Gerontology Centre of La Trobe University, speaking of the Sundowner time when many sufferers experience considerable difficulty in late afternoon, suggested that it had been a very active time during most people’s working life, be they housewife with children or a man as his work and that this had been built into their body-clocks. Accepting this as a possible cause, the effect of the Sundowner has been considerably reduced for my wife.

V.T. taught me the appropriate use of music with my wife. In the Nursing Home, on the advice of the Occupational Therapist, I had purchased the necessary equipment for music to be used with my wife, but had never seen any appreciable response from her. When she came home, our home was seldom without music, but again there was no apparent response. Then I happened to re-notice a couple of sentences in Validation Breakthrough: ‘When words have gone, familiar early melodies return. Stored forever in the brain’s circuits, early learning reinforced through the year, remain. To this I added Ronaldson and McLarens’s thought, ‘In one-to-one therapy you may quietly sing or hum these once familiar songs.’ I was fortunate in as much as I had grown up in a musical home and acquired a very limited musical ability as a result. As soon as I re-read the above statements, a new way of using music opened up before me. Rather than using Mozart, Schubert, Chopin etc. on CDs together with old time songs on tapes, I must bring the music into our one-to-one situation. So I began playing and or singing to my wife as many of the old songs as I could remember. Every so often she relates to this with pleasure, and in this way I can usually bring her out of any mood into which she may have fallen. Added to this, using some of the old well-known tunes, I make up rhyming simplistic love songs, one of which has brought her real joy. This happiness, whatever its level in her psyche, is very real to her and visible for all to see.

Before concluding, I must also mention how V.T. opened up for me the value of ‘touching’. It was not that I had not known for most of my life its value, but as I mentioned earlier, I had to overcome my cultural conditioning with regard to people with Alzheimer’s.

In last Sunday’s ‘Age’, there was a short interview with the Parish Priest of Sacred Heart Church, St. Kilda. I read the opening paragraph.

Continued on next page
'I'd only been here 10 days. I remember waxing eloquently on the Gospel, which was 'The Good Samaritan'. After Mass, I heard a noise at the front of the church. It was very clearly someone who was upset, almost wailing, that she wanted "Father". As I looked up there was an Aboriginal woman coming through the door. As she was coming towards me I was thinking: "Where am I going to find her accommodations? What if she wants food? She might need dollars. I could give her $10.00." She was there in front of me. She just held out her arms and said: "I want a hug." And so I held out my arms and we hugged and she moved off into the darkness. She didn't want any of those things.

V.T. reminded me that the manner of our touching the sufferer can frequently convey more than words or action, good though they may be - it conveys to the sufferer that we care for them and are not just doing our job, in my case looking after my wife. I learnt that as the 'normal' sensistivities and means of communication retreat, so the touch of a loving Carer becomes more and more important to the sufferer, saying, as it does, "you are loved and valued as a person." I learn never to pass my wife in the house without stopping for a moment, putting my arm around her, stroking her hair, speaking a few words - I believe this has been as valuable to her as the Priest's hug was to the Aboriginal woman.

In closing, I trust I shall be forgiven for finishing with a proposition. From my experience of using the insights of V.T., I believe consideration should be given to extending V.T. beyond the walls of Nursing Homes and to people well below the old-old category. At present, probably thousands of Carers and sufferers have no access to the assistance of V.T. other than by chance as happened with me, or after reception into a Nursing Home. I believe selected people should be trained, not as V.T. practitioners, but to be available to meet with Carers and Sufferers at a very early stage, once dementia is diagnosed, and place before them the principles of Validation Therapy. I fully accept that many would not be able to handle it, and that in certain circumstances drugs have a place in care and that a Nursing Home may well be the only ultimate solution for a family. But, I am suggesting that the opportunity should be available at the beginning for people to consider the possibilities for them of the principles of V.T. In the case of my wife, drugs and Nursing Home proved to be wrong practice. Over the past 18 months, my wife has moved from being withdrawn, fragile person to a contented happy old lady living securely in her own home. She has but slight tardive Dyskinesia, is no longer impossibly incontinent, sleeping peacefully through the night. For this and for the great benefits I have found for myself in the removal of all personal stress and the return of my wife into my life, I can only thank Naomi Feil for bringing us Validation Therapy. My wife and I are separate but not separated.
- **United States** - Our Authorized Validation Center in Hershey, PA has graduated the first 8 Validation Teachers®. A Group Practitioner Course will begin on September 9th. New Validation Worker courses will start in 2003. Contact Jana Stoddard, 800-322-3441 for details.

- Our Authorized Validation Center in Richmond, Virginia, The Virginia Geriatric Education Center, is graduating its first Validation Workers® in December. New courses will begin. Contact Kandi Watson, 804-828-9060 for details.

- Betty Kemper, President of the Kemper Company, Cleveland, OH is sponsoring Validation Workshops at her Assisted Living facilities.

### UPCOMING VALIDATION EVENTS

The Annual European Validation Association Conference will be held in BERLINGEN, SWITZERLAND, near Zurich, on November 8-10, 2002. Validation Practitioners, Teachers, and European Geriatricians will attend. Contact: Carsten Niebergall, Tertianum ZP, Kronenhof, CH 8267 Berlingen, Switzerland. 41-52-762-5757.

### VALIDATION NEWS AROUND THE WORLD

- **Finland** - With new Validation Teachers, Validation is expanding.

- **Belgium** - A Group Validation Course is in progress.

- **Austria** - The Austrian Red Cross is promoting Validation.

- **Slovenia** - The Austrian Red Cross will present Validation here.

- **England** - Independent Occupational Therapy Services is sponsoring a series of Validation Workshops with Naomi.

- **Japan** - Community Life Support Center in Tokyo is sponsoring seven Validation Presentations by Naomi throughout Japan.

- **China** - The Jockey Club Center for Positive Aging wishes to sponsor a Validation Workshop with Naomi Feil.

- **Australia** - Validation Resource & Training Center is sponsoring 9 Validation Workshops with Naomi in Australia & New Zealand.

- **Bad Duerkheim, Germany** - Peter Weschler has authored a “Handbook for Literature Search”, built a data bank of treatment modalities, and helped implement Validation in the German district, Pfalz.

NOTE: Naomi Feil’s workshop schedule is found on our Validation website. Visit us at [www.vfvalidation.org](http://www.vfvalidation.org).
Far too many years ago when I headed the psychology dept. at the Cleveland Psychiatric Institute, I first met Validation Board member in perpetuity, Dr. Julius Weil. Our hospital director, Dr. Fritz Lingl had invited this older gentleman to conduct group meetings on our geriatric ward; Julius was well known as the retired director of Montefiore Home for the aged. Except for Einstein’s unruly hair, Julius bore an uncanny resemblance to him that increased as he aged. Genius has many faces and I was about to see one at work during a group session on the ward for aged patients. Group therapy in those days, perhaps as well as now, required the therapist to ensure that each patient contributed while she/he elicited contributions from each member. I unobtrusively sat in a corner and marveled at how Julius ran the session. Contrary to our dictum, control the interaction, he sat opposite one, yes, only one of the patients and patiently and cogently listened to her, concentrating intently on her every word with sublime, and I use this word advisedly, empathy. Do you wonder what the other group members were doing meanwhile? Each was focussed on this wondrous conversation and eagerly waiting for Julius to select her for this magical encounter. Such is the heart and soul of true (need I say valid) psychotherapy and perhaps even the seed that his daughter, our Naomi Feil, planted and nurtured to create validation Therapy.