

Validation therapy: a review of its contribution to dementia care

Christine Bleathman, Ian Morton

Abstract

There has been a great deal of interest in validation therapy (VT), an interactive technique and group therapy for people who are disoriented. This article reviews the strengths and development of VT and acknowledges Naomi Feil's contribution to the care of those with dementia. Techniques for communicating with people who are dysphasic are described, as are therapeutic interventions which address the devastating effects of memory loss on the sufferers' sense of self and identity.

In 1988, the authors published a brief introductory article about validation therapy (VT), an interactive technique that was developed by Naomi Feil, before undertaking research into its value as a group technique (Bleathman and Morton, 1988). The response to the article was enormous. However, what was apparent, then and now, is that it was not just VT which produced this level of interest but the thirst for a variety of different interventions to use with people suffering from dementia. Carers, both paid and family, are keen to add to their repertoire of interactive skills in order to deal with memory difficulties, dysphasia and disorientation, all of which make communication difficult.

What is VT?

Naomi Feil developed VT while working as a group therapist in the Montefiore Home for the Aged, Cleveland, Ohio. She recognized the limitations of reality orientation, which when used with very disoriented people produced distress and no discernible benefit (Feil, 1967). This disillusionment led her to develop an alternative interactive technique, in which the goal of achieving a grasp of reality is superseded by that of communicating with disoriented people in whatever reality they are in, with the result of easing distress and restoring self-worth.

'The validation approach means accepting the feelings of the demented old person; to acknowledge their reminiscences, losses and the human needs that underlie their behaviours without trying to insert or force new

insights. Validating includes: reflecting a person's feelings, helping them to express unmet human needs, restoring well-established social roles (which in turn help to motivate expression of social behaviours), facilitating feelings of wellbeing and stimulating interaction with others' (Feil, 1992a).

It recognizes the emotional needs of dementia sufferers and highlights inadequacies in the attempts to orientate the disorientated, a technique which gave little recognition to the experience of dementia — an experience characterized by feelings of loss, fear and isolation.

Therapeutic effects

The validation approach enriches our knowledge and understanding of sufferers. For example, it provides a therapeutic technique for responding to sufferers who refer to their parents in the present tense as if they were still alive. Dementia sufferers talk of going home to parents, express concern about them, use parental authority as a reason for doing or not doing something, or ask when their mother or father will visit. Miesen (1992) suggests that these perpetual requests for parents should be interpreted as a cry of distress or a need for security, rather than a sound from the faded past, and that they can be explained in terms of Bowlby's Attachment Theory. By acknowledging the emotions that the experience of dementia creates, VT provides a therapeutic framework in which the multiple losses experienced by sufferers are acknowledged.

VT also provides carers with techniques to communicate with people whose speech is confused and/or dysphasic. Two-word statements of emotion, e.g. 'you're frustrated' or 'you're sad' allow the sufferer to have his/her feelings acknowledged. Feil (1993) further suggests that these statements should be expressed in a tone appropriate to the emotion. Rephrasing what the sufferer has said using vague pronouns and key words, e.g. 'They left you alone did they?', demonstrates that you

Christine Bleathman is Senior Nurse, Felix Post Unit, Maudsley Hospital, Denmark Hill, London, and Ian Morton is Day Centre Manager, Beauvale Court, Eastwood, Notts

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have heard what has been said. Other techniques described include mirroring non-verbal behaviour, identifying the sufferer's preferred sense (visual, auditory or kinaesthetic) and linking behaviour to the unmet need (Feil, 1993).

'Exquisite listening' is an approach which emphasizes the quality and not the quantity of interaction time. A few minutes of intent listening using VT techniques, without interrupting to correct factual inaccuracies, can be more therapeutic than hours of poor quality interaction. Feil advises asking 'who', 'what', 'where', 'when', 'how', but never 'why' in response to confused and/or dysphasic speech (Feil, 1993). Those expressing paranoia or blame respond to being asked about the extremes, e.g. 'When was it worse?' (Feil, 1988). Some of the strategies that Feil advises are not new, but descriptions of good practice when interacting, e.g. using touch, sitting down if the person is in a chair in order to make direct eye contact, and using a clear, low, warm, loving voice tone. Validation that is based on an attitude of respect and empathy aims to restore self-worth and dignity.

The experience of dementia

Naomi Feil has been at the forefront of the current focus on the experience of dementia. Resolution Therapy (Stokes and Goudie, 1990) and the Person-Centred Approach to Dementia Care (Kitwood and Bredin, 1992) are techniques which, like VT, promote respect for the sufferer and the recognition that everyone is an individual. These approaches recognize that the experience of dementia is potentially dehumanizing and that the way carers respond and interact with sufferers is directly related to their mental wellbeing in this final stage of their life. Such techniques promote a new culture of dementia care in which extensive training is required, thus upgrading the role of the carers of sufferers to that of skilled practitioners.

Critics of VT cite the lack of theoretical and empirical evidence to support the claims made for the technique (Stokes and Goudie, 1990; Kitwood, 1992) and Feil's suggestion that objects used by disoriented elderly people can have Freudian interpretations distracts from the essence of VT (Feil, 1992b). VT is essentially a compassionate approach to the care of elderly people with dementia and uses counselling skills developed by Rogers (1942). Using empathic understanding to 'step into the

sufferers' shoes' requires us to focus on the his/her experience of dementia. Feil advocates that we 'walk beside them' and validate their feelings and their lives:

'The validation worker never walks in front of the old-old trying to convince them of the present. Nor does he or she patronise the old-old by walking behind them, pretending to agree with them. Sure of their own reality, they can afford to walk beside the mal- and disoriented' (Feil, 1992b).

Such an approach addresses the devastating effect that memory loss (a characteristic of dementia) has on one's sense of self and identity. Oliver Sacks', in his collection of case histories of patients with neurological deficits, raises the issue of what sort of a self can be preserved in those who have lost the greater part of their memory, i.e. their past:

'If we wish to know about a man, we ask "what is his story — his real inmost story?" — for each of us is a biography, a story. Each of us is a singular narrative, which is constructed, continually, unconsciously, by, through, and in us — through our perceptions, our feelings, our thoughts, our actions; and, not least, our discourse, our spoken narrations. Biologically, physiologically, we are not so different from each other; historically, as narratives — we are each of us unique.'

'To be ourselves we must have ourselves — possess, if need be repossess, our life-stories. We must "recollect" ourselves, recollect the inner drama, the narrative, of ourselves. A man needs such a narrative, a continuous inner narrative, to maintain his identity, his self' (Sacks, 1986).

Life review

Feil (1992b) addresses the problem of how we can give those without memory a sense of self and identity through a recollection of the past. She has extended and developed Butler's (1963) theory of life review to people suffering from dementia. Butler suggests that people nearing the end of their lives undergo a psychological process of internally reviewing their lives in order to identify and work through unresolved conflicts from their past and so prepare for death (Butler, 1963).

Feil (1992b) describes this final stage as the resolution stage, in which VT techniques can provide the means by which those without memories can generate material for this life-review process and so

end their lives with a sense of a complete and integrated self. Feil (1988) likens this process to packing our suitcase for the last time and clearing out the dirty linen. She suggests that disoriented elderly people wander through the past to resolve unfinished life tasks and suggests that if no-one validates the emotions generated by this process their behaviour worsens or they withdraw into vegetation.

Group therapy

As a group therapy, VT encourages sufferers to communicate with others about what is important to them, on their terms, on the subjects they raise and choose to discuss. In the groups that the authors ran, it was surprising how actively all the sufferers participated, despite being moderately to severely cognitively impaired (Bleathman and Morton, 1992). They followed themes, facilitated each other's contributions, explored and resolved past conflicts and derived great pleasure from giving opinions and sharing their wisdom.

However, it remained uncertain whether these results were produced specifically by the validation techniques or, alternatively, by the creation of an environment in which the participants were actively encouraged to express themselves without correction of factual errors and had their contributions actively acknowledged every time.

With hindsight, the authors' opinion is that the most important factor in the creation of a group for dementia sufferers is, as Feil (1992b) advises, the use of a rigid procedure to provide a group memory in

the absence of individual memories. Thus, each group was held in the same room, with the same seating plan and followed the following order: welcoming members, the group song, discussion, closing song, the thanking of members and refreshments (Bleathman and Morton, 1992). Unlike other groups, the leaders were directive, leading the group through the procedure, asking the opinion of members and responding to every contribution. The physical closeness and use of touch through hand holding contributed to the environment of warmth, openness and acceptance.

Conclusion

Feil's contribution to current developments in dementia care should not be underestimated. Her enthusiasm and energy have been instrumental in opening up the debate of how we can best provide the psychological and emotional care that sufferers need. We now have a range of techniques to use in the group setting or as ways of interacting with those for whom communication is hampered by dysphasia and disorientation. The need for creative solutions that address the emotional damage dementia causes will continue to challenge carers, but current interest and intellectual debate give hope that VT and other techniques will continue to develop to advance the humanistic psychological care of people suffering from dementia. ■

KEY POINTS

- Validation Therapy (VT) is now an integral part of our repertoire of communication techniques for those suffering from dementia.
- Naomi Feil, the inventor of VT, has provided carers with valuable techniques for communicating with those whose speech is confused and/or dysphasic.
- Naomi Feil's contribution to the care of those with dementia should not be underestimated and has given rise to other therapies which, like validation, focus on the sufferer's experience of dementia.
- VT addresses the devastating effects of memory loss on one's sense of self and identity, and allows the sufferer to prepare for death through life review.
- Our research suggests that the benefits of group work using VT techniques are also dependent on factors such as a rigid group protocol.

- Bleathman C, Morton I (1988) Validation therapy with the demented elderly. *J Adv Nurs* 13: 511-14
- Bleathman C, Morton I (1992) Validation therapy: extracts from 20 groups with dementia sufferers. *J Adv Nurs* 17: 658-66
- Butler RN (1963) The life review: an interpretation of reminiscence in the aged. *Psychiatry* 26: 65-76
- Feil N (1967) Group therapy in a home for the aged. *Gerontol* 7: 192-5
- Feil N (1988) Communicating with the Alzheimer type population: the Validation Method (Video). Feil Productions, Cleveland, USA. Available from Winslow Press, Bicester, Oxon
- Feil N (1992a) Validation therapy with late-onset dementia populations. In: Jones GMM, Miesen B, eds. *Care-giving in Dementia*. Routledge, London
- Feil N (1992b) *V/F Validation: The Feil Method*. Feil Productions, Cleveland, USA
- Feil N (1993) *The Validation Breakthrough*. Health Professions Press, Baltimore, USA
- Kitwood T (1992) How valid is validation therapy. *Geriatr Med* April: 23
- Kitwood T, Bredin K (1992) *Person to Person: A Guide to the Care of Those with Failing Mental Powers*. Gale Centre Publications, Bradford
- Dementia Research Group, Bradford
- Miesen B (1992) Attachment theory and dementia. In: Jones GMM, Miesen B, eds. *Care-giving in Dementia*. Routledge, London
- Rogers CR (1942) *Counseling and Psychotherapy*. Houghton Mifflin, Boston
- Sacks O (1986) *The Man who Mistook his Wife for a Hat*. Pan Books, London
- Stokes G, Goudie F (1990) *Working with Dementia*. Winslow Press, Bicester, Oxon