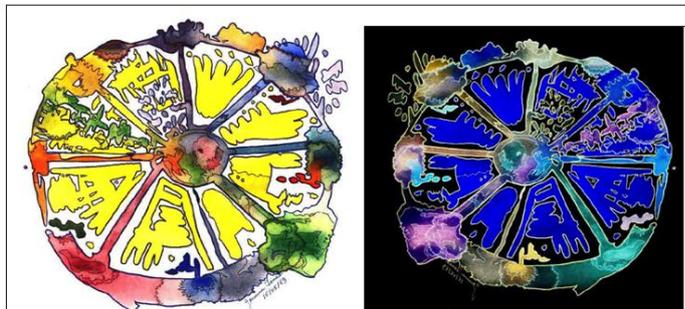


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TAD (Thoughts About Dementia) Newsletter
By: Dr. Gemma M. M. Jones



TAD 75 30 November, 2021

The 'Ten plus communication options model' for dementia care
Option 8 – Validate, acknowledge feelings

Related ideas for observations, reflection, and research

- Has anyone validated/acknowledged your feelings recently?
- Did it make you feel better - even if it didn't change your situation?
- When did *you* last validate someone? Did you do it subtly, or directly?
How did the person respond?

Dear Reader,

This TAD considers Communication Option 8: **validate, acknowledge a person's feelings**, in the 'Ten-plus communication options model' for dementia care. (See the previous TAD newsletters for details of the models and options one to seven¹⁻⁸.) **Box 1** gives a brief summary of the model.

Box 1 Summary of the 'Ten plus communication options model' (Jones, 1985)

- 1 **Gather information**; ask 'good' questions to find out about the person's story
 - 2 **Orient** the person to what's happening, explain 'the facts'
 - 3 **Reminisce**
 - 4 **Distract**, directly and indirectly
 - 5 **Agree**; play along with
 - 6 **Lie** – told to make a person feel better, but a lie none the less
 - 7 **Social response**; superficial, safe topics
 - 8 **Validate** (acknowledge) the person's feelings
 - 9 **Idle**, stall for 'thinking' time; remain quiet; repeat last thing person said
 - 10 **Combinations** of the above options - used consecutively
- Plus Humour (with provisos), and other options**

Note that **'becoming defensive'** and **'trying to show the person you are right, and they are mistaken'** are NOT options in this model.

Various examples of how to validate or acknowledge a person's feelings have been given in previous TADs in this series on communication. In this TAD, some information about emotions and how to validate them will be given, with examples. You will notice that validation is often used with Option 1 (Gathering information – asking 'good' questions²).

As mentioned in TAD 67¹, validating, or acknowledging a person's feelings, is one of the least-used of the ten communications options. Why? There are likely several reasons for this. Feelings are not spoken about very openly in adult conversation in most of Western culture. (In the UK there is the stereotype associated with the British 'stiff upper lip' - keeping one's emotions well hidden.) And, if you don't hear validation being used and haven't experienced it much yourself, you may not have learned to do it readily. Once you're convinced of its value, and are conscious of it being a separate communication option, you will likely want to use it more often.

The value of validating a person's feelings can be immense, especially given that it is so simple and quick to do.

What are the benefits of validating someone?

Why is it helpful to validate emotions? Validating emotions cannot 'fix' any of the problems a person might have, but it *feels good* when someone notices us (accurately), and even seems to understand what is going on inside of us. It can make us *feel safe and valued*, help us to *build trust* with someone, and encourages people to participate in what's happening, rather than withdraw.

Note: There are different meanings for the word 'validate', and this sometimes causes confusion. This TAD uses the meaning as it is used in counselling psychology – which is definition 'ii' in **Box 2** below. Although 'to validate' in the broadest sense, refers to acknowledging a person at various levels (at the level of their feelings, their sense of self, and their life-value) - for the purpose of the Ten-plus Communication Model, the focus is on validating a person's *feelings*.

Box 2 Some definitions of 'to validate':

(Oxford Dictionary⁹) **To validate** -

i - check or provide the validity or accuracy of [an identity, method]

ii - recognize or affirm the validity or worth of (a person or their feelings or opinions); cause (a person) to feel valued or worthwhile.

(GMM Jones' definition for this TAD) **To validate** -

is to acknowledge the emotions of a person (with dementia), as noticed from their verbal communication and/or body language, within a given context or setting.

*The above definitions are distinct from the terms -'Validation Therapy', 'Validation Therapy Methods', 'Feil's Validation Approach'. These terms all refer to the interpersonal (one-to-one and group) method developed by Naomi Feil in her work with older people with cognitive disorders and dementia, from the 1970's onwards.*¹⁰

In this TAD, the words 'feelings' and 'emotions' will be used interchangeably.

There are several steps to validating a person's feelings successfully

Everything starts with good observation.

- 1 Notice what the person is feeling – if you can. (Sometimes it's not possible to detect what a person's emotions are, so you can't validate them, but you can ask about them.)
- 2 Let the person know that you have noticed how they are doing 'on the inside' and tell them. (This is like holding up an invisible mirror to them to show them how they appear to you in this moment.) It helps if your manner is non-threatening, and non-judgmental.
- 3 Observe whether the person agrees with what you said, and note whether they wish to continue speaking with you.

Validating is different than ‘asking’ or ‘guessing’ about someone’s feelings

Validating is different from *asking* someone ‘How are you feeling?’ or ‘What do you feel about that?’. In the Ten-plus Communication Model, those questions would come under Option 1 - “gathering information/ asking good questions”.

Guessing isn’t validating either. If you can’t observe/judge/read what someone is feeling, you can’t validate their feelings. For example - if a person doesn’t sound or seem lonely, it would be guessing to say, ‘You seem lonely.’

How many emotions are there to validate?

We can ‘hear’ what people are saying and ‘observe’ them visually. Usually we rely on both senses, as well as our extended understanding about the context of a situation, to identify their emotions.

It’s not known for sure yet how many emotions humans have. Our understanding about them is still very limited - as is our knowledge about how they link to specific physical and mental processes. Researching emotions is of great current interest, and depending on what aspect researchers are studying they have different ways of categorizing them.

Psychologists acknowledge that though we have *many* emotions, only six are ‘*universally [visually]*’ recognized between *all* humans. See **Box 3a**. (The variability in how emotions are expressed, and, how emotional expression differs between cultures, are separate topics.)

Twelve emotions have been found to be distinct enough to be linked to aspects of personality. See **Box 3b**.

An article in *New Scientist*¹¹ shows how the traditional list of emotions is still being expanded (see **Box 3c**).

Box 3d, shows how primary and secondary emotions are distinguished.

Box 3a Paul Ekman’s six ‘universally recognized’ core emotions¹²

They are, in alphabetical order -

- anger
- disgust
- fear
- joy
- sadness
- surprise

Other emotions may be ‘recognized’ within cultures but are not universally recognizable. Researchers have found that the six ‘core emotions’ look similar from infancy through to old age, and, that facial expressions for these ‘core emotions’ are shown by blind and deaf children. Hence, current understanding is that some emotions are innate, whereas other ones, like ‘social emotions’ (embarrassment, shame, guilt) are learned.

Box 3b Carroll Izard’s work: 12 discrete, measurable, emotions - linked to personality¹³

- anger
- contempt
- disgust
- fear
- guilt
- interest
- joy
- surprise
- sadness
- self-hostility (anger at self)
- shame
- shyness

Box 3c The newest emotions - postulated in the article in *New Scientist*¹¹

- elevation - feeling good, open
- curiosity
- gratitude
- pride, type 1 - hubris, arrogance
- pride, type 2 - contentment at having done one’s best
- confusion - time for change

Box 3d Primary emotions are inborn ¹⁴

Most researchers agree that the primary emotions are fear, anger, joy, sadness, disgust, surprise. These emotions are 'hard-wired' in the amygdala of the brain (the main area for processing emotions), and other places.

Secondary emotions are learned

Secondary emotions are learned ones that we have in response to primary emotions. They are attached to specific objects, events or situations. E.g. having anxiety about seeing a dentist, or the sound of a dental drill. E.g. becoming jealous in response to thinking that someone is trying to take away something that you have. E.g. feeling guilty in response to worrying about being 'found out'.

Secondary emotions also require the amygdala but are analyzed by hippocampi of the brain (the control centres for memory, attention, and logical thinking abilities).

Replacing the idea of 'positive' and 'negative' emotions

Over the years I've asked dozens of groups of course participants to write out lists of the emotions they've experienced. They naturally divide them into two types. **Box 4** below shows a composite of these lists. It shows the range of emotions that most people identify with.

Notice that the titles for these lists are not 'positive' and 'negative' ones. I refer to them as the 'comfortable' and 'uncomfortable' ones, which is more helpful given our current understanding which sees emotions as pieces of information, not as being morally 'good' or 'bad', 'positive' or 'negative'. Most people expect that the list of 'uncomfortable emotions' will be longer than the list of 'comfortable emotions' - but each time, the lists are closely balanced in length.

Box 4 Composite list of 'commonly experienced emotions' (in alphabetical order)

Some words describe different degrees of an emotion rather than different emotions

The 'uncomfortable' ones	The 'comfortable' ones
ambivalent	accepting
angry	affectionate
anxious, fearful, terrified	calm, serene
ashamed	caring
blocked	collected, solid
bitter	contented
bored	curious, intrigued
broken	elated, ecstatic
burdened	flowing
disappointed	free
disgusted	fulfilled
embarrassed	grateful
frustrated	happy
guilty	hopeful
hateful	included, connected
hopeless	inspired
impatient	joyful
incomplete	kind
irritated	loving
isolated	patient
jealous	peaceful
lonely	relieved
lost	surprised
mistrustful	spontaneous
rejected	trusting
sad	understood
spiteful	useful
useless	whole

Feelings are neither good nor bad - they are ‘units or pieces of information’

To be confident validating the *whole range* of emotions, it can be helpful to see them as pieces of information that each person is entitled to have - whatever they are - even if you wouldn't have them in the same circumstances. Our view here, is that emotions, in themselves, are neither good nor bad. They tell us something about the interior state of ourselves, or another person - in a fixed moment in time - just as our senses inform us about what is going on in ourselves and the world around us. See **Box 5**.

Box 5 Comparing emotions to senses

Emotions are like senses: both rely on information

Emotions inform us of what's happening on the 'inside' of ourselves and others.

- . joy
- . surprise
- . sadness
- . anger
- . fear
- . disgust... and the others

Senses inform us of what's happening on the 'outside' around us.

- . sight
- . smell
- . taste
- . hearing
- . touch
- . kinesthetic sense; balance, movement, awareness of one's body in space

So although emotions don't have a moral value (being good or bad in themselves), what a person *does* with their emotions can have a moral value.

Having or showing (or emoting) a particular emotion like fear or anger, does not make someone a 'good' or 'bad' person. An 'angry person' is not necessarily a 'bad person', and a 'person who looks happy' is not necessarily a 'good person'. (E.g. Being angry in the face of injustice, is good when it motivates people to work for change.) People with emotions are merely expressing what they are feeling - in this moment - for any given reason. Their emotions can change – sometimes slowly, sometimes quickly - and sometimes with the help of others.

Validate in the most direct way possible - for people with dementia

We can validate people in a variety of ways - including by being subtle, ironic, symbolic, circumspect, and non-verbal. However, when working with people with dementia (with comprehension and spoken language limitations) - it's most helpful to use the simplest, shortest, most direct way to validate them - to try to ensure that they 'get it'.

What's the quickest way to validate someone?

It's possible to validate someone using only three words. **Box 6** shows a template for validating someone using a minimum of words.

Box 6 The template for validating someone using only three words

Word 1	Word 2	Word 3
You	(seem, sound, look, feel)	(name the emotion you notice right now happy, sad, angry,...).
You	seem	sad.
You	look	worried.
You	sound	angry.
You	feel	happy [to me].

It is possible to validate more than one emotion, but be careful not to overload a person with more words than necessary.

You	seem	worried and sad.
You	look	angry and upset.
You	sound	lonely and lost.

What if you're not sure of the 'degree' of emotion someone is feeling?

If you're not sure how much emotion a person is feeling, try over-estimating rather than under-estimating the degree of emotion. The words 'so', 'very', and 'really', can be inserted to add to the depth of the feeling being named.

Consider how these statements might sound to a person who is very anxious:

"You seem a bit bothered".

"You sound [so / very / really] worried".

The first response can seem to be trivializing or 'making light of a person's plight' - which is the opposite of validating someone. Using the second sentence leaves no chance that someone would think you were trivializing their situation. (The worst that could happen if you 'over-estimated' the degree of an emotion, is that a person might say something like, 'Yes, I'm worried, but not *that* worried'. However, they would know they were being taken seriously.)

Validation is often linked to other communication options

Validating feelings is readily linked to other communication options, especially 'asking good questions'. Here are a few everyday examples from care-home settings. (Similar situations also occur in people's own homes or other settings.) Where Option 9 is used, I've labelled it extra clearly, since that option hasn't been covered yet.

Example 1 - using validation and other options

A lady, living in a care home, was pacing back and forth at the end of a corridor. She was in Behavioural Stage 2 (permanently disoriented in time). The caregiver, Holly, noticed the lady stopping to look at the signs on the doors; she seemed lost and upset. Holly slowly walked towards her, trying to get into the lady's visual field, so she would not startle. When the lady noticed Holly, she opened her eyes, wide. She came towards Holly and grabbed her arm.

Lady Can you help me?

Holly Yes, I'll do my best. You look lost. (Validate)

Lady I am lost...lost...

Holly You sound upset. (Validate)

Lady I am.

Holly What are you looking for? (Gather information - find out about the person's story; ask 'good' questions)

Lady I was looking for a door to get out of this place. I shouldn't be here.

Holly Where should you be? (Gather information)

Lady I'm not sure.

Holly Do you remember how you got here? (Gather information)

Lady I have no idea how I got here, but I don't belong here.

Holly What's been happening? (Gather information)

Lady So much noise; people arguing and being bossy. I can't stand it.

Holly There was noise and commotion, in the lounge (Try to orient the lady to the location), and you wanted to go somewhere else? (Option 9 - repeat what the person just said)

Lady Yes, and I asked some people to help me, but they didn't. They told me I have to stay here because I *live* here. But I don't. If I lived here - I would know about it - and I don't. I don't know anything about it.

Holly So you're upset (Validate) because you don't know what's going on and no one is helping you. (Option 9 - repeat what the person just said)

Lady Yes. Will *you* help me?

Holly Yes. First, I'd like to find a quiet, comfortable place and have a chat. (Hoping to distract the lady through a change of location, conversation, and later, with a cup of tea.) Does that sound OK?

Lady Yes, that'll be very good Dear.

Example 2 - using validation and other options

A lady, living in a care home, stayed in her bedroom for breakfast and morning activities. She is in transition between Behavioural Stages 1 and 2 [T S1 → S2]. (Her Factual memory bookcase in 'wobbling' but not yet collapsed. (See TAD 59, if you aren't familiar with this terminology from the 'memory bookcases model' ¹⁵). Her memory is obviously poor, but she can recall many recent 'facts' when she is calm.) When the caregiver, Andy, goes to check on her, he finds her distressed.

Andy I missed you at breakfast and at the games session, so I thought I'd come and see how you are doing.

Lady Terrible. I'm forgetting things – no matter how much I try to remember them. I even try to write them down so I don't forget, but it's no good. I'm such a bother.

Andy You sound very worried. (Validate)

Lady I am - and it's getting worse.

Andy What are you most worried about forgetting right now? (Gather information by asking 'good' questions)

Lady What I'm supposed to do next? When are my visitors coming – will I miss them?

Andy Is there anything else worrying you right now? (Gather information)

Lady I'm forgetting things – no matter how much I try to write them down and keep track of them.

Andy You're trying so hard and nothing is helping - and that's what's made you so upset. (Option 9 - repeat what the person just said)

Lady I don't want to be a bother and a nuisance. That's the last thing I want to be.

Andy If I told you that you're not a nuisance, would that help? (Gather information)

Lady No – you'd be lying! [Both laughs after she says this.]

Andy I'm here to help you (Orienting) – I can get you a memo-board and help you write important things on it, and I can remind you about them. Would that help? (Gather information)

Lady Do you really think you could do that?

Andy Yes, and other things too. So, then you won't need to worry so much about forgetting things.

Lady You'll look out for me?

Andy Yes, I will.

Lady That would be such a relief. Do I need to pay you?

Andy No that's part of the care here... we help look out for each other and I'll look out for you. (Orienting, explaining the facts.)

Lady I'm so pleased to hear that.

Andy Do you think you'd like to come with me to the lounge now? (Offering distraction)

Lady Yes, I'd like that.

Example 3 - using validation and other options

It's afternoon. A gentleman had been in and out of his bedroom and knocking on other people's bedrooms. A caregiver, Mandy, notices him. He asks Mandy about his mother – not recalling that she passed away over twenty years ago. He is in Behavioural Stage 2, like the lady in the first example.

G'man Have you seen mother? Do you know where she is?"

Mandy No, I haven't seen her. (Factual reply to the question.) You sound worried about her. (Validate)

G'man I'm very worried about her.

Mandy What are you most concerned about? (Gather information – ask questions)

G'man That she's alone.

Mandy Were you thinking about her? (Gather information – ask questions)

G'man Yes. I haven't seen her in a long time and I can't find her.

Mandy You sound anxious about her. (Validate)

G'man Yes – I haven't seen her in a long time, and I think she might be lost.

Mandy You're worried that she might get lost. (Option 9 - Repeat the last thing the person said)

G'man Yes – she's old and frail you know.

Mandy Are you missing her? (Gather information – ask questions)

G'man Yes, I'm missing her dreadfully.

Mandy What would you like to tell her right now? (Gather information – ask questions)

G'man That I miss her.

Mandy Shall I write that down for you, right now? (Gather information – ask questions)

G'man That's good. Just fine – let's do that right now.

Mandy [She notices that he's settling down, now that she's asked him at least five 'good' questions and is hoping to distract him from searching for his mother in the bedrooms, soon.] I don't know your mother. Can you tell me about her? (Gather information – ask questions)

G'man Yes, I can. She's a good woman – hard working... looks after everyone. Nothing is too much for her. What a life she's had!

Mandy She sounds lovely. Would you come to the other room with me (distraction using a question, but still linked to what this gentleman is interested in right now), so I can get some paper; we can talk and I could help you write this down?

G'man Sure, let's do that.

How often do you have to validate or acknowledge someone for it to ‘work’?

Some caregivers told me that they thought they weren't validating people correctly. In fact, they had done so very well. However, the caregivers had assumed that if they validated a person, once, that that should be enough, and the person shouldn't need any more validating or attention. Some people only need to have their feelings acknowledged only once, or occasionally. For others, it might be necessary to validate them daily, and yet for others - frequently every day. The hope is that, if people feel acknowledged when they're having uncomfortable feelings (such as fear, anger, sadness), the frequency of these feelings may be reduced, as people start to consistently feel safe⁷.

After you've observed the benefits of validating/acknowledging someone's feelings, you'll want to use this communication option as often as possible.

Appendix 1 shows a longer, and more dramatic example of a caregiver who validates and asks 'good' questions of a care home resident who is about to be 'sectioned'.

The next TAD newsletter will be on communication Option 9, 'idle, stall for thinking time, repeat the last thing the person said'.

In the meanwhile,
Best regards,

Gemma Jones

Appendix 1- Example of validating the feelings of a resident in crisis

A caregiver prevents any angry resident from being sectioned

A caregiver (I'll call him Ted) arrived to start his shift and noticed a police vehicle and ambulance in front of the care home. Some staff, and others, were in the garden with a resident. (I'll call him Len). Ted could hear raised voices and shouting.

Colleagues told Ted that Len was 'having a meltdown', and about to be sectioned. Ted had worked with Len for the past months. He had recently learned about the Ten-plus communication Options Model. Len wanted to try to apply what he had recently learned, to try calm Len down; he hoped that the emergency services would not be needed.

He persuaded those in charge to leave him alone with the Len for fifteen minutes and to stay out of sight. They asked Ted if he was afraid of being alone with Len if he stayed angry and possibly got aggressive, but Ted said he wasn't afraid of that. They agreed to leave Ted be alone with Len and stay out of eyeshot.

This is an approximate account of what happened, as Ted related it to me some weeks later.

Notice how Ted starts by acknowledging the gentleman's feelings, and then uses some of the other communication options.

Len still standing alone, close to the hedge that he tried to climb over to leave the care-home premises. He looked very angry. Ted approached him slowly, speaking clearly, making - and maintaining - eye contact with Len.

Ted: You look very angry! (Option 8 - Validation)

Len: I am so angry I can't tell you...

[Sounds very angry]

Ted: What happened? (Option 1 – Gather information, ask good questions – remember that good questions are ones that keep someone talking.)

Len: That's what's happened!

[Still sounding angry]

Ted: What's that? (Option 1 – Gather information, ask good questions)

Len: Just that. Just like that. That no one wants to know or asked what happened.

[Still sounding angry]

Ted: How do you mean? (Option 1 – Gather information, ask good questions)

Len: They walk past you every day, all day, and act like nothing's the matter. They never ask, 'How are you, really?', 'What's happening to you?' They just walk on by and pretend everything is fine – even when it isn't. [Sounding a little less angry.]

Ted: They just walk on by and pretend everything is fine? (Option 9 – repeat the last thing the person said...wait for them to continue)

Len: All I want is for people sometimes to ask about how things really are, instead of giving you all this fluff! Sometimes, things aren't going so well. Surely, everyone has bad days and understand that. [Sounds upset, but not sounding angry.]

Ted: Everyone does. (Option 9 – repeat the last thing the person said...wait for them to continue)
And sometimes you want people to notice that life isn't going so well? (Option 1 – gather information, ask good questions)

Len: Yes. [Sounds calmer]

Ted: So what happened earlier today? (Option 1 – gather information, ask good questions)

Len: It was a tough day and I wanted someone to talk to – to realize that. I didn't want to be jollied along - like nothing was the matter. [Speaking in normal tone of voice now]

Ted: I'd like to hear about how you're doing. Do you want to tell me more? (Option 1 – gather information, ask good questions)

Len: Well - I got angry, and they got angry, ... and then I'm not sure. I just had to get out of there. They tried to stop me and started threatening me.

Ted: No wonder you were angry. (Option 8: Validation – as above - but repeated in past tense.)
How bad did it get? (Option 1 – gather information, ask good questions)

Len: Well – I said some nasty things.

Ted: Are you feeling any better now? (Option 1 – Gather information, ask good questions)

Len: Yes – some of the steam's come off.

Ted: Would you like to talk more? We could sit out here on the bench, or go inside where it's warmer and we can have a tea of coffee? (Option 1 – Gather information, ask good questions)

Len: Let's go in.

Ted: Let's do that. (Option 5 – agree)

The happy ending: Len was not sectioned. The other caregiving staff and emergency workers were surprised at Ted's skill in calming Len down. They wanted to know how he did it.

He explained that he didn't try to persuade, argue with, or correct Len. By validating his feelings immediately, asking him 'good questions', and 'maintaining eye contact' and 'a calm tone of voice', Len felt his interest in, and concern for him, and calmed down naturally. Emotions can change very quickly.

The other thing that happened was that Ted was asked to teach the 'Ten-plus Communication Model' to his fellow caregivers. They learned to use Options 1 and 8 more often, and they became less fearful of being around residents who were showing strong emotions – especially anger.

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