

CATHARSIS TECHNIQUE®

*An original method of graphic expression under musical induction
designed as a complementary tool*

THE CATHARSIS TECHNIQUE® IN A SPEECH THERAPY PRACTICE

Years 2006 - 2008

by Marie-Dominique Pecorini, Speech Therapist



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English Translation

La Douze , October 13th, 2008

TESTIMONY

Ms. Marie-Dominique Pecorini, speech and language therapist, sophrological psychotherapist, holding a Master's in Neuro-Linguistic Programming, and Catharsis therapist, having worked in France and Switzerland, hereby gives testimony of her work with Ms. Chantal Desmoulins over the past four years. The meeting with Ms. Desmoulins was held as a result of a telephone conversation that captured Ms. Pecorini's attention. The technique that was presented seemed well-suited to deepen her therapeutic work and provided an answer to her search for an acknowledgment of the links between certain difficulties with language and behavior (in children and adults) and the structures of unconscious layers.

After a year and a half of training with Ms. Desmoulins, Ms. Pecorini and three of her colleagues, who also received the training, used the Catharsis technique in the Espace-Beaulieu office. The results were more than encouraging and allowed the therapists to unfreeze difficult psychological situations (e.g. mutism, hyperactivity, language retardation, dyslexia, mental retardation, stuttering, and relational difficulties in adults...).

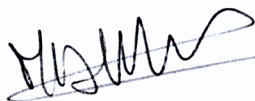
This new approach enables the patient to cut through mental blockages and more easily reach the emotional level. This facilitates the dialogue with the patient (and their family), who, “seeing” these points of blockage, is able to have some perspective on their difficulties and can thus have a greater sense of well-being. In some cases, the simple act of drawing under musical induction allows for the return of speech (selective mutism) and/or a total change of behavior.

As for the results of the effect on stuttering, more extensive research would be greatly beneficial in this area in particular. This is a project with the support, participation, and collaboration of Ms. Desmoulins. A report is being prepared.

Ms. Chantal Desmoulins, through her patience, her deep knowledge, and her respectful attitude toward the human being, made this fascinating collaboration possible.
The work that we began must be continued.

Ms. Pecorini, having moved and changed her professional status, but retaining contact with Espace Beaulieu, which she created, and all of her colleagues, desires to continue her collaboration with Ms. Desmoulins on all of these research projects.

La Douze, October 13th, 2008
Ms. Pecorini Marie-Dominique

A handwritten signature in black ink, appearing to read 'M. Pecorini', with a long, horizontal, wavy line extending to the right.

CATHARSIS TECHNIQUE®

Conducted in a Speech Therapy Practice - Centre Beaulieu - Geneva - Switzerland

A-Indications:

The patients selected for the Catharsis Technique®, who will benefit with the greatest success, is based on the need for treatment that includes the following criteria: blocking, stagnation, and unsatisfactory improvement with traditional therapeutic techniques.

Most often, the Catharsis Technique® sessions complement the conventional therapies, or at times can replace them as a treatment option.

The main indications for incorporating Catharsis Technique into the treatment plan are:

- Stuttering in adults, adolescents and young children
- Voice disorders
- Muteness
- Psychological, behavioral and/or academic difficulties
- Mild to severe mental disabilities

B-An exemplary professional practice:

MARIE-DOMINIQUE PECORINI

A graduate from the Faculty of Medicine of the Salpêtrière (Paris) in the field of speech therapy, Marie-Dominique Pecorini became a specialist in the treatment of numerous conditions such as deafness, autism, dyslexia, stuttering, cognitive development.

She is a member of the Word-Stuttering Association, a lecturer, tutor and teacher of speech therapy (France and Switzerland). Ms Pecorini continued her professional education becoming a graduate of the Caycedian Sophrology as well as obtaining a Masters in Neuro Linguistic Programming (NLP) from the Resources NLP Institute in Belgium.

Trained in the Catharsis Technique® by Chantal Desmoulins in 2006, she incorporated this technique into her private practice, mainly in the re-education of stuttering (children and adults) and in the case of muteness or severe language difficulties.

Convinced by the results she obtained, she decided to present and develop the use of the Catharsis Technique® in France.

Marie-Dominique Pecorini, now installed in the Dordogne, is continuing her research and teaches the richness of her experience.

C-Clinical Cases

1. STUTTERING

TREATMENT OF STUTTERING IN ADULTS

MR. V. - 30 YEARS

Mr. V. comes to the practice with a massive stuttering problem and is seeking rehabilitation to establish of the fluidity of speech. His vocal gesture is indeed blocked as soon as he wants to make a sound. This difficulty had developed due to a fear of social contact. He remains mostly cloistered at home, and in his work, he does not dare go and meet his colleagues.

The first sessions of rehabilitation are conducted according to a conventional treatment process. But the obstacles were too great to achieve meaningful results. He agrees to try the exercises utilizing graphic support. Mr. V. experiences a block while holding the pencil, resulting in his hand being locked in the air unable to move. Gradually, over time, he manages with help to draw a few lines.

At this time the Catharsis Technique is introduced. Almost from the first session, the music allows the ability to unlock the graphic expression. The patient is able to draw on his own. The complete program takes place over a year or so, **without any other treatment except an interview** after each session.

After one year the results are spectacular:

Mr. V. speaks spontaneously, even with the stuttering still present. His fear of the public has decreased significantly. He decided to resume studies at the university since his professional work was no longer satisfying him. He is able to offer an oral presentation to an audience and has returned to a more lively social life.

The decline of the fear of stuttering gave him a more fluid speech, even though his healing was not complete. He was able to come out of the depth of loneliness which he had locked himself up.

The accompanying speech therapy continued for some time to further improve speech until the patient felt sufficiently autonomous.

MR B. ABOUT THIRTY,

comes in for the treatment of stuttering. Despite his disability, he is relatively sure of himself, he is very open, but stuck on the emotional level.

In parallel to the speech therapy, he is delighted to attend Catharsis sessions. He performs the full course of the four phases. During some sessions, he dares to express his emotion and many times, liberating tears flow.

He calms down gradually, becomes aware of his potential, dares to express his emotions, "comes off" his stuttered speech, and takes position on his relations with his parents, his wife and child.

His stuttering loses power and one sees a man becoming aware of his size, his capacity. He comes out of this treatment emotionally reinforced.

TREATMENT OF STUTTERING WITH ADOLESCENTS

Professionals know the difficulty of treating stuttering disorders with adolescents. These young people have a hard time expressing their emotions and often remain reserved. The Catharsis Technique, in this case, proves to be a wonderful tool.

S., 15 YEAR OLD,

presents with stuttering and behavioral difficulties, mainly from a dysfunctional family relationship. His elder brother has a strong hold on him and his mother is overly protective. The speech therapy provides relief in terms of speech, but does not impact the emotional turmoil. With the agreement of the family, the Catharsis Technique is set up for a little less than a year.

The results soon express a dramatic change:

- S. begins to express his feelings towards his brother. His mother, following the shared analysis of drawings, agrees to take some distance from her son.
- During the fourth phase of the program, S. affirms his manly position against his brother to whom he dares express his resentment.
- From this moment, the family tensions subside and the dialogue becomes easier within the family. S. matures through the process.
- Stuttering appears only briefly, and is much easier managed by S.

J.B., 15 ANS,

physically tall (he looks older than his age), J.B. has at times a very pronounced stutter, causing a total blockage of speech, even though at other times he expresses himself almost normally. Very mild mannered, he is reserved and shows muscle tension. His intellect is sharp. Speech therapy provides a small relief for J.B. who starts speaking more, but tensions are still present despite the good will of the adolescent.

With permission from his family, the Catharsis Technique is implemented while maintaining speech therapy on a less frequent basis.

Observed results:

- At the end of the first phase of the program, J.B. expresses in his drawing twice, a strong hidden anger.
- Between two sessions a telephone conversation takes place with the mother, in which she was warned of a likely emotional outburst in the coming days.
- The eruption of emotions does take place, and J.B., who has until now been very gentle even overturns the table!
- The explosion of emotions is followed a period of crying. This change in J.B. is well received by the family who consents to continued treatment.
- After this emotional incident, a real change takes place: J.B. begins to speak more freely and is able to communicate with his friends more easily.

His stutter has virtually disappeared at the end of the Catharsis Technique program. A year later, J.B. returns on his own volition to the practice. He has become a young smiling and open man.

TREATMENT OF STUTTERING WITH CHILDREN

M., 8 YEARS,

presents with his parents for treatment of stuttering, which is well established with fairly intense episodes. Although he exhibits outwardly a rather quiet character, he is very tense inside and at times show very expressive anger.

The Catharsis Technique is quickly implemented with a follow-up speech therapy to work on language and speech.

The change is rapid with only the first phase of the program:

- The child becomes more cooperative and expressive.
- The speech is improves rapidly.

At the consultation, a year later, the stutter has disappeared and educational outcomes have improved significantly.

V., 2 AND A HALF YEARS,

is introduced by his mother, who remains active and open during his treatment. He has significant speech and language disabilities, with a very pronounced stutter despite his young age (the professionals know the difference between a potential stutter and periods of stuttering while speech learning).

He is a very intelligent child, precocious, sensitive, but restless, who lives with periods of anxiety resulting in nightmares. The mother herself is currently in psychotherapy.

After two years of treating issues with language, which is slowly improving, the first phase of Catharsis program is implemented. Despite his young age (then 4 years) the child adapts quite easily to the treatment and the following issues are observed:

- At first, the child does not draw for a whole half an hour. A playmobile (a set of small characters) are provided and V. expresses his emotions with these little figures, while listening to music.
- As the sessions progress, V. begins to draws during the entire therapeutic session.
- His concentration improves as well as his verbal expression.
- Stuttering is fading gradually and disappears after a few weeks.

Psychological treatment and speech therapy continues after Catharsis program is completed. This is necessary since V. presented with a severe speech disorder and behavioral problems associated with a dysfunctional family relationship. Two years later, his stuttering has completely disappeared.

REFLECTIONS ON THE CONTRIBUTION OF THE CATHARSIS TECHNIQUE IN THE TREATMENT OF STUTTERING

In the treatment of stuttering, we know that patients have difficulty expressing their emotions. These blocked emotions cannot find their way through the expression of words since the ability to articulate is impeded.

This generates for the stuttering patient a suffering, sometimes unsuspected by the speaker. Since these patients are challenged with expressing themselves verbally, it is best to explore another approach to solve the problem.

The use of graphic expression turns out to be a possible solution to release the flow of emotions. This is one of the conclusions drawn from the use of this complementary technique.

Young people who stutter are most vulnerable during their period of adolescence, often refusing treatment. But "to draw a picture" while listening to music seems to suit them and the results have proved it.

In all these cases, stuttering has improved. Moreover, it is the patient's relationship with "his" stuttering that has changed. The Catharsis Technique, as an artistic mediation method, facilitates the patient's ability to distance themselves from their disorder, the emotional impact is minimized. The person - because it feels more comfortable - then better control the flow of its words.

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2. OTHER LANGUAGE AND BEHAVIOR DISORDERS IN CHILDREN

VOICE DISORDERS

A., 8 YEARS,

presents to the consultation for voice problems. He has two nodules on the vocal cords. The speech therapy is not enough to affect a change for this nervous child who shows great difficulties in concentration.

Relaxation therapy sessions are attempted but A. can not concentrate for more than a few minutes at a time and his body is still very tense. Additionally, training at home was not sufficiently followed up because the mother did not really adhere to the treatment.

It is decided with parental consent to commence with the Phase 1 sessions of the Catharsis Technique.

The attitude of the child begins to gradually changing:

- The concentration improves.
- Upon completion of the Phase 1 sessions and to the surprise of caregivers, the ENT specialist confirms the disappearance of the nodules! Although the development of nodules is closely linked to behavioral problems and body awareness, this result has exceeded all expectations of the team.

Note: in the absence of other similar cases resulting in healing of nodules, it would be rash and presumptuous to attribute it solely to the use of the Catharsis Technique. But there is a real interest in further research to validate the influence of this method.

MUTENESS

H., GIRL OF 6 YEARS,

arrives with her mother for significant learning difficulties and above all selective muteness: she does not speak outside the family environment. The teachers do not know the sound of her voice. H., an intelligent child, is contained, withdrawn into herself, and does not connect with any other child in her class. She was treated with psychological counseling but without results.

The introduction of speech therapy does not bring the expected results either. The child does not express herself, outside the family, except for a few quick words spoken during the sessions.

After the meeting with her parents, the Catharsis Technique is recommended, which produced the following results that surprised everyone:

- H. expresses little by little, through her drawings, all her blocked emotions.
- It must be acknowledged that the whole family system is the basis for H.' difficulties. The parents, especially the mother, become aware of their problems following the session interviews and shared analysis of the drawings of their daughter.
- H. finds her voice again! She begins to express herself in the classroom, to the amazement of her teachers.

On her return to the practice a year later, H. leads the session by explaining the rules of a game to another child who is participating in the therapy. Thanks to her deep change in behavior, she is able to take part in the speech therapy to address her reading difficulties.

PSYCHOLOGICAL, BEHAVIORAL AND SCHOOL DIFFICULTIES

B., GIRL OF 10 YEARS,

has been seen for ongoing speech and psychological therapy, but has not been able to manifest her intellectual potential despite intervention. Undisciplined, unstable and sometimes aggressive, B. can not properly keep up with her education.

While continuing her speech therapy, the Catharsis Technique is implemented. The child, sufficiently motivated for such an approach, performs successively completes the four phases of the program.

During the graphic expression under musical induction sessions, serious family problems are revealed. Among them were significant parental issues, in particular maternal shortcomings that affected the relationship with the daughter. These deficiencies had been hidden or denied until now and despite psychological intervention, nothing had so far succeeded in rendering any improvements.

This time, the child was able to express her profound suffering, allowing a proper implementation of social care to be initiated.

With the use of the Catharsis Technique we were able to clearly identify the underlying issues surrounding her behavior which allowed us to adapt the therapeutic intervention necessary to resolve the conflicts present in her current situation.

3. A SEVERE HANDICAP

A., 5 YEARS,

a severely mentally disabled little girl arrives, after multiple treatments, with her parents to speech therapy. She does almost not speak (except a few words or sentences) and can be quite violent, which required a well defined structure for intervention.

In conjunction with sessions of cognitive development, the first phase of Catharsis is implemented. This will be accomplished with the assistance of the mother who will hold the paper, pencils, brushes, and water bowl to avoid any consequences of the unpredictable actions of the child who sometimes violently throws equipment and has even climb on the desktop to kick.

A. proves capable of holding a pencil or a brush and drawing lines on a sheet. The first listening session is done without the presence of the mother, to see how the child will react.

To the surprise of the therapist colleagues, this first attempt is very surprising:

- The child starts yelling "stop, stop, stop ...!" in a very intelligible way, putting her hands on her ears. She clearly reacts to the music emotionally displaying close to panic state. The session continues because visibly something important has affected her through listening to the musical selection.
- We are witnessing an explosion of intense emotions which has remained blocked until now: an expression of a vast despair. A. screams in psychic pain.
- The mother urgently arrives to quiet and soothe her daughter by her embrace. The child remains nestled in her mother's arms and the emotional outburst gradually subsides. It was decided that the remaining sessions be conducted with the mother present. A. draws and paints, with assistance (support of her arm, organization of materials).
- Gradually with exposure to the musical sessions, A. begins to express herself in words.
- The language is still very poor, but sentences are organized - a result never attained in traditional speech therapy.
- We observe the emergence of language during the ten sessions of the first phase of the program.
- Additional treatments are not conducted, but it is clear that the **Catharsis Technique has really made an impact.**
- The temperamental behavior, although diminished, does not disappear completely.
- The "disease" is not cured, but the progression of language skills is measurable.

4. LIGHTER CASES

L., CHILD OF 8 YEARS,

was treated in speech therapy for difficulties in reading and writing. Exhibiting a strong and overbearing personality, she is always trying to impose her will on others. There are relationship challenging, particularly with the mother. She shows significant difficulties in adjusting to instructions and hence to the school environment.

Alongside speech therapy, the child is introduced to the Catharsis Technique:

- She appreciates the sessions immensely during which she is given the freedom to express her imagination in the drawing within a well-defined framework.
- Gradually, she feels reassured. Her behavior and relations with the mother improve which is followed by school achievements.
- Her cognitive difficulties still require follow up to work on her language, but her relationships significantly improve.
- L. is more attentive and aware in her interactions with others, and so the speech therapy sessions are held more quietly!

M., YOUNG GIRL-13 YEARS,

participated in speech therapy for her cognitive difficulties and scarcity of language. Very childish, she does not know how to make a decision by herself. The Catharsis Technique seemed appropriate to help her find her autonomy. M. was very cooperative, participating in the sessions with pleasure.

At the end of the Catharsis Technique:

- M. became more independent. She was able to externalizes her feelings spontaneously and dared to express her desires.
- M. continued speech therapy afterward, and now at the age of 15, she is able to express what she desires for her future as well as making decisions on her own which was difficult for her to achieve prior to the Catharsis process.

FINALLY, AN EXAMPLE OF SUPPORT WITH THE CATHARSIS TECHNIQUE USED "LIVE":

K., FILLETTE DE 12 ANS, ,

was being followed for difficulties in comprehension, and insufficient schooling. During speech therapy, difficulties in the family dynamics are revealed. K. is unable to express her suffering regarding her parent's divorce.

Sessions with the Catharsis Technique are then implemented:

- This support allows her to act out her emotions. She dares to cry and tell her anger, after the graphic expression sessions.
- Drawing and listening allow her to "open the floodgates."
- As weeks go by and despite the family problems, K. is reassured and becomes more cheerful.
- She learns how to make sense of the events involving the family turmoil.
- She even becomes confident in the academic environment and results follow.

D-The Catharsis Technique

1. THE FRAME OF THE SESSIONS

Patients are informed of the novelty of this approach, the treatment process, time involvement and "constraints" of the need for regularity in the date of the meetings.

When the patient is a child, the technique is first explained to the parents, who do not attend sessions, except in special cases where the behavior of the child requires their presence.

2. PROCEEDINGS OF THE SESSION

Notes:

1. For some patients, before the first listening session, projective tests are performed which offer a standardized approach to the psychological state of the patient, that is not necessarily part of the speech and language assessments.

2. The time required for a Catharsis session is usually incorporated within the speech therapy session (approximately ¾ hour). It is therefore not necessary to request additional sessions. Ethically, the Catharsis Technique as well as Sophrology or NLP relaxation exercises are included in the rehabilitation sessions.

These Catharsis Technique sessions are conducted with the presence of the therapist:

- A specified amount of time is devoted to music listening and graphic expression
- Interview are conducted before and after each session
- Provides the material and tools needed to conduct the session
- Conducts and monitoring the listening environment during the musical selection
- Information is gathered on the behavior of the patient during the session

3. COMMUNICATING THE RESULTS TO PATIENTS & FAMILIES

At the end of each phase of treatment, a session is devoted to the results of the drawing analysis. This review leads to a much more intimate and authentic exchange with families and patients.

The design of each drawing presented tells much more than hours of conversation and explanation can express. The emotional state of the patient is literally being drawn "black and white" by the patient themselves. The graphic expressions, whether from a child or adult, reveal the personal and/or family issues that need to be addressed.

4. EFFECTS FOR THE SPEECH THERAPIST AND THE CAREGIVERS

Marie-Dominique Pecorini attests:

"I want to add a personal discovery with my experience using the Catharsis Technique. Present during all sessions of graphic expression under musical induction, I have heard many times the same musical themes. Instead of fatigue, which would be understandable listening to the music replay, I have noticed that not only has my perception of music has changed, but more importantly, it has been refined with each patient. It is as if the transference interaction during listening was somehow changing the speech "behind" the music, thus becoming "alive" which allowed me to identify with what was happening in the patient's emotional experience. Being more in touch with them, I was able to conduct the interviews with a distinct intensity and real enrichment."

E-Conclusion

The therapist applies many different techniques and approaches to accomplish a positive outcome for the patient. Facing each challenge he has, as a carpenter at his bench, a range of tools at his disposal.

Some tools are multifunctional which you want to keep on hand to achieve a therapeutic response. The Catharsis Technique is one of those tools that exhibit a particular richness when incorporated into the therapeutic process that sparks a change initiating the healing process.

The therapist greatly enhances his field of intervention and broadens his professional approach based on current speech therapy techniques, and other methods acquired in ongoing trainings. The Catharsis Technique is a significant contribution to this process.

The cases discussed above have not been statistically validated. However, there is sufficient evidence that points to the need to confirm the efficacy of the technique through research. It is imperative that documentation which includes testing prior to and following the implementation of the Catharsis Technique be ongoing to address specific medical conditions starting with stuttering disorders.

Our goal will be to form a partnership with other therapists (speech therapists, psychologists) to scientifically study the Catharsis Technique, which will provide data confirming its effectiveness as a therapeutic intervention and offer a program that serves children and adults who are afflicted with stuttering. Ultimately, with the consent of the participants, we will publish the findings in support of this groundbreaking methodology.

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