

CATHARSIS TECHNIQUE

*An innovative, original method for practitioners who wish to complement
their treatments and therapies through music.*

FINAL ANALYSIS OF THE APPLICATION OF THE TECHNIQUE

C.S.G Bévière

by Mrs. Anna Mateus, psychologist

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LETTER TO CHANTAL DESMOULINS

English Translation

I would like first of all to express my deep acknowledgment for the high quality of leadership that you provided to our team in the implementation of the Catharsis workshops. I felt and understood that we would find a part of the solution to our goal of providing well-being to our residents, who endure much suffering.

My 40 year journey as a care-giver and end-of-life hospice worker (CNA, Teacher, Degree in general and applied psychology from the French Institute for Human Culture (management), (I am also a lawyer, but I don't think that that applies directly to this discussion)), certainly contributed to my willingness to try this care-giving experiment in verbal and non-verbal expression of the Catharsis method with some of our suffering residents. I also believed in the ability of our psychologist to lead these workshops and to join in convincing the psychiatric aides.

The Catharsis method offers the possibility for deep work while preventing the coach from being transformed into a therapist. It protects from that danger. And it is also a security for the people who benefit from this accompaniment.

It is a tool that is simultaneously flexible and rigorous in the sense that it offers every person the possibility to express his/her experience in their own way: emotions, experiences (through verbal or non-verbal expression); and it inevitably leads to some kind of expression.

The method and tool also allow other professionals to participate, for this work extends into the ward and private spaces of the patient's life. In order to work, it requires open communication between the leaders of the therapeutic activity and their colleagues. Our psychologist extends his work through weekly meetings with the other caregivers.

The psychiatric aides, working before and after this privileged time, inevitably achieve a level of interpersonal work that is certainly enriching for them as well. It is without a doubt a positive for them and for their professional development.

And so it's a kind of "boomerang effect" that is set in play. The caregivers' attitude toward the patient cannot be impersonal and cannot be impersonalized. And at the same time, all the little acts of daily life are no longer impersonal. And so, the lost slipper, serving the soup, feeding, etc.... everything becomes meaningful.

Thus, we slowly build the project of individual life for these residents.

It is for all of these reasons that I support the development of this activity for the benefit of other professionals.

The residents who take advantage of this therapy find a kind of calm and serenity because they are really taken into consideration; they have suddenly become interesting to the caregivers and they sense that change in attitude. They are no longer relegated to the status of a gear in the caregiver's "work to bring home the bacon" machine.

Every resident becomes again Human. And the caregiver also becomes more humane.

Some of them are able to integrate themselves in the community, in this place of life. For some taboos have become obsolete. The smile of communication reappears.

It must also be said that the dedication and concern for good communication with the team that you demonstrated, the effort you made to keep in touch with us all (regarding various adjustments of the tool and the approach, checking up on the coaches' well-being and the effects on the patients), regardless of where you yourself actually were (in France or abroad), characterizes you, and made a significant difference in the development and evolution of our teams. The teaching of this method, of the spirit that inspires it, and the apprenticeship in the use of the tool highlight the need for precision, structure, and the necessary exactness in its use. This teaching adjusts itself to the caregivers and their daily life. This is not an impossibility, but professionalism.

The results are what really matter; for those, I redirect you to our final report.

We will participate in the 3rd National Conference on Aging in Paris on December 4th, 2008. Anna, Lise, and Isabelle will present the application of the Catharsis Technique and their experiences in these workshops. As I already wrote, we are offering participation in the workshops to the other psychiatric aides, after training, for the reasons already mentioned.

With warmest regards,

Grenoble, October 8th, 2008

CHRISTIANE LAVANANT, DIRECTOR.

A handwritten signature in black ink, consisting of a large, stylized loop followed by a horizontal line extending to the right.

WORKSHOPS FOR VERBAL AND NON-VERBAL EXPRESSION WITH MUSICAL MEDIATION

I. Catharsis Technique:

(cf. appendix 1 and extract from the training booklet)

It is a psycho-musical technique that facilitates:

- stimulation of verbal or non-verbal expression of past or present emotional experiences.
- assistance in the work that an individual is able to effect on him/herself and in the verbalization of his/her emotions.

This technique brings relaxation and well-being to the individual and improves his/her relationships with others.

II. Medical Staff Involved:

The team is composed of three psychiatric aides and the staff psychologist:

- Stéphanie Draye, psychiatric aide
- Anna Mateus, clinical psychologist
- Lise Meunier, psychiatric aide
- Isabelle Saynac, psychiatric aide

Role of the workshop leaders:

We ensure the proper progression of the sessions according to the established protocol and we provide the management of the group (observations, listening, helping to verbalize).

We benefited from the Catharsis training conceptualized by Mrs. Chantal Desmoulins [three initial days of training and two days of practical analysis in August 2007 (appendix 2) and in March 2008 (appendix 3)].

III. The Catharsis Method in this facility:

The use of the Catharsis method in this facility has as its main goal the introduction of a concrete aid for individuals suffering from cognitive disorders, whatever the stage or development of the illness, through supporting verbal and non-verbal expression using music as a mediator.

Cf. appendix 1 for the first session, Feb 07-Aug 07.

Cf. appendix 2 for the second session, Sep 07-Feb 08.

Cf. appendix 4 for the proposed program for the third session.

A. Description of the workshops:

1. Receptive Musical Listening Workshop:

This type of workshop is comprised of three series of 10 sessions, according to the Catharsis method protocol.

The sessions take place in the same location, at the same time, and with the same people (closed group).

Each session is made up of two parts: the first part is the musical listening (variable duration according to the session) where everyone is invited to relax and to be attentive to the music and what it brings up in them.

The second part is a special time of expression (verbal or non-verbal) and of sharing emotions and feelings that were brought up by the music. Each person is invited to express him/herself (time for individual talking) and to share his/her pleasant or unpleasant memories (e.g. revival of traumatic events, still-present grief), physical sensations, fears, current experiences having to do with daily life in an institution, and/or problems of identity with the group.

We have, for the time being, offered only the first two workshop series to the groups.

Cf. appendix 1, pg. 2 for the types of patients treated at the facility.

2. Musical Listening with Drawing Workshop:

These workshops are comprised of four workshop series. Each series offers a first session without musical listening where the individual makes a “free” drawing (reference drawing), as well as a final session without music where an analysis is offered.

The sessions take place in the same location, at the same time, and with the same individuals. Each person is invited to express his or her experience on drawing paper through various mediums (pastels, markers, colored pencils) as h/she listens to the music (variable duration according to the session). Then a time for exchange is offered. Each person has an opportunity to talk about what s/he drew and/or what s/he experienced. For the time being, we have only offered workshop series 1.

Cf. appendix 1, pg. 2 for the types of patients treated at the facility.

In our facility, these two types of listening (with or without drawing) were also used in individual therapy for people who were either bedridden or who were otherwise incapable of group participation.

B. Number of people having benefited from this method:

From February 2007 to February 2008, we worked with 21 people broken down into the following groups:

1. Receptive musical listening:

- Group therapy: 11 people
- Individual therapy: 2 people

2. Receptive musical listening with drawing:

- Group therapy: 7 people
- Individual therapy: 1 person

Certain individuals benefited from both sessions, others only from one, according to the needs of the individuals and the demands on the care-giving team (evaluation made with Mrs. Chantal Desmoulins on the ‘Practical Analysis’ day in August 2007).

IV. Conditions for implementation:

Cf. appendix 1, pgs. 3 & 4 and appendix 2, pg. 1 for the first session.

Cf. appendix 3, pgs. 1 & 2 for the supervised day in march 2008.

The financial support of the Médéric Alzheimer Foundation made the implementation of the verbal and non-verbal expression with musical mediation Workshop possible by providing the materials needed.

V. Presentation and individual analysis of the residents benefiting from the musical listening:

Mrs. G:

Mrs. G was born on December 2nd, 1921 and passed away in the fall of 2007. She entered the home in August 2003, after a month's residency in another facility. She suffered from Alzheimer's. The different symptoms of the illness were detected in 1996. She was widowed in 2000 and had four children, two of whom were very present in her life: Bernard and Bernadette. She became very depressed following her husband's death.

She was subject to daily bouts of reactionary crying at any change in her environment and had a sunken, withdrawn posture (she would rest her head on the table or close her eyes).

She was diabetic and suffered from failing vision that was severely limiting (especially during eating and moving around).

Mrs. G was very sweet and loved contact, singing, and laughing.

Aware of her difficulties and troubles, she showed her suffering in tears that slowly took over her daily life.

We hoped to help Mrs. G better cope with her handicaps and disorders over the course of the sessions.

During the sessions, Mrs. G paid close attention to the music; relaxation and calming were observed at most sessions (cf. facial expressions and body language). She only cried during one session, the seventh. Her reactionary tears during transfers diminished and she responded when spoken to, opened her eyes, and answered in an appropriate manner despite maintaining a paucity of language skills.

Mrs. G became significantly calmer. She only participated in one complete workshop due to her passing in fall 2007. Her son regularly commented on the positive effects of the sessions. He found her to be more interactive and also noted that her crying had been significantly reduced.

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Mrs. S:

Mrs. S was born in 1923. She entered the psycho-geriatric ward March 2004, presenting Alzheimer-related dementia with disturbed language and increasing withdrawal. She is widowed and has two sons who are not very active in her life. She no longer walks and has trouble eating. She "raps" on her plate and needs to be stimulated in order to feed herself.

This is a woman who seeks out the presence of others; she has a very expressive look. She is able to communicate quite a bit through her facial expressions.

She especially loves outings, being with others, and singing.

As soon as she recognizes someone, a large smile lights up her face.

Mrs. S currently speaks and sings less and less.

These sessions aim to re-establish a social bond and to prevent her inward withdrawal.

When we asked at the first session if the musical listening had pleased her and helped her, Mrs. S immediately gave a loud and clear “yes”. As the sessions progress, she relaxes, her posture improves, she adjusts herself in her chair, and looks at the other participants. A smile plays around her mouth and serves as answer during the sharing time.

Mrs. S had a severe choking incident during a meal between the sixth and seventh sessions. Luckily, the psychologist was with her at the time and was able to alert the staff and prevent the choking. At the seventh sessions, Mrs. S’s face was “serious” and she never took her eyes off the psychologist. Then she sat up straight and smiled at her during the sharing time. As she left the room that day, she voluntarily took her arm.

After this episode, Mrs. S smiles less, but is very sensitive to what happens to the others in the group when they speak or move.

Mrs. S benefited from the second workshop series.

Most notably, she is very attentive to the others in the group; she observes everything that takes place.

She reacts more and more to the music, to the tonality, to the sounds, and to the rhythmic changes. She furrows her brow, is startled, closes her eyes, and sometimes sleeps.

At the end of the session she is always smiling and relaxed.

Overall, she is less withdrawn and the “rapping” that appeared at mealtimes is less noticeable.

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Mrs. C:

Mrs. C was born in 1924. She entered the facility May 8th, 2004.

She has one son who passed away in 1998 and she lost her husband in 2000. She has two grandchildren, but her granddaughter is the only one who is active in her life since her entry into the home. She suffers from Alzheimer’s with behavioral disturbances (aggression, occasional wandering). She suffers from psychomotor slowing (effect of the treatments), a frozen face, staring eyes, and frequent falls, as well as a kind of violence towards the other residents and the personnel. She still speaks, slowly; her sentences are sometimes coherent and pertinent.

For Mrs. C., the goals of these sessions are to help calm her, to decrease her aggression, and to improve the verbal communication that she still possesses.

The sessions allow Mrs. C to relax and to interact with others without aggression (in the workshop group and in the community). She expresses herself faster and more clearly: “it was very beautiful, very soft”, and “a half-an-hour ago...”

Her facial expression and her look changes. The wandering and the need to walk remains through the musical listening sessions: “it makes me want to move”. Smiles are more and more frequent; she asks for help getting up and offers her thanks.

Sixth session: “Oh, I can’t get there”, and wants to get up by herself. The session where she wants to write and asks for a piece of paper, at which she shows great pleasure. Cf copy of May 31st, 2007. Words written by Mrs. C: “and then”, “others”, “bashes”, “free”

The second workshop is marked by the attention that Mrs. C gives to others and her calmness during the sessions. She tries to get up less frequently, and not at all during the fourth session. She continues to express herself verbally with us and the other participants. “This is going well.... the organization [sic] are very pretty” (she is talking about the workshop leaders as she looks at each of us in turn).

More and more relaxed.

There are some sessions where Mrs. C is tired (reoccurrence of falling), doesn’t speak, and only gives her consent as needed with a nod of the head. At the end of the sessions, she is still very calm and attentive to the music, but she no longer responds verbally (smiles, nods, a look).

Overall the musical listening sessions have allowed Mrs. C to calm down and to express her needs to move around and to verbally communicate with the group.

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Mrs. P:

Mrs. P is a 96yr old woman, petite and thin with extremely expressive black eyes. She has lived at the home since July 2006. A widow since 2002, she lived alone at home. Childless, she was surrounded by her nieces and nephews and her brother, who passed away in 2005.

Since her husband’s death, she presents dementia with behavioral disturbances.

Mrs. P’s medical file notes that she is depressive with psychotic decompensation in a paranoid form.

Maintaining her own household being too precarious, Mrs. P first entered a facility in the Lyon region, but then transferred to Grenoble in order to be closer to her family.

Since her arrival here, Mrs. P has been subject to quasi-permanent cries, anxiety, and has a perpetual need for company. Extremely temporally disoriented, Mrs. P still manages to communicate in a fairly coherent manner with the staff. She sometimes has aggressive or “crude” exchanges with the residents. When she came, she was mobile and able to feed herself, but her physical state has deteriorated and she is currently confined to a wheelchair.

The musical listening sessions were suggested for Mrs. P in the hope that they would alleviate her anxiety and as a final option to relieve her crying.

Mrs. P benefited from two series of 10 sessions of receptive musical listening without drawing.

Right away from the first sessions, Mrs. P visibly relaxed. There were no, or only very few, outbursts during the musical listening. Her cries transformed into moans or a kind of meowing that she said she wasn’t aware of. She managed to occasionally close her eyes and her breathing became calmer (Mrs. P usually suffers from a rapid and noisy breath). Her body straightened itself throughout the sessions. In the group, she was favorably interested in the others and the personnel observed less anxiety and more peaceful interactions with the other residents in general community life.

As far as verbal communication is concerned, Mrs. P easily responded to invitations to share her feelings experienced during the listening: “I feel comfortable”.

1st session – March 2007:

"I don't like music very much... I felt something like a not-disagreeable shiver... I am content, I am relaxed... I thought of things that aren't interesting to share..."

She was able to share her physical sensations without difficulty: "emptied", "tired", "limp", "I feel heavy", "I don't have any energy", "this isn't going very well", "blurry".

Memories of her husband and their youth emerge in the 3rd session.

A woman in the group asks her if she has children: "No. And that was my great disappointment", "We were left empty-nested... engaged for 3 years...."

She speaks of her fear and her pain (sacrum).

She has a sense of humor: "Don't think I won't be back!", "I will send you packing" (if we asked her too many questions). To a woman in the group who would wander and lift her skirt up, she would say: "Not any higher! I want to keep my virginity."

As the sessions progressed, Mrs. P became more and more tired and her pain increased. Her physical state continued to deteriorate, nevertheless her time in the group still continued to bring her a sense of well-being and an opportunity to interact and exchange with others.

2nd session – October 2007:

She is increasingly tired. Mrs. P is not able to really relax and complains of pains and of not sitting in her wheelchair correctly. Her general state deteriorates. She is not able to attend the third, fourth and sixth sessions. At the fifth session, she is out of sorts and wailing. She hadn't wanted to come since she felt so tired. She was nevertheless able to relax. She sits much straighter and is more and more invested in the verbalization process.

At the seventh session, Mrs. P recovers her sense of humor despite continuing to moan: "I'll send you packing if you ask me too many questions!" She talks about feeling better: "Oh, me... I'm doing alright."

Mrs. P arrives at the eighth session smiling; she's feeling better. She remains upright in her chair during the musical listening, yawns, softly sighs, and adjusts the collar of her dress as well as her necklace, and smiles at various people. On this day she doesn't moan at all and shares her well-being during the time for verbalization: "It was good... I'm always relaxed when I come here... I feel comfortable." When it is time to return to her room, she refuses as she does not want to be alone: "Oh, no! It's gloomy; it scares me... when I'm there I go away." She remained in the living room with the other residents.

During the final two sessions we observed a new behavior in Mrs. P: rocking back and forth with her upper body. The moaning returns. Mrs. P is visibly less relaxed. She puts her head back sharply and holds it there for a time. Her face contorts; her eyes are closed. During the discussion time, she says that she is tired and that the music doesn't interest her. We ask her about the moaning: "I'm waiting; I'm worried that someone is at home." She was referring to her husband who was supposedly waiting for her.

At the last session she is bothered by the music: "it is too loud." Her cries are loud. She is contorted, worried, and very agitated: "I'm going, I'm going, I can't stand it... my papa... it's too high, it's too high... please, they are... it's the men." All of this being said with anger, anxiety and lots of physical agitation. One of the workshop leaders sits near her and echoes back her emotions.

She then remembers an event linked to her anger: "All that I know, every Sunday, when we went regularly, they were there... so much the worse for them... me, I don't owe them anything... I don't like... I've never been this angry... I don't like knowing that they're there... I'm not scared, but almost..." As she was talking, she relaxed, took the leader's hand and held it until the music ended.

During the sharing time, she says that she feels better and that she is "all hot and bothered." An exchange is possible about the touching (taking and offering the hand): "Oh! I don't usually hold anyone's hand." At that time she repeated several times, "ma dona mai" an expression that she repeats every day. We had thought that she was imploring the Virgin Mary, but on this day she explained to us that it meant, "give me your hand" in patois. She smiled at us, appeased. At the end of the session she indicated that she would like to attend another musical listening series: "Yes, I want to be the first... if I am available." Mrs. P left us with a wink.

Overall, Mrs. P is calmer; although she continues her moaning it has become less intense and no longer disturbs her neighbors. Physically, she is weaker and has an infection that necessitates isolation. Since the sessions, Mrs. P's nights are peaceful – a rare occurrence prior to the musical listening.

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Mr. V:

Born February 23rd, 1937 in Paris, Mr. V entered the home November 12th, 2004, suffering from multiple infarct dementia resultant from successive strokes and resulting in serious memory disorder. The home situation had become unmanageable for his partner who is still professionally active. This man had four children from a previous marriage and was divorced in 1995.

He suffers from diabetes, arthritis, and hypertension; his left leg was amputated in October 2006. Before the amputation, Mr. P was subject to wandering and incessantly asked for cigarettes. Because of the risk of fire, his access to tobacco was limited. This brought on aggressive behavior and runaway attempts.

A Parisian baker and then a sales executive, he had always had a very rich social life and had a lot of people around him. Entering into the home was very traumatic. Mr. V wandered away often, attempted to leave, and called for his partner. He soon withdrew into himself, communicating less and less. Since his hospitalization, Mr. V is confined to a wheelchair and still presents aggressive behavior toward the personnel as well as impulsive behavior: he tears apart everything in his room (photos) and suffers from bulimia. He still presents physical agitation despite his handicap.

For Mr. V, the goal of the workshops is to assuage this physical agitation, to channel his aggression.

Mr. V participated in two sessions (phase 1) of graphic induction under musical induction, in two different groups.

1st series (from 3/7/07 to 6/20/07)

The musical listening with drawing workshop made it possible to give Mr. V a sense of self and belonging again. Actually, Mr. V was quick to mark several identifying elements on his papers in every session: "I am French," his birth date, "I like Mozart", his ex-wife's name. At the beginning of the workshop he just wrote a few words and always signed his paper. Throughout the sessions, Mr. V began to write sentences expressing his feelings (e.g. "I love Josette, my wife"), his angers

("I want to see Josette, but she never comes"), his longing for freedom ("I want to live free"), and his experience in the home ("I miss not being able to eat when I want to").

At the eighth session, Mr. V totally changed his attitude. He opened himself to others in daily life. His smile is less fixed. He no longer has impulsive bulimic behaviors or his irrepressible desire to tear things up. He is also no longer aggressive. He started learning to play the piano with another resident and he is attempting to repair his VCR with which he watches war documentaries, references that he brings out in his drawings during the workshop. You could say that Mr. V has rejoined the flow of life.

The music helps him, but drawing and, above all, writing, are real pleasures for him: "Writing is a pleasure; it makes me happy because there are such intimate things. It is important for me."

2nd series (from 10/24/07 to 4/10/08)

During this second series, Mr. V continues to place a lot of importance on writing identifying elements, feelings for his first wife are especially in the fore-front: "I want to write love letters to my wife; I am a romantic." During the sessions Mr. V is very calm, more than in the first series, and takes deep breaths as he adjusts himself in his chair. The exchanges between the participants happen very naturally in this session. The women in attendance asked Mr. V a lot of questions about his creations, which had the effect of validating him.

Conversely, Mr. V really withdrew into himself in daily life, no longer searching out interactions with others. Now he no longer leaves his room, whereas before he would walk around a lot with his wheelchair. TV programs also no longer interest him. Nevertheless, during the final evaluation, he talks about the graphic expression workshop as an agreeable time that brought him, in his words, liberty. He shares with us that it is a feeling that endures after the session.

Were the goals for the sessions achieved? Did the illness progress? Was he... finally... relieved? We asked ourselves these questions at the end of the two musical listening series. We are able to affirm the positive effect of these sessions on Mr. V and we think that he did find a kind of calm in his daily life and a space of liberty, as he expressed it, in this activity.

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Mrs. M:

Mrs. M was born August 4th, 1919. She entered the home in July 2007 when she was no longer capable of caring for herself after a hospitalization due to a fall. Mrs. M is a widow and lived alone. She had three children, two daughters and a son; the son passed away. She is a self-centered person who was able to show herself off through her youthful movie acting. She is a very nervous patient, anxious about aging and her future, and, in this context, presents some mnestic disorders. She had a fusional relationship with her husband; she depended on him a great deal and greatly idealized him. His death was unbearable for her. She became increasingly depressive and depended on one of her daughters with incessant demands for attention. Since her fall, she complains of a pain in her left thigh, a complaint that sometimes takes up all of her energies.

We hope in the sessions to help Mrs. M express her psychic pain more than her physical.

During the musical listening, Mrs. M doesn't allow herself to draw or write on the white page. During the sharing time, on the other hand, Mrs. M easily shares what she has or has not experienced. Her speech is over-intellectualized. She never refers to a memory, an image or a feeling. She asserts her existential difficulty while recalling feelings of pain, nostalgia, sadness, or loss, as well as hopes and highpoints of her life.

Her physical complaint, always in the foreground at the beginning of a session (she doesn't come independently to the sessions because of her pain), subsides to almost nothing. She takes advantage of the sharing time to address her experience in the home: "It's like everything is slowed down; it's a routine existence", "there's no light here; everything is monotone." She has found attentive, respectful, non-judgmental listeners in the group, which is very important for her. The group gives her a space to be heard and to speak, which gives her a kind of serenity and reassures her: "I really get a lot from this, like a light that allows you to see positively and further."

During the final evaluation, Mrs. M speaks thus about this activity: "It's good to discover oneself. It brings a lot of comfort. To be able to express yourself, to say what you are feeling, is almost a necessity."

In daily life, Mrs. M complains less and increasingly seeks out interactions with others.

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Mrs. F:

Mrs. F was born December 24th, 1922. She is married and has four children (3 girls, 1 boy). She entered the Bévière home in December 2002 when her physical state necessitated a major intervention. She had sustained cranial trauma from a fall on a stair in June 1998. She was in a coma for 13 days, in the ICU for 2 months, and had 15 months of rehabilitation.

When she returned home, she was able to walk but only in a limited manner and with the help of a walker and another person. She suffered from Wernicke aphasia resulting in significant difficulties of comprehension.

Since that time, successive periods of falling and convulsive attacks greatly inhibited her autonomy (wheelchair dependent, incontinence, total nursing care necessary) and rendered independent living impossible.

Since her entry in 2002, her physical state has much improved. Mrs. F has, little by little, recovered her autonomy. She spends the weekends at home with her husband. In 2004, a plan for her to return home or to an assisted-living facility was developed, but her husband and children refused. She suffers from no longer having a "home"; she feels like her family decided for her. This suffering is aggravated by difficulties in judgment. Mrs. F is often in a state of denial, which translates into a kind of verbal aggression in her interactions with others. She has the feeling that she no longer has a place in her family constellation and that she's no longer listened to by her daughters and her husband. The relationship with her husband is increasingly strained.

So the goals were to give her an opportunity to express herself about this experience, to ameliorate her depressive, reactionary state, and to help her rediscover the pleasure of writing.

Mrs. F participated in the graphical expression under musical induction workshop from October 24th, 2007 to April 10th, 2008. She immediately felt at home with the support that we offered and she immediately honored this place as a place of listening and verbalization. Very sensitive to the music, she reacted to it during the sessions: "The music makes me think about what I have within me... the music gets inside me... it crushes me ..." Mrs. F used the paper to express her feelings, her experience in the home, and all of the losses in her life with enthusiasm: "It doesn't go well in this house; I don't do anything. I am in a dump. I didn't used to be like this... If I've been here for 5 years, it's not for nothing; I'm supposed to die or get even uglier than I was when I came and that just makes me want to cry..."

What bothers her right away is that she doesn't like the other women in the group; she finds them disagreeable.

Despite this, throughout the course of the sessions a dialogue is established between her and the others, creating an opportunity for real exchanges within the workshop.

Each session allows Mrs. F to share her inner experience and to really work on herself and allow for a re-reading of her own history. The themes of grief, loss, aging, death, and her accident all emerge.

Nostalgic for her past, her youth, and for what she was before her accident, she is not able to appropriately acknowledge her physical and cognitive losses: "I feel like a dump that can't say or do anything... Beauty exists and you often just can't reach it... What I'm trying to say: I didn't used to be like this!"

Session 6: "What good is it to be old?"

Session 7: "I didn't think I'd ever get up again. There are so many things that I knew without knowing that I knew them... I've said it before: I'm turning into a kid again."

Session 8: "I thought about death, that probably isn't very far away for me..."

Session 11: She remembers her friends who have gone but who are still present in her heart and the good memories that she has of them.

At the end of the workshop, Mrs. F gives a positive evaluation of the activity that allowed her to freely express the basic problems of her existence, past and present. Very emotional, in the group she was able to process the emotions that came up and to verbalize them, even though this is normally one of her weak points in daily interactions.

The music resonated with her and she found a great deal of pleasure to play with words, freeing her emotions and experiences... her reality:

Session 8 (written): For this profound music that is deep within me...

Session 9 (written): I had what is called a cranial trauma: let's say (for fun) that I couldn't see anything, couldn't eat, and no longer had to swallow anything; I could be "normal" again – what you would call a miracle. I could tell myself that "xxxx" wasn't able to happen and I was frightened....

Session 11 (written): I can be a bother, or rather, crying inside for a friend that I love, one of my friends who has gone – that's the word that we use now – "but why has she left!" No – she was taken from us!!... Thank you for allowing me to give words to this suffering! Thank you for letting me tell you all of this... these thoughts that crush me...

-oo-O-oo-

Ms. B:

Ms. B was born in 1931 and entered the home in April 2005 in the general ward due to a lack of space in the psycho-geriatric ward. In 2007, a daily service from 11 am to 7 pm was offered in the ward.

She never married and has no children. She lived with her parents and cared for them until their deaths. When they passed away, she remained in the family house and was looked after by one of her sisters. She entered the home when her sister was no longer able to care for her (exhaustion) and it was too dangerous for Ms. B to remain at home alone due to the development of her illness.

She suffers from cognitive disorders and an Alzheimer's related dementia was diagnosed prior to her arrival in the home.

In the home, she wanders ceaselessly and presents obsessive behaviors: she cannot endure any change in her environment; everything has to stay in the same place. She responds aggressively to criticism and rejection by the other residents.

In 2007, her general state began to deteriorate; she ate less and lost quite a bit of weight.

She still wanders and seeks out the presence of others in a needy way. Interactions around personal care are especially difficult for the attendants in everyday life. Communication with Ms. B is restricted; she speaks in gibberish more and more frequently, but is still capable of expressing her desires.

The musical listening sessions aim to relieve Ms. B's anxiety and wandering and to see if her verbal expression can be improved.

Ms. B participated in two series of receptive musical listening.

At the end of the first series (10 sessions), we noticed a decrease in wandering, in the group and in the psycho-geriatric ward. During the listening, she was able to relax sooner and she recognized the place and the other participants. She smiles and is calm.

As far as verbal expression is concerned, she expresses herself much more and seeks to communicate with others and to answer in an appropriate manner during the sharing time.

At the 4th session, Ms. B arrives with the paper in her hand and holds it out to us, "it's for you", and looks at the other residents, "for the others".

At the 9th session, she gets up as the music ends and moves to Mrs. P, who has dozed off, "We need to wake her," and then calmly returns to her chair.

During the second series, her general state deteriorates again: she speaks less and less, but continues to express herself on a non-verbal level. In the group, she physically relaxes, closes her eyes, and continues to smile and remains very sensitive to the presence of the others (she often looks at them). She gets up sometimes, searching out contact without animosity and speaking to others in her gibberish. As the sessions progress, Ms. B stays in the same position for extended periods, frozen.

The evaluation of the sessions for Ms. B was positive despite the progression of her illness. She was able to relax, took interest in the others, wandered less, and was calm and smiling most of the time. In daily life, the personnel had less difficulty when caring for her person.

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Mr. F :

Mr. F was born in 1918 in Italy and lived at home with his wife, who had become worn out from the daily care of her husband.

Mr. F presents Alzheimer's senile dementia and entered the psycho-geriatric ward in October 2005. Autonomous in movement and eating, Mr. F suffers from an inability to orient temporally and spatially and requires careful monitoring.

He wanders frequently, urinates and spits everywhere (there are no known physiological causes) and "hums" most of the time. His language is correct, but poor, and he returns increasingly to Italian, his mother tongue. He is less and less interested in interactions with others.

The sessions aim to “revitalize” his verbal expression that has experienced a clear regression since his arrival and to recreate social ties.

Mr. F participated in the 2nd workshop series of receptive musical listening. He sat near the CD player due to significant hearing impairment. Right away from the first session, he showed interest in the music and turned himself toward the player. In the second session, he takes pleasure at being in the group; he greets the women who are present, hums, keeps time, and doesn’t spit once. Mr. F likes being there and expresses it thus, “It’s nice here”. He is relaxed and smiling and jokes when one of the leaders starts coughing while “shushing” her with a knowing smile. Mr. F begins spitting again from the third session on, but in a more moderate way.

His verbal expression is clearly progressing and Mr. F responds with relevance during the sharing time. He offers coherent commentaries: during one session, Mrs. C slaps him as he is humming and Mr. F responds, “Why did you do that?” and, addressing the leaders, “You have to keep your patience!”

His physical attitude changes; Mr. F is less stiff and leans back against his chair, his head tilted back, legs relaxed. He closes his eyes more frequently, even dozing off occasionally.

Overall, Mr. F found a place in the group and a kind of pleasure at interacting with others. His wife also attested that he was more present in his interactions with her, that he expresses himself more, and that clearly memories are returning again. Communication is possible again between the two and Mr. F remembers his wife’s name, as well as his own name. He communicates much more in French. In daily life, the personnel observe that Mr. F is less withdrawn, that he takes a greater interest in the other people in the ward and that he reacts better to their overtures.

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Mrs. C:

Mrs. C was born in 1930 and entered the psycho-geriatric ward in February 2006; her husband, who is ill himself, was no longer being able to care for her. She suffers from chronic depression and Alzheimer’s. At home, her husband was very active in her life, meals, personal care, etc..., and he still is, despite her entry into the home. He comes every afternoon to take her for a walk. Mrs. C looks for him whenever he is not there. A few months after her arrival, Mr. C passed away from cancer. Mrs. C took it poorly, cried a great deal, kissed photos of her husband, and quickly transferred her affections to Mr. F, whom she “leads” in his wanderings. In daily life, personal care is difficult as Mrs. C refuses the help of the personnel and can become aggressive. Meals take place with no difficulties. She is a bit of a flirt and is also very sociable. After her husband’s death, Mrs. C soon presents regressive postures (assuming a fetal position when in her bed, less speech, and a corresponding increase in gibberish...). The major problem is still nocturnal and diurnal wandering.

We hope the sessions will help Mrs. C to express her emotions, to initiate a grieving process, and to channel the anxiety expressed in her wandering.

In the first session, Mrs. C shows a great deal of anxiety during the musical listening: she wanders around the room, inspecting the exits and making sure that the door is locked and even goes so far as to bolt it. She fidgets especially after 15 minutes and repeatedly says: “come” or “go”, inviting us to stand up. She does not relax much and indicates that she doesn’t like the music by pointing to the CD player and making a face.

During the fifth session, Mrs. C expresses herself a little more, uttering short phrases and calling for our attention: “very beautiful”. The 8th session is very difficult for Mrs. C who is continuously agitated. Finally, at the last session, she is able to give words to her experience: “I’m scared... but I’m scared...” as she grabs at us and tries to leave the room. She begins to cry, calms down, and says: “Let’s go on... it’s your turn... he has understood.”

During the second workshop series, Mrs. C still wanders during the sessions but seems less anxious. She tends to direct herself to Mr. F, whom she touches tenderly. She shows interest in the other participants as well, walks toward them, and tries to interact and speak with them. She is less agitated, as if the room is familiar to her. At the 3rd session, she is irritated as she listens to the music and goes to shake the CD player saying, “This is driving me nuts.” At the fifth session, she no longer wanders around but is agitated again in the following two sessions and can’t stand that Mr. F closes his eyes (cf death of her husband) and gets up to shake him. During the 8th session, she doesn’t move towards Mr. F at any time; her face is sad and she has tears in her eyes. She invites Mrs. B to get up and leave with her. At the following session she doesn’t wander, but reacts to the music and says, with extreme emotion, “Mama, mama, you’re coming”. She gets up one time, moves towards the workshop leader, speaks to her incomprehensibly, returns to her seat, relaxes, and struggles not to fall asleep. At the last session, she is calm and smiling and sits next to one of the leaders and takes her hand.

By the end of these two workshops, it seems that Mrs. C was able to process her grief and that she has progressively detached herself from Mr. F, who symbolically represented her husband. In the ward, Mrs. C no longer monopolizes Mr. F and no longer exhibits jealousy towards his wife or aggression towards the other women who sometimes approach Mr. F. She was able to invest in relationships with other residents and to be more receptive to the personnel. She wanders around the ward less and seems less anxious. The night personnel also note an improvement in her night wandering.

At the same time, Mrs. C’s language improved; one of her sons corroborates this improvement during his visits.

In the group, she is reassured by our presence and the framework that we provide. She verbalizes or shows her emotions, such as fear, sadness, joy, and well-being. She recognizes us outside the workshops and greets us with tenderness: “Ah, it’s you!” - this kind of expression not being used when she meets personnel with whom she has little contact or who are new.

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Mrs. B:

Mrs. B was born in 1923 and entered the home in November 2005, suffering from Alzheimer’s. She lived alone; her only daughter was exhausted from caring for her. Mrs. B is very disoriented; she looks for her parents and speaks of them as if she had just learned of their passing, with a great deal of grief. She cries a lot and often runs away. She has a great need to be active and to help others, referring to her career as a shopkeeper and her years of working. Very sensitive to remarks or criticism, she belittles herself easily. She is aware of her incapacities. Mrs. B has good interpersonal skills and she talks a lot with Ms. B. She has occasional language lapses and shows her anxiety at these memory losses.

We hope through these sessions to help Mrs. B process her grief, but also to maintain the mental faculties that she still possesses.

We suggested that Mrs. B take part in the musical listening with drawing sessions. The first sessions were difficult; she wasn’t able to concentrate on the music, couldn’t stop talking, and didn’t want to use the drawing paper, saying that she couldn’t draw.

As her logorrhea diminishes, she continues to have a positive response to the music and what she experiences.

During the sharing time, she talks about the well-being that she felt: "It was nice. It calms me; I like it... the self shrinks. You listen without moving and that allows you to notice what is happening... I was happy; I loved... I have the feeling that it gives me comfort... It is ecstasy."

At each session, Mrs. B recalls her family and the people who have gone before with sadness and regret, sometimes as if they were still alive.

Session 2: "I've lost my people; I live without any joy... this year was horrible – so many deaths, and deaths... I shouldn't think about it anymore."

"I am her daughter, Mama's. She is sick, not possible to go... my sister isn't bothered; each to his own."

Session 4: "I want to draw tears in eyes... it's too hard! I'm scared to lose my mama... my mother, she was everything..."

She moves alternately from a conscious, aware state to a disoriented one. Starting in the 7th session, her language shows a growing adjustment to reality: "I have a lot of 'accidents' in my head... I haven't seen my little girl this week... I've really let myself go since growing old..."

Session 8: "Sometimes I keep beat with my foot... It's hard in my head... I don't see my brothers any more; I think they are both dead."

Session 9: Mrs. B tells us that she thought about her daughter as she listened to the music, then that she sometimes thinks about us, the leaders, outside of the group. That day, aware of having lost her mother she talked to us about her virtues and her attachment to her.

In June 2007, Mrs. B was transferred to the psycho-geriatric ward because of her runaway attempts, which put her in danger. Aware of this change, she will benefit from the framework of these sessions to express what she experiences in this move. In the 10th session she says: "It is easy there; it is calm. In the other place there were three men who squabbled... so I took off and they caught me, saying there is still more to do... it was noisy – people crying... I like it here (in the group); I wouldn't fancy going back there (to the ward)..."

In the 11th session, Mrs. B praises the group and what it brings her: "I'm happy I found you. I breath... it's good to be with you. I'm not going to let go of you... It's always nice to be here... whenever there's something I don't like, your faces come... it's peaceful in my own head; I am happy with you."

At the end of this first musical listening series, Mrs. B has gotten used to this ward. Calmed, she has found her place among the other residents.

The sessions have allowed Mrs. B to find a space of listening and speaking about her emotional experience, past and present: "It's not me, it's what's inside me that makes me say what I think," "I don't have a husband; he is dead. I don't want another one," "I'm doing well; I talked about my family."

What remains problematic for Mrs. B is using her drawing pad during the musical listening; that reawakens her lack of self-confidence and to her habit of belittling herself: "I only know about business and talking with customers... I don't dare; I'm too stupid." (session 1)

For her, who had very little schooling, only the work is of value. Drawing doesn't have any meaning for her; she cannot express her emotions graphically. The pencils meant for drawing serve to keep time to the rhythm of the music.

Mrs. B expresses her desire to continue the musical listening and we suggest that, for the second series, she participate in the group without drawing.

Over the course of this second series, Mrs. B remains very receptive to the music and easily relaxes, keeps time, closes her eyes, etc... but then she increasingly presents stereotypical behaviors like buttoning/unbuttoning, putting on/taking off her sweater, or repeatedly lifting up her skirt.

Relaxation is never really achieved; Mrs. B is soon parasitized by ambient noise, the movements or speech of others. Her speech is less fluid; her sentences are incomplete or even incomprehensible. She no longer, or only fleetingly, references her family. Nevertheless, she leaves each session smiling and insisting that she would like to return.

An important event will take place over the course of these sessions (end of November, 2007): Mrs. B is “moved” again to a general ward at the request of her family. She regains her bearings, but the team soon proposes a day-sojourn in the psychogeriatric ward because of her wandering and possible runaway attempts. At the 9th session, Mrs. B talks about this day-sojourn: “It’s a little like prison... I’m the naughty one... but I’m doing well, that’s what’s important,” and then, as we accompany her to the elevator: “I’m going back to prison... but aren’t we all a little bit imprisoned.”

At the 10th session, communication with Mrs. B is difficult; she no longer seems able to understand us, and dialogue is virtually impossible. During sharing time we hear: “Too bad, too bad. It’s our fault, not hers.”

At the end of this series, we questioned ourselves about the effect of all these changes on Mrs. B, who was already losing her bearings when she arrived, and on the progression of her illness.

In daily life, the personnel observed that she was able to connect with certain people in both wards and that she recognized her “girlfriends” with pleasure and that these friends became kinds of reassuring reference points for her.

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Mrs. C:

Mrs. C was born in November 1932 and entered the home in October 2004. She was widowed in 2003 and has a daughter and one son, deceased. She suffers from Alzheimer’s and communication with her is very difficult due to a quasi-permanent logorrhea in which French and Italian, her mother tongue, are mixed. Mrs. C requires assistance for all acts of daily life; she no longer walks and is confined to a geriatric chair with restraints at her daughter’s demand after having suffered several falls that necessitated hospitalization.

We hope the sessions will calm Mrs. C, who seems to re-live, with much anxiety, the events of her life through her “stream” of words and who often shows aggression and anger.

From the second session, Mrs. C stops talking for a few moments to listen to the music. She is still physically agitated, shows anger in her words, and speaks with much anguish of death at the end of the listening time, “Death, death...”. During the sharing time, she accedes to the pleasure of listening to the music, “Yes, there’s a lot to it.”

Over the course of the sessions, the motor and verbal agitation decrease and Mrs. C relaxes, smiles, her movements slow, she looks at the others. Her language becomes increasingly comprehensible and her utterances become richer; at first, she talks a lot about anger, anguish, and fear, and then about sadness. She seems to relive specific moments of her life. At the third session, we are surprised by what she shares: “It isn’t nice... there’s nothing pretty... the house... bad, it’s not good for anything... I don’t want to eat... Yvette, Yvette, there, there... stay there...” At the fourth session: “You will lose, you will lose me... Leave, my son!... Come here! You will come here... there aren’t any more, you see that no one comes anymore... dead, dead... stay, stay, he’s not there... I am here, I am here.” In this session, Mrs. C finally achieves a major relaxation in her speech, as well as her physical attitude.

In the eighth session, she begins many of her sentences with, “as for me, I...”. She is very calm and the logorrhea is practically non-existent.

For Mrs. C, the sessions have allowed her to calm down, whether in the group or in daily life, or during moments of personal hygiene; everything is calmer and interactions with the personnel are more pleasant. Over the course of the sessions, Mrs. C became more receptive to others and we were able to communicate with her.

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Mrs. G:

An 88yr old woman (born in 1920), in residence at the home since March 2004. Mrs. G was widowed in 2003 and lost her only son 20 years ago in a motorcycle accident. She took care of her handicapped husband. Depressive, she was hospitalized in October 2002 and never returned home. She asked to enter a retirement home herself, first at La Bâtie in January 2003 and then at the Résidence Bévière in order to be closer to her family (her brother-in-law, her husband's brother, looks after her).

Mrs. G presents a neuro-degenerative illness with temporal-spatial disorientation. On the behavioral level, she continuously calls for attention from the personnel and demands their presence. She is very anxious, cannot endure solitude, and cries regularly, "Ma'am! Ma'am!" She needs assistance for most daily activities except eating and sometimes reacts with opposition, in denial of her own limited capacities.

Her language abilities are intact and are fairly sophisticated, but interaction with the personnel is difficult due to her disorientation.

The musical listening sessions aim to decrease Mrs. G's anxiety, an anxiety linked to her diminished mental abilities, and to decrease her ever-increasing calls (cries). Mrs. G participated in two workshops of receptive musical listening.

From March 2007 to July 2007:

From the first session, Mrs. G is very critical of the music: "It's a little long... I prefer more rhythmic music... it's not the kind of music I usually listen to..."; Mrs. G doesn't let herself relax and her language during the listening belies a defensive attitude. During the sharing time, she won't admit to the relaxed state that we observed (relaxed body, closed eyes, a smile, etc...); she remains defensive: "This isn't really relaxing... I feel nervous; it's the music. I would prefer something more lively..."

Mrs. G isn't able to concentrate on the music and she is very quickly "taken over" by the other people in the group who get up, talk, and move in their chairs. She comments on everything that takes place and sometimes makes disagreeable observations: "She doesn't understand anything, that one!"

In the 6th session, Mrs. G is less critical of the others and starts to make well-meaning comments, worrying about the well-being of the others, "Look out! She's going to fall!"

This attitude continues until the 9th session and we observe a real physical and mental relaxation in Mrs. G.

Then, in the 9th session, the criticisms return. Mrs. G is annoyed by the music, which she finds too long and disagreeable. For the whole session, she remains preoccupied with the need to see her mother who must be worried by her late arrival (denial of loss, unprocessed grief).

During the sharing time, she talks about her memory problems while simultaneously denying them. "I write down things so I don't forget them... I have a good memory..."

At the last session, Mrs. G is very relaxed (body slack, smiling face, attentive to the music), but at the end of the musical listening, she says she would like to go out in the garden since listening to the music “is nice, but no more... I’d like to walk a little... get a little exercise.” This request is absolutely correct; it’s beautiful weather outside...

After this first series, Mrs. G is generally calmer, more attentive to others, her speech is more positive, and her demands have decreased.

It was in this context that we offered her a second series, which she willingly accepted.

From October 2007 to February 2008:

Mrs. G surprised us with her calmness and her increasingly relaxed physical state. She continues to interact with others without passing judgment. She often closes her eyes and even falls asleep. The music calms her and during sharing time she says: “Ah yes! At the beginning, you are more nervous... It is nice (to relax) because I was very nervous... I am better than when I came.”

In the 5th session, she talks again about her husband, who must be waiting for her, and her work friends. The past doesn’t leave her for long and she remains preoccupied with her husband at the end of every session, who she took care of until October 2002 and who passed away after she entered the home (difficult grief). “He’s all alone at home... his brothers don’t have any time... When I am with him he has a little company...”

The issue of grieving for her husband is present at almost every session. Nevertheless, Mrs. G is able to relax more quickly and with long-lasting results.

The evaluation for Mrs. G was overall a positive one: less anxiety, less physical agitation, less demanding, Mrs. G has a more peaceful relationship with the staff and the interactions during moments of personal hygiene are more pleasing.

VI. General Conclusions:

With this method of musical listening, we were able to observe positive effects on the participants in each group at every successive meeting:

Decrease of motor agitation and wandering,
Visible physical relaxation, change of posture,
Creation of bonds between participants, recognizing others, interest in others,
Verbal exchanges between the participants and the coaches,
Enrichment of individual verbalizations and non-verbal communication,
Relief of distress and emotions linked to a re-surfacing of traumatic events (grief, unresolved conflicts...),
Acceptance of others with their differences,
A feeling of security and belonging to the group.

These visible effects within the framework of the group carried over into daily life; the staff and the families also noticed the improvements in behavior and communication in the participants.

The crucial moments of daily life, such as personal care/hygiene, became less problematic, and the caregiver-patient relationship became more agreeable.

This method was appreciated by the residents who, for the most part, had positive reports of their participation and who wish to continue the activity. The group was able to create a safe place to speak, a containing space, allowing the participants to regain a feeling of individual existence as well as a feeling of belonging. Each in his/her own rhythm was able to overcome personal issues and was calmed during the sessions, and sometimes for much longer.

For the care-giving team and the coaches, the method provided an opportunity to find a different attitude toward the person suffering from cognitive difficulties and their "abilities": "She is still able to....", "We can still establish a relationship with her."

We plan on continuing this activity, which offers specific support adapted to their needs.

This therapeutic activity also validates the profession of psychiatric aide, a relatively recent addition to the field of geriatrics.

VII. Future Plans :

On the supervision day, March 12 2008, (cf appendix 3), we established, together with the instructor, a program for the coming months. The institutional constraints, as well as the absence of the psychologist (due to illness), delayed the implementation of this program in the given time. At the same time, the preparation of this analysis took more time than anticipated, due to limited time constraints for the team to convene and review the data.

Future plans:

Summer 2008 - Group musical listening, 2nd and 3rd stage
 - Individual musical listening 1st stage

September 2008 - Cf appendix 3 – The Workshops – paragraphs A, B, C, D, and E. These workshops will be held on Thursday afternoons, which will facilitate the organization of the workshop leader's work as anticipated in appendix 3 of May 18th, 2008 (the suggested groups are subject to change).