



## STATEMENT

regarding the organization of artistic mediation workshops utilizing the  
*Catharsis Application Program* ®

The mission entrusted to our institution has become more complex with the emergence of those challenges expressed by patients with Alzheimer's disease. In addition to the historical "Home" mission of providing safe shelter and assistance in the daily care of residents, professionals are now faced with the task of providing answers to the rapidly growing behavioral issues that afflict the elderly population.

Although a drug solution may seem appropriate in these circumstances, it should not be the only answer. A behavioral approach should complement the medical treatment to manage and control these neurological disorders..

The Catharsis Application Program is recognized as a therapeutic intervention which promotes the release of unexpressed emotions. With its potential to help alleviate behavioral challenges with those afflicted with Alzheimer's disease, we decided to offer the program to residents who reside at the Home for the Elderly Dependent in St Amans Sout. Participants were selected from the Alzheimer's unit within the nursing home. Even though some of us were skeptical regarding its effectiveness, we were willing to take a "wait-and-see" approach until we were personally able to assess its impact on our residents.

In hindsight, the whole team was able to recognize that this tool could summon unimagined resources in our residents.

After having seen, heard, and read the detailed assessments of the residents who participated in the 12 week session, I can confirm that these patients achieved significant progress as a result of their participation in the program. They clearly exhibited the need for these sessions, which offered a venue allowing them to verbalize their pain, secrets, and feelings.

This experience enabled caretakers to look at the patients in a different light. The residents displayed abilities which the professional staff believed were lost to those with dementia. This work has collectively enriched us and has enhanced our expertise. By our involvement in CAP, we feel that we taken a step toward improving the quality of care for our patients.

With what we have experienced, we are committed to organizing and training the staff in the Catharsis Application Program. We strongly believe that by incorporating this technique as part of our therapeutic program, we will be able to provide an environment capable of providing emotional and behavioral balance to those residents with dementia.

Cédrik DECAVELE  
Director; Home for the Elderly Dependent in St Amans Sout  
April 9, 2013

# CATHARSIS APPLICATION PROGRAM®

*A tool designed to facilitate the emergence of repressed experiences  
and heal emotional wounds*

## APPLICATION OF CAP

*October 12, 2012 to January 28, 2013*

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### E.H.P.A.D. "Résidence du Parc"

12 rue du Portail Haut  
81240 SAINT AMANS SOULT



**Authored by**  
Chantal Desmoulins



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## Table of Contents

i - v	Acknowledgements	
	Preface	

### 1-10 | Chapter 1 Catharsis Application Program - *Presentation*

1	- Introduction	1
2	- CAP : An Artistic Mediation	2
3	- The Medical Staff	3-4
4	- The Group of Residents	4
5	- Description of the Sessions	5
6	- Sessions Schedule	6
7	- Purpose of the Sessions	6-7
8	- Equipment	7
9	- Documents	8-10

### 11-21 | Chapter 2 Progress

1	- Reference Session # 1 - without music, with evaluation	12
2	- Drawing session under musical induction # 1	12-13
3	- Drawing session under musical induction # 2	13
4	- Drawing session under musical induction # 3	14
5	- Drawing session under musical induction # 4	14
6	- Drawing session under musical induction # 5	15
7	- Drawing session under musical induction # 6	15-16
8	- Drawing session under musical induction # 7	16
9	- Drawing session under musical induction # 8	17
10	- Drawing session under musical induction # 9	18
11	- Drawing session under musical induction # 10	19
12	- Reference Session # 2 - without music, with evaluation	20
13	- Evaluation Session with the Residents	21

### 22-58 | Chapter 3 Evaluation and interpretation of the Results

1	- Ms. Liliane R.	22-25
2	- Ms. Françoise P.	26-30
3	- Ms. Jeannette N.	31-35
4	- Ms. Marcelle-Simone M.	36-40
5	- Ms. Henriette B.	41-45
6	- Mr. Lucien R.	46-50
7	- Mr. Antoine G.	51
8	- Ms. Georgette B.	52-58



## Sommaire

**59-61** | Chapter 4 Assessment by psychologist, Ophélie Salvan

---

**62-63** | Chapter 5 General Conclusion

---

**64-85** | Chapter 6 Attached Files: Tests and drawings by the Residents

1 - Ms. Liliane R.	65-67
2 - Ms. Françoise P.	68-70
3 - Ms. Jeannette N.	71-73
4 - Ms. Marcelle-Simone M.	74-76
5 - Ms. Henriette B.	77-79
6 - Mr. Lucien R.	80-82
7 - Ms. Georgette B.	83-85

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- **Marie-Christine Plumejeaud**, nurse and facilitator; for her participation in the organization of the sessions, her positive energy and her continued caring support of the CAP process.



## Preface

This report is the authentic record of the implementation of the "Catharsis Application Program" (CAP) method at the Alzheimer Memory care unit of the "Residence du Parc" at St Amans Soult in France. The sessions featured the methodology of graphic expression under musical induction, with eight residents of the facility.

For almost thirty years, we have trained and supported many patient care teams in the implementation and monitoring of this therapeutic tool. This method is applicable to many medical disciplines, such as gerontology or psychiatry, and is designed to help patients to move forward in achieving their goals in therapy and/or life path.

In this exceptional work, it happens from time to time that we meet particularly favorable conditions for its development. These right conditions are in general due to the human qualities of the management and care teams.

This is what we pleasantly experienced in the nursing home "Residence du Parc" between October 2012 and January 2013. The healthcare team and CAP facilitators were able to work in harmony, focused only on the interests of the residents. The latter felt sufficiently supported and nurtured to free themselves of emotional disabling tensions; the psychologist and the caretakers, all engaged and involved, were able to question themselves and find, among them, a new dynamic enriched by constructive and healthy interactions; and finally, once again, the CAP facilitators had the opportunity to perfect their practice and understanding of the tool.

This report was first intended to be very brief. In retrospect, given the abundance and quality of the data collected, it seemed essential to maintain observations in its true form, with citations reflecting the richness of what had been expressed and experienced by both the health care team and by the residents.

Our hope is that this report may serve as a support to professionals who wish to implement CAP in their therapeutic environment. This is why we present, in the first part, the application framework of the method.

The latest discoveries on the brain are about to demonstrate the important role that music can play in restoring certain faculties. But more importantly, they pave the way for a more holistic medicine, which takes into account the emotional journey of the patient or home resident.

Based on this work, we hope to establish new partnerships and motivate professionals not only to utilize CAP, but also to participate in an interdisciplinary team designed to promote research dedicated to understanding the importance of art, and in particular music, in pathologies of the Alzheimer type and other dementias.





## Introduction

Saint Amans Soult is a community of 1700 in Tarn, a French Department. It is situated at the foot of the Montagne Noire, in the heart of the Regional Nature Park of the Haut Languedoc.

The E.H.P.A.D. "Residence du Parc" - a Home for the Elderly Dependent - has a capacity of 86 beds, including an Alzheimer unit. Most residents who live there are natives of the village and the region, contributing to the warm and friendly atmosphere of this living environment.

We proposed to the Director of the institution, Mr. Decavel, the implementing of the Catharsis Application Program, as a psycho-musical technique to support the staff, who is confronted with the physical and psychological dependence of elderly people they serve.

Marie-Christine Plumejeaud, a nurse who previously worked at the "Residence du Parc" and is trained in mediation techniques, was requested by Mr. Decavel to participate in facilitating the first implementation of CAP to help familiarize the staff with the Catharsis Application Program (CAP) technique.

In collaboration with Ophélie Salvan, staff psychologist, a group of 8 residents - two men and six women ages 78 to 88 - suffering from Alzheimer's disease and/or associated disorders discovered, together with the healthcare team, the CAP program.

These residents live together in a "life unit" dedicated to their pathology.

## CAP - an Artistic Mediation

CAP is part of the artistic mediation techniques that complements traditional therapies. The basis of the technique is a receptive music therapy program, associated with free graphic expression.

Based on 28 years of clinical experience, this method is intended for all health professionals who wish to use the artistic expression as mediation, in order to establish a relationship of trust with patients for whom verbal communication is problematic.

It is suitable for all ages and virtually all specialties where the emotional component is strongly evident. It is used in France, Switzerland and the United States.

This technique allows better identification of the difficulties in living encountered by the patient. The cathartic function of the music selected for this program brings indeed a dynamic mobilization of emotional experiences and triggers a gradual awareness of repetitive patterns and blockages, while giving the patient the opportunity to accomplish important liberating work.

Within retirement homes, or services with long and medium term stays, this technique provides a support that is, in particular, well suited and diversified to the pathologies present at the end of life.

CAP offers a highly structured and codified methodology that is different from traditional therapies. This method allows the expression of another language, the language of drawing that relies on the experience of each individual. The process results in the mobilization of each patient's potential which results in a feeling of wellness, both physical and mental.

## The medical staff

### NON-RESIDENT FACILITATORS

- Ms. C. Desmoulins: *Designer and CAP - Director of Program Development & Education*
- Ms. M. C. Plumejeaud: *Nurse, Health Advisor; trained in the Catharsis Technique*

### RESIDENT MEDICAL STAFF

- Ms. Ophélie Salvan : *Psychologist*
- Mr. Stéphane Oumoussa : *Nurse aide*
- Ms. Lysiane Tillot : *Nurse aide*
- Ms. Virginie Volante : *Nurse aide*
- Ms. Patricia Vosa : *Nurse aide*

### COORDINATION AUTHORITIES IN CHARGE OF HEALTH SUPERVISION

- Dr. Espel : *Geriatric Psychiatrist, Medical Coordinator*
- Dr. Allan : *Geriatrician, Medical Coordinator*

#### *Chantal Desmoulins :*

- supervises the implementation of CAP sessions
- generates the final assessment.

#### *Marie-Christine Plumejeaud, program coordinator, is responsible for:*

- ensuring all sessions are conducted properly and that the therapeutic setting remains a safe environment
- updating medical coordinator regularly on progress of CAP sessions
- collaborating and coaching psychologist and medical staff on implementing program guidelines
- collecting all relevant data necessary to complete the final assessments
- program liaison for Chantal Desmoulins

#### *Ophélie Salvan, key mental health representative, is responsible for:*

- disseminating information on the CAP sessions to caretakers and general staff
- coordinating patient selection with Marie-Christine Plumejeaud and health care team
- organization of program sessions and follow-up
- submitting list of prospective patients for CAP Program, to Dr. Espel for final approval
- creating a homogeneous group for program based on pathology and behavior
- identifying a group and individual target goal(s) for each resident
- modifying patient roster as needed based on feedback obtained from medical coordinator and informing healthcare team of changes in program participants

- communication to patient units on the participants in the program
- ensuring communication of each participant progress in program to family members
- managing information presented to medical teams on the progress of each resident
- managing information collected from medical teams on behavioral & physiological changes

**The team of nurse's aides** is the link between the implementation of CAP and the daily life in the unit. As part of the healthcare team they are responsible for:

- gathering information on the changes observed during the week between program sessions for each resident participant. These remarks will include behavioral or physiological changes observed by the health care team and family members
- recording the attitudes of each resident during the session
- documenting the meeting summary produced by the team who supervised the session.

### The group of residents

**Ms. Liliane R.** - Date of birth: Nov. 14, 1934 - Diagnosis: dementia; presumptive Alzheimer's disease - Autonomy: Needs motivation and direction to complete activities - Behavior: tendency to withdraw, sometimes ironic in her remarks, fear of failing - Communication: good.

**Ms. Françoise P.** - Date of birth: April 18, 1928 - Diagnosis: dementia; presumptive Alzheimer's disease - Autonomy: Needs motivation and direction to complete activities - Behavior: moody, refuses instructions - Communication: uses a comical tone, displays moments of tension.

**Ms. Jeannette N.** - Date of birth: Aug. 5, 1924 - Diagnosis: dementia; presumptive Alzheimer's disease - Autonomy: normal activity with instruction - Behavior: altruist - Communication: good.

**Ms. Marcelle-Simone M.** - Date of Birth: July 20, 1930 - Diagnosis: dementia; presumptive Alzheimer's disease - Autonomy: Needs motivation and direction to complete activities - Behavior: smiling - Communication: good, speech difficulties.

**Ms. Georgette B.** - Date of birth: April 22, 1927 - Diagnosis: dementia; presumptive Alzheimer's disease - Autonomy: needs motivation and direction to complete activities; hesitant prior to completing task - Behavior: solitary, anxious - Communication: needs time to express herself, anxiety with difficulty in expressing her thoughts.

**Ms. Henriette B.** - Date of birth: March 20, 1926 - Diagnosis: dementia, presumptive Alzheimer's disease - Autonomy: performs activities correctly but in a hurried way - Behavior: piercing voice, episodes of aggression, tendency to order the group - Communication: aggressive and hurried; pressured speech; wants to direct others and be the leader.

**Mr. Lucien R.** - Date of birth: Feb. 27, 1930 - Diagnosis: dementia, presumptive Alzheimer's disease - Autonomy: needs motivations; instructions must be repeated multiple times; slow response- Behavior: wandering, singing - Communication: introverted.

**Mr. Antoine G.** - Date of birth: Jan. 20, 1928 - Diagnosis: dementia, presumptive Alzheimer's disease - Autonomy: normal with supportive direction - Behavior: quiet with periods of inappropriate behavior - Communication: Short answers; yes-no responses.

## Description of the CAP sessions

### 14 SESSIONS

- 2 reference sessions, one before and one after the sessions with graphic expression under musical induction
- 10 sessions of graphic expression under musical induction.

*Under the supervision of Chantal Desmoulins:*

- 1 assessment with residents
- 1 assessment with staff and management (no resident participation)

### CONDITIONS

The sessions take place in the same room every Tuesday at 2 pm, with the same group of people, during the 13 weeks.

The selected room will provide the following conditions:

- ease of access
- remote location, to promote an atmosphere which is safe and confidential as well as secluded from the normal environment
- setting which can accommodate the number of participants for group work.

During the sessions, each resident is invited to draw freely while listening to music. Staff facilitation is at times implemented to stimulate the resident, in order to trigger movement, but is not involved in the selection of colors or the orientation of the sheet and gives no information about the offered music program. Following the graphic expression, residents are offered the opportunity to express their feelings regarding the session.

Given the cognitive deterioration, lack of temporality of the group at the beginning of the implementation and praxis limitations of the program participants, it was necessary to simplify the instructions into short steps, which were always the same, in order to help residents to find their way easily.

Too many instructions or explanations quickly overload the disorientated person. Materials used during the sessions were reduced to a bare minimum, in order to help everyone concentrate.

## Session Schedule

<i>SESSIONS</i>	<i>DURATION</i>	<i>DATES</i>
Reference Session # 1 without music + assessment	2hours	Oct. 16, 2012
Drawing session under musical induction # 1	1hour 30 minutes	Oct. 23, 2012
Drawing session under musical induction # 2	1hour 30 minutes	Oct. 30, 2012
Drawing session under musical induction # 3	1hour 30 minutes	Nov. 06, 2012
Drawing session under musical induction # 4	1hour 30 minutes	Nov. 13, 2012
Drawing session under musical induction # 5	1hour 30 minutes	Nov. 20, 2012
Drawing session under musical induction # 6	1hour 30 minutes	Nov. 27, 2012
Drawing session under musical induction # 7	1hour 30 minutes	Dec. 04, 2012
Drawing session under musical induction # 8	1hour 30 minutes	Dec. 11, 2012
Drawing session under musical induction # 9	1hour 30 minutes	Dec. 18, 2012
Drawing session under musical induction # 10	1hour 30 minutes	Jan. 03, 2013
Reference Session # 2 without music + assessment	1hour 30 minutes	Jan. 08, 2013
<i>Assessment with the group of residents</i>	2hours	Jan. 29, 2013
<i>Assessment with medical staff</i>	2hours	Feb. 05, 2013

## Purpose of the CAP Process

The overall outcome anticipated with implementing the **Catharsis Application Program** in the nursing home is:

- improve physical and mental well-being of residents
- induce relaxation and allow behavioral improvements
- create a sense of security, assurance
- establish relationships between residents, enabling them to recognize and support each other
- improve verbal exchanges between residents and medical staff
- enrich verbal and nonverbal communication of each patient
- relieve distress, anxiety and emotions related to the resurgence of traumatic events (bereavement, unresolved conflicts), by offering a venue where everyone has the ability to express themselves
- present a holistic approach to therapy which incorporates an individualized plan of action
- address the issues associated with separation, the treatment of pain and / or progression of one's disease
- prevent the feeling of seclusion and withdrawal
- enhance communication between resident, family and care team.

*In addition to these general effects, CAP engages each patient with personalized attention that can serve as a basis for a sound psychological treatment. CAP is able to establish an effective protocol for daily living that is therapeutic and is adaptable for the needs of each individual resident.*

### The Global Goals for Resident Participants

These CAP sessions aim to resolve the tensions between residents in their unit. By offering an open and safe environment- without the restriction imposed upon within a confined location - we seek to create an atmosphere among the residents that fosters union and group connection.

### The Specific Goals defined for each resident are as follows:

- Ms. Liliane R. - help her better accept herself and to overcome her fear of failing
- Ms. Françoise P. - channel her attention; help her complete her tasks with minimal direction
- Ms. Jeannette N. - help her free herself of the burden of her daughter's death
- Ms. Marcelle-S. M. - facilitate her integration within the group and the institution
- Ms. Georgette B. - promote her socialization; help her to "fill an existential void"
- Ms. Henriette B. - assist her in channeling her energy and interactions appropriately, needs to refocus her attention, learn to respect others and their boundaries.
- Mr. Lucien R. - control his wandering
- Mr. Antoine G. - prepare him to accept the death of his wife, which he does not know yet.

## Equipment

Each person will be given the following supplies during each session:

- a box of 15 art crayon (Caran d'Ache Neocolor), a pencil with sharpener, an eraser, a paintbrush
- a cardboard pouch with 12 sheets of A3 drawing paper and reference labels.

## Documents

### *Individual Forms*

*- Confidential documents earmarked for medical team -*

➤ **Individual resident form:**

This form records the general information about the resident and the therapeutic objectives expected to be achieved with program participation. It is used to communicate each resident's status with the medical coordinator. It documents those peculiarities of the resident, which is taken into account during the sessions, and to provide safety and balance within the group dynamic.

➤ **Group Summary form:**

This form provides a synoptic view of all residents participating in the sessions. Prepared before the beginning of the meeting, it helps the professional staff and medical coordinator to assess the homogeneity of the group.

### *Pre- and post-tests*

➤ **Simplified Self-Assessment Questionnaire (Version 3)**

This survey commonly accompanies the Hamilton Depression Scale (used by psychotherapists). These ten questions gather subjective information on the mood of the subject, offering a straightforward system of monitoring of an individual's progress over time.

➤ **Space Test**

This test analyzes the position assigned in space to the fundamental concepts of the self, the past and the future, the material and the ideal according to numerous parameters. It was designed from the symbolic use of space, which is a concept developed in graphology by Pulver, and/or Arthur Mabille in the Village projective test. (The symbolism of writing – Pulver)

### *Tracking and liaison documents*

➤ **The schedule was designed with the cooperation of the residents allowing:**

- each resident to create a time reference for the weekly sessions
- each caretaker (staff) to be aware of the schedule to ensure that the participating residents will be ready for the weekly sessions.



### ➤ **Subject Observation form**

This observation grid documents the subject's behavior following a session and the adequacy of their responses during the 12 program sessions. The grid is designed from the work of Dr. Jacqueline Verdeau-Paillès, neurologist, Hospitals Psychiatrist and therapist. (The psycho-musical Report and the Personality - Dr. J. Verdeau-Paillès - Ed JM Fuzeau SA - 1981).

### ➤ **Resident manual**

This manual stores the following documentation for each resident:

- meeting notes collected by staff
- verbalizations in response to musical induction
- summary of the past week experiences between sessions

### ➤ **Liaison binder**

This information allows the program facilitators to communicate with the medical staff on any developments noted with residents participating in the program. The items included in the binder are:

- observation checklists for each resident
- summary of each session
- remarks from the care teams of changes noted with program participants between sessions

## *Data*

The data provided by the pre and post-tests, drawings, verbalization, meeting notes and observation sheets are collected to analyze the results.

### ➤ **Simplified Self-Assessment Questionnaire (Version 3)**

Tabulation of the results makes it possible to estimate:

- degree of depression expressed at the beginning of the CAP process
- degree of depression expressed at the end of the CAP process
- assess the overall changes which occurred and were detected by the resident and/or staff

### ➤ **Space Test**

Comparison of pre-tests with post-tests makes it possible to assess changes in the level of consciousness, the relationship of the self, with the past, the future, the ideal, and the material

### ➤ **Subject Observation Form**

Identifies protection mechanisms, any distress, the capacity for relaxation and receptivity to the music, as well as monitoring changes in behavior.

- **Analysis of drawings which includes the Clinical Observation grids is designed to:**
  - *highlight* the presence or absence of several selected criteria. In this context, we have selected, for most residents, the surface occupied by the drawing, the symbolic of the space, color symbolism, and quality of the lines.
  - *monitor the progression* of the selected criteria during the sessions.
  
- **Analysis of verbalizations provides the ability to:**
  - *classify the types of responses* (sensory responses, coenesthetic responses, motor responses, simple visual image, developed complex visual images, aesthetic feedbacks and value judgments, pure emotional responses, recall of memories, intellectual responses or responses in reference to the context)
  - *monitor the progression* of the selected criteria during the sessions. From the data collected, we draw a graph that shows clearly the progress observed during the course of the program.

## Progress

Catharsis Application Program sessions were introduced and presented to each resident by Marie-Christine Plumejeaud, Ophélie Salvan. Residents were informed that the purpose of the sessions were to support them in their daily lives.

The introduction, combined with a personal interview, received a very favorable review from the eight selected residents. A space was created collectively with the participating residents which included a “message board” area with information related to CAP. From the onset, they displayed a deep level of cooperation, commitment and seriousness to this activity.

With the first four sessions, it was necessary to repeat the purpose and instructions for the activity, but in time the residents became accustomed to the routine and it was no longer necessary to review the function of the group.

During the first three sessions, which included the reference drawing without music, the drawing time was quite short; 6 of 8 residents completed their drawings before the allotted time or end of music.

At the fourth session, 5 of 8 people drew throughout the music selection, and for the remaining sessions, 4 of the 8 residents needed additional time to complete their drawing after the music had stopped.

Six of the 8 participants recognized the room, exhibited some temporality, from the fourth session on: *"But don't you remember? We did it last time..."* This behavior was also evident in the life unit: *"This is where I go to sleep sometimes."*

For the last two sessions, all residents remembered their assigned seat.

Verbalizations, initially hesitant and without important emotional or personal involvement, gradually transformed into a rich experience, with freely expressed emotions such as anger, tears, joy.

All professional CAP facilitators noted the formation of a group dynamic which developed over the weeks, and whose characteristics were a joyful vitality prior to and following each session.

Solidarity manifested within the group, particularly in the last three sessions. When one resident had to stop participating in the CAP program for health reasons, the absent was significantly "present" in everyone's comments.

**Important Note:** The titles of the musical selections were never communicated to residents. No explanatory information is provided on the possible effects of the music.

## REFERENCE SESSION # 1 (without music; with evaluation)

**Number of participants: 8**

**Characteristics of the session:**

The group displayed a remarkable attention to various instructions, even when it was necessary to repeat them more than once. During this session one heard comments like: *"Well hey; we returned to school, what are these notebooks?" "Oh, there's our name... There's our names also on the tables, that's fine..."* We noticed residents opening up, leafing through, and palpating the documents. One could see that these people are used to being helped and it will be interesting to observe the process of restoring independence for each participant. At the end of the first session, the group is very lively.

**Facilitators:**

Our common impression is that the group was attentive and receptive to this first session. We see curiosity and interest in each resident.

The Reference session # 1 is important because it helps to shape the organization of the sessions. We had to extend it for an extra half hour because most residents had difficulty in understanding some of the instructions.

## *Drawing session under musical induction # 1* CALLING OUT (invitation to take a journey)

**Number of participants: 8**

**Characteristics of the session:**

Residents arrive and greet everyone spontaneously (first social connection). The group is informed that no one is at school, but that all are involved in a creative process, which can help improve their life. This was necessary to explain to the residents as to why the staff was observing and writing down information about them during the session. The drawing process is slow to start. There was a moment of hesitation when the residents requested help but the facilitators reinforced the need to be alone with the process. With the reality of needing to face the emotional impact of being alone themselves, the real work under the musical induction begins.

**Facilitators:**

To avoid any distractions which could influence focused attention, we decided not to place any materials (Neocolor crayons boxes) directly next to the sheet of drawing paper. In addition, since the residents do not write in their notebooks, it was agreed to not place them on the table.

**Care team:**

Patricia (nurse's aide) loved this first session. She was impressed by the behavior displayed by the residents. Mr. Antoine G. stood up saying: *"I'm finished"* and requested a kiss. Mr. Lucien R. talks about his love and affection for the donkey he drew in his picture. Mrs. Henriette B. and Mr. Antoine G. helped the group by reminding them about the time schedule for the session. Without the assistance of the staff, they started to create an autonomous group. As a caretaker, Patricia sees her role as always anticipating the needs of the residents and offering help. Being asked to stop and observe introduces a new dimension in her relationship with each individual.

## *Drawing session under musical induction # 2* CERTAINTY (the couple)

**Number of participants:** 8

**Characteristics of the session:**

The residents are able to identify their name on the tables and take their seat quickly.

**Facilitators:**

Ophélie (the psychologist) expresses: *"Today, everyone has reached a step in what they are able to address. All have reached a limit, some happily, others with difficulty, but they have succeeded"*. She acknowledges that there is one surprise after another, from session to session: *"We take everything for granted and we forget that they - the residents - have things to teach us... To see them in action, enjoying the music, being focused... They live! "*

**Care team:**

Lysiane (nurse's aide) comments that it is not so easy to move from the role of caretaker to observer, to extract oneself from the "doing". She notices that the group behaves very differently during CAP sessions than in the life unit. She is impressed by the serenity of Ms. Françoise P. She never noticed that Mr. Lucien R. has such a ritualized behavior; and observes the suffering of Ms. Marcelle-Simone M., who repeats *"I am alone."*

*Drawing session under musical induction # 3*  
**PLATFORM (refocusing)**

**Number of participants: 8**

**Characteristics of the session:**

The team reports that the residents have indeed made clear their desire to return to the CAP by acknowledging the Tuesday meeting. Residents are socially engaged with shaking hands, and all eyes are sparkling and warm! They look for their name on the table and settle peacefully.

**Facilitators:**

Despite a rapid demonstration of the use of Neocolors, repeated at each session, nobody - except Ms. Henriette B and Mr. Antoine G - uses brushes and water, or available pencils and erasers.

**Care team:**

Virginia (nurse's aide) says she is amazed and delighted with this session. She notices the residents acting very different, and as a result of this change, she has begun to perceive them differently. Their behavior and mood is different than in the life unit. They are clearly more centered and calmer. This has had a significant impact on her as a healthcare worker. She is questioning how she relates to the residents and is amazed by their desire for more independence. By participating in the sessions, she begins to understand the residents better and hopes to incorporate what she has learned into how she approaches them on a daily basis.

*Drawing session under musical induction # 4*  
**EXPERIENCING THE RISE (always going farther)**

**Number of participants: 8**

**Characteristics of the session:**

Dominant in this session is the visible cohesion in the group which creates an environment that helps to enrich their drawings and verbalization. With the display of positive attributes within the group – they appear to be more alive. By the end of the session, all departed the meeting smiling.

**Facilitators:**

Ophélie (the psychologist) recognizes "the confronting aspect of this music is that seems to have generated moments of inner conflict, rejection, and aggressiveness in some residents, and inner questioning and discovery in others...."

**Care team:**

Patricia (caretaker), from one session to another, is surprised by how the music has personally affected each resident and how this has impacted their evolution.

*Drawing session under musical induction # 5*  
**THE CRY OF THE EARTH** (presence of love)

**Number of participants: 8**

**Characteristics of the session:**

We are witnessing the creation of a group dynamic that now bonds the residents with each other. This is the second time they answer the question: "How was this session?" more clearly. The goal of the CAP process – the creation of a group – has been realized at this session. The residents are present and actively engaged in the synthesis of the past week, which takes place before the session. In fact, some spontaneously come to the table, taking an interest in hearing what is being said about them.

This session is dominated by an atmosphere of calm and at the same time, with questions prompted by listening to the music. Most residents have written on the drawing sheet, rather than drawn.

**Facilitators:**

Ophélie (the psychologist) marks her astonishment and satisfaction with the behavior changes occurring in each participant.

**Care Team:**

Virginia (nurse's aide) feels that her ability to her healthcare practice is enriching, due to the fact that she is now in this role of observer. She looks at residents from a different perspective. The reports on each session and the assessment for the week between sessions reveal important aspects in the lives of the residents. For instance, when Mr. Lucien R. speaks for the first time of his deceased wife, the communication between the teams was instrumental in generating discussion on how to help him through this display of grief therapeutically. It shows that the therapeutic goal developed at the beginning of the program can be achieved and the practical information gathered during the sessions can be utilized by the professional staff to improve the lives of the residents.

*Drawing session under musical induction # 6*  
**THEY CAME** (a helping hand)

**Number of participants: 8**

**Characteristics of the session:**

We are immediately struck by the joyous movement of the group. Ms. Henriette B. meeting Mr. Decavel - the Director - greets him: "*Hello Mr. President*" and kisses him! Everyone quickly finds their seat today.

**Facilitators:**

Ophélie (the psychologist): *"The music which is superb brought out many emotions, anxiety, fears. It digs still a little deeper.....allows the resistance to soften and breaks through the emotional armor."*

**Care team:**

Patricia, a nurse's aide (3rd session she had participated), was very moved by the tears of Ms. Henriette B. *"We finally see the expression of pain in this woman."* The subtle aggressive behavior displayed on occasion by this resident, does not always facilitate her care.

This session allows Patricia to validate herself as a professional. She emphasizes that Mrs. Henriette B. has increasingly opened up to others and helps others in their process by reminding them of the goals of the session. Patricia is amazed by the ability of residents to be together: *"They consciously live and enjoy sharing their encounters together. For these residents this collective experience is special."*

### *Drawing session under musical induction # 7* PASSAGE (maturation)

**Number of participants: 8**

**Characteristics of the session:**

Ophélie (the psychologist): *"Today the music brought to light for each one many inner conflicts; borders are crossed, and at the residents' level one can say that each of them is reinvesting, gradually, a part of themselves. We see the osmosis of the group, which forms, and comes alive in an overall movement. They hear the music."*

**Facilitators:**

Ophélie (the psychologist) adds that for Stéphane this session is a time of discovery and it is only in the second session that Patricia, Lysiane and Virginia have seen the impact of the program on how the residents behave.

The nurse's aides realize that through their participation in the CAP sessions, there is a stronger professional bond and a sense of camaraderie among them. This connection has resulted in their desire to work more as a team and has unified their efforts in providing quality care for the residents.

**Care team:**

Stéphane (nurse's aide), who is assisting at a sessions for the first time, is surprised by the calm atmosphere and the group cohesion.

Virginia (nurse's aide) reveals before the meeting that the bonds created between the residents during the sessions are also being observed in their daily life. Among the residents on the life unit there is improved communication and a feeling of community.



## *Drawing session under musical induction # 8* ENLIGHTENED HEART (self-evaluation)

**Number of participants: 8**

**Characteristics of the session:**

During this session, when the residents enter the room, they each recognize the surroundings and know the location of their seats. They have achieved the ability to take their place quickly and without help from the staff. Ms. Liliane R., Jeannette N., Henriette B., instantly locate their seats.

This session is, on the one hand, highlighting the achievements of the residents and on the other hand, for the staff, it is an occasion to observe the progress of each resident and its impact in the life unit.

**Facilitators:**

Ophélie (the psychologist): *"This music is really reminding us of Christmas music in its embracing nature, evocative of a homecoming, to one's own people."* Mr. Lucien R. slowly begins to get rid of his tics. Today, he drew a face. Ophélie puts it in relation to what he said to her in the morning. So far he had not settled in; had not become used to the healthcare facility. Now, he is beginning to settle in, as if it were his home. He is calmer and wanders less. Upon entering the room for the session, he went to his name, *"This is who I am,"* and perhaps his drawing the donkey during the first musical induction is a kind of goodbye to his previous life. Ophélie observes that Ms. Henriette B. shifted from *"I think of those who died"* to *"I think of those who are alive."* It is necessary to inform her doctor, who is concerned about her recent aggressive episodes, that it appears she has engaged in a process of mourning since participating in the program.

**Care team:**

Lysiane (nurse's aide in her 3rd session) continues to observe the progress of the residents: *"We see differently, we learn to let them do, we see how they behave differently, here and in the nursing unit, and we note that the program and the unit now complete each other."*

She is surprised to see with Ms. Georgette B. *"her language has improved during the session... sentences are formed well and clearly expressed with a content that makes sense, unlike in the unit where she struggles to find the words."*

Lysiane also noted fewer problems at bedtime. Mr. Lucien R. appears calmer, relaxed, as if the music was supporting him. She remarks that the attitude of Ms. Marcelle-Simone M. is now different in the life unit and observes that *"she is smiling everyday and the CAP session releases her emotions."*

*Drawing session under musical induction # 9*  
**JOURNEY ON THE SPIRAL (discovery)**

**Number of participants:** 7 (Mr. Antoine G. is absent, in the hospital)

**Characteristics of the session:**

The group quickly fills the room, with animation. It has become a game to find one's place, and to those having difficulty finding their seat, the group is willing to assist. The atmosphere is radiant! The joy expressed by the residents coming together is obvious. The staff is astonished during the music listening to find the room intensely calm with the residents engaged in deep contemplation. The dedication is real, profound. There is an almost solemn tone in the peaceful and introverted behavior of the group.

**Facilitators:**

Marie-Christine (main facilitator) recalls the process: *"Many experiences have happened to all of us. The group work has enriched both the residents and the team alike. It has allowed each of us to better understand ourselves. This session closes the year 2012 and we are pleased to meet again in early January for the last two sessions, which will be followed by a personalized assessment."*

**Care team:**

Christine (coordinator), who is present as an observer, recalls the difficult atmosphere of this Christmas period. The residents are invited to participate in many activities that may overwhelm them. *"Should we not at times be aware that some residents may desire to be alone with their memories?"*

As a native from the village who knows most residents, she brings a unique perspective. She is impressed by her observation of the behavior of the group, united, receptive and captured in the musical process. Herself, as well as Virginia, were very moved by certain musical parts. The impact of the music, as well as the change in behavior (clear thinking instead of confusion) of the group, leads her to understand the distinct "therapeutic" aspect of this process, and its unique characteristics which sets it apart from the "occupational" quality of many proposed activities.

The distinctive features of the CAP methodology, prompts her to consider troubled residents in other units, to be considered for this type of support. She concludes that these are generations who have suffered and that they need to feel valued. This process offers an opportunity for them to be heard.

Virginia, who has attended the sessions for the third time, considers the program as a valuable tool that has enriched the residents through music. This process has appeared to have influenced how they behave and has prompted them to express themselves in a distinctive manner. She also notes that, in the life unit, residents are more trusting of each other, and exchanges between them have become less strained and more fluid. Her participation in the program has altered her perception of the residents, which in turn has influenced how she offers support to them.

*Drawing session under musical induction # 10*  
**RESONANCE (respiration)**

**Number of participants:** 7 (Mr. Antoine G. is still absent, in the hospital)

**Characteristics of the session:**

This session, which resumed after the New Year, has not been an easy one. The Christmas holidays has provoked many memories of grief, separation, the presence or absence of family members and the state of Mr. Antoine G. health. The group feels he is "departing" and will not be returning to the group. In addition, today the session takes place on a Thursday instead of Tuesday, breaking the regularity of the day and time previously established.

Positively, we note among the group the following: Ms. Françoise P. demonstrated a discreet but real improvement in her communication (she is more available and present); Mrs. Henriette B. became more committed to participating in the program; Mrs. Georgette B. acquired a calm and quit tempo; Ms. Liliane R. displays an ability to express herself freely; Ms. Jeannette N. was able to vibrantly recall the memories of her youth. As a group, all the residents are now able to verbalize and participate at the end of the session.

**Facilitators:**

The psychologist notes an improvement in the verbalization at the end of the session. She observes a feeling of freedom among the residents when expressing themselves during group exchange.

**Care team:**

One of the aides emphasizes that the communication between the residents have become more evident, even if the manner at times is aggressive. He notes that each one has become more assertive when expressing their needs: *"I do not know what to do... I do not want to draw"*.

## REFERENCE SESSION #2 (without music; with evaluation)

**Number of participants:** 7

**Characteristics of the session:**

We note the group's joyous movement marching, "as one man", to the session. Despite the absence of name place cards, many of the residents find their seats quickly and for those who are hesitant the group is attentive in helping them find their place.

During this last session, there is a general sense of a collective rather than individual tone. At the conclusion of the CAP, we witness several characteristics expressed by the group that can be attributed to the process: spatial recognition, ease of communication, trust, and a joyful attitude with the group.

The group of residents occupied their seats, arranged the drawing paper and executed instructions in a rhythm that was not exhibited in the pre-test session. Everyone enjoyed their individual progress in a manner which made the group more cohesive.

**Facilitators and care team:**

Although Mr. Lucien R. and Ms. Françoise P occasionally needed help from the facilitators, this did not appear to disrupt the other residents in the group. They were capable of remaining focused and were able to work independently despite the distractions.

Ophélie (the psychologist) notes that this session requested only  $\frac{3}{4}$  of an hour - much less than the first one, which lasted 1:45!

Stéphane (nurse's aide) was initially skeptical about CAP. He felt the enthusiasm expressed by his female colleagues was exaggerated. Over time his viewpoint changed and he became amazed at the profound changes observed with the residents participating in the program. By the end, he had become a fervent advocate of the CAP process.

## EVALUATION SESSION

*(with residents/facilitators/care team)*

**Number of participants:** 7

**Characteristics of the session:**

After a three week break, the residents assemble together for their evaluation. Ms. Georgette B. greets everyone with a large smile: *"We had not seen each other for some time; it is good that you are visiting us again."* Assembled around the table, the residents recognize the facilitators without difficulty and everyone feels ready for the assessment. Attending the meeting are Marie-Christine Plumejeaud (facilitator), Ophélie (psychologist), and Virginia, Stéphane and Patricia (nurse's aides).

The purpose of this session is to present the drawings in sequence to the residents observing whether they will recognize their creations. Then each one was asked to identify their favorite and least drawing. Afterward Marie-Christine reviewed each set of drawings in the group, disclosing the results generated from the evaluation for every resident.

It is interesting to note that even after a significant break since their last session, three residents were able to recognize their drawings quickly, while the other four required a period of time before reconnecting with their work. None of them could express which of their drawings was more or less loved. However, none remained unresponsive during the evaluation and all approved the proposed interpretations.

Throughout the evaluation, the residents were present, attentive and visually interested in the process. Everyone participated and reacted to what was being said. Some remarks are of astounding accuracy, and relevance.

**Facilitators:**

Although there is an apparent progression to the disease process, it seems that there is a part of the person still present underneath the deterioration after the twelve week program. Because of this there is a part capable of hearing the assessment and is able to show an interest in the possibility of further progress.

**Care team:**

This step is crucial for each caretaker. They express understanding in the depth of this therapeutic approach and the insight of the assessment. The impact of this process has created an awareness of a method in which they are better able to support the residents.

## Program evaluation & interpretation of collected data

**Ms. Liliane R.** - **Date of birth:** Nov. 14, 1934 - **Diagnosis:** dementia; presumptive Alzheimer's disease - **Autonomy:** needs motivation and direction to complete activities - **Behavior:** tendency to withdraw, occasionally ironic in her remarks. **Phobia:** fear of failing. **Communication:** good.

Ophélie Salvan, Psychologist  
Marie-Christine Plumejeaud, Facilitator  
Chantal Desmoulins, Supervisor

### Behavior during the sessions:

Ms. Liliane R., who was born in Haute-Savoie near Geneva, never quite fit into the village life. She had a difficult relationship with an alcohol addicted husband and has always exhibited a closed and disdainful appearance.

Upon arrival at the nursing home her transition was difficult which resulted in significant challenges adapting and integrating to the environment.

She appears lonely and cut off from the group. She needs to hold her handbag during all the sessions. She has always expressed sensitivity to music and even though she often sighed, expressed doubt, and criticizing her drawings, she remained remarkably centered on the process and steadfast throughout the program.

Her suspicious and withdrawn attitude during the first three sessions changes substantially in the 4th session (CD3). Although Ms. Liliane R. is still looking for a resolution of her issues- lack of confidence, fear of failure and of the judgment of others - her posture and orientation (facing the table, and drawing sheet) indicates a change in her focus.

### From the 5th meeting (CD4) on, we see the following changes:

- improved memory by the ability to recognize a prior occurrence: *"But don't you remember? We did it last time!"*
- recovery of autonomy that is perceptible from her new interest in participating in activities in the life unit
- ability to feel and express her needs
- she has changed from isolating herself to seeking out being with the group
- freedom of expression. During the 9th session (CD8), she suggests to her neighbor, who does not know what to draw: *"Draw a picture, a figure..."* For the first time, she is able to create on her own and not try to seek out something to reproduce and says of her drawing: *"It starts slowly."*
- at the 10th session (CD9), Christine, an aide, said she was impressed in the transformation of behavior and mood in Ms. Liliane R. who, at the first chords of music, smiles and says: *"We are flying!"*

**Synthesis of the Observation form:**

She keeps her eyes mainly open, except during the sessions 7 and 8. During times of internalization, there is sometimes an expression of anxiety on her face. This observation allowed the psychologist to address the issue of anxiety expressed during the session with her.

**Synthesis of the Space Test:**

➤ *In the pre-test*, all responses are far from the center of the paper.

➤ *In the post-test*, the energy is focused at the concentric circles in the center of the page.

She passed from a centrifugal to a centripetal force. Ms. Liliane R. has initiated a process of releasing her from previous injuries and shocks.

The post-test visually resembles the target used in a game of darts: the center is placed in zone of inhibition relating to the past. The sixth circle, added around this center, appears to be a defensive barrier similar to the moats that surrounded the castles in the Middle Ages. This defensive zone corresponds to the anxiety expressed on her face during moments of introspection she experienced, while listening to the music.

**Synthesis of the Self-Assessment Questionnaire:**

- The item 'I felt sad' changes from 'Often' to 'Sometimes'
- The item 'I felt fearful' changes from 'Sometimes' to 'Never'
- The item 'I felt comfortable in my body' changes from 'Often' to 'Sometimes'
- The item 'I felt that people disliked me' changes from 'Sometimes' to 'Never'.

There is a significant improvement in mood, which for her corresponds to the desire to be less fearful. This is an important achievement in her recovery.

**Synthesis of the Drawings:**

The first drawing (Ref.1) shows that Ms. Liliane R. is rich in potential, delicacy, and a desire for beauty in her life (delicate flower with bright colors). This work has the potential to bring her the opportunity to manifest those aspects in her life. Her aspirations have been thwarted (important use of the top left area, a space of regret, nostalgia, and a zone of inhibition). She had to protect herself from others, to build defense mechanisms (protective barriers in almost all drawings, which was confirmed in the Space post-test).

With every drawing there is a progression toward unraveling all that holds her back from manifesting her full potential; to reconnect to an energy of life that allows her to make a positive shift and open up (the barrier in the last drawing is no longer closed, instead it opens towards the future). Using the pressure of her pencil implies a moment of discomfort; a revolt that perhaps has not been expressed during other moments in her life. The last drawing (Ref. 2) suggests that she frees herself from this burden.

**Synthesis of the Verbalizations** (*see Chart p. 25*):

One can observe the richness of expression with the responses documented from CD4 through the end of the program.

According to what has been identified in the tests and drawings, it is not surprising to discover that value judgments are many, and mainly do concern the quality of her drawings. They are disparaging, which reinforces the observation, previously detected, of the fear of being judged.

In contrast, the emotional responses that start with CD4 are positive; Ms. Liliane R. speaks of a pleasant feeling, of tranquility. She often refers to her current situation with appropriate responses in which she gives many explanations of her difficulties. She thus shows that she feels confident in the proposed context and can externalize questions and doubts, safely. The CAP protocol plays the role of containing space, where emotions, anxieties, conflicts, and psychic pain can be transformed into positive energy.

**The assessment of Ms. Liliane R.:**

At the time of assessment, she seems to recognize her drawings: *"It seems to me that I had done things like this; it is I who has imagined this... it is not finished. Where to go? Was it me who did all this?"*

Ms. Liliane R. closely follows the explanation: *"Oh la la... I have not seen that... well, on my faith, I do more things than you know..."* In harmony with the process, she says: *"I understand!"*. She concludes: *"Ah, I thank you so much... I am not the only one who thanks you!..."*

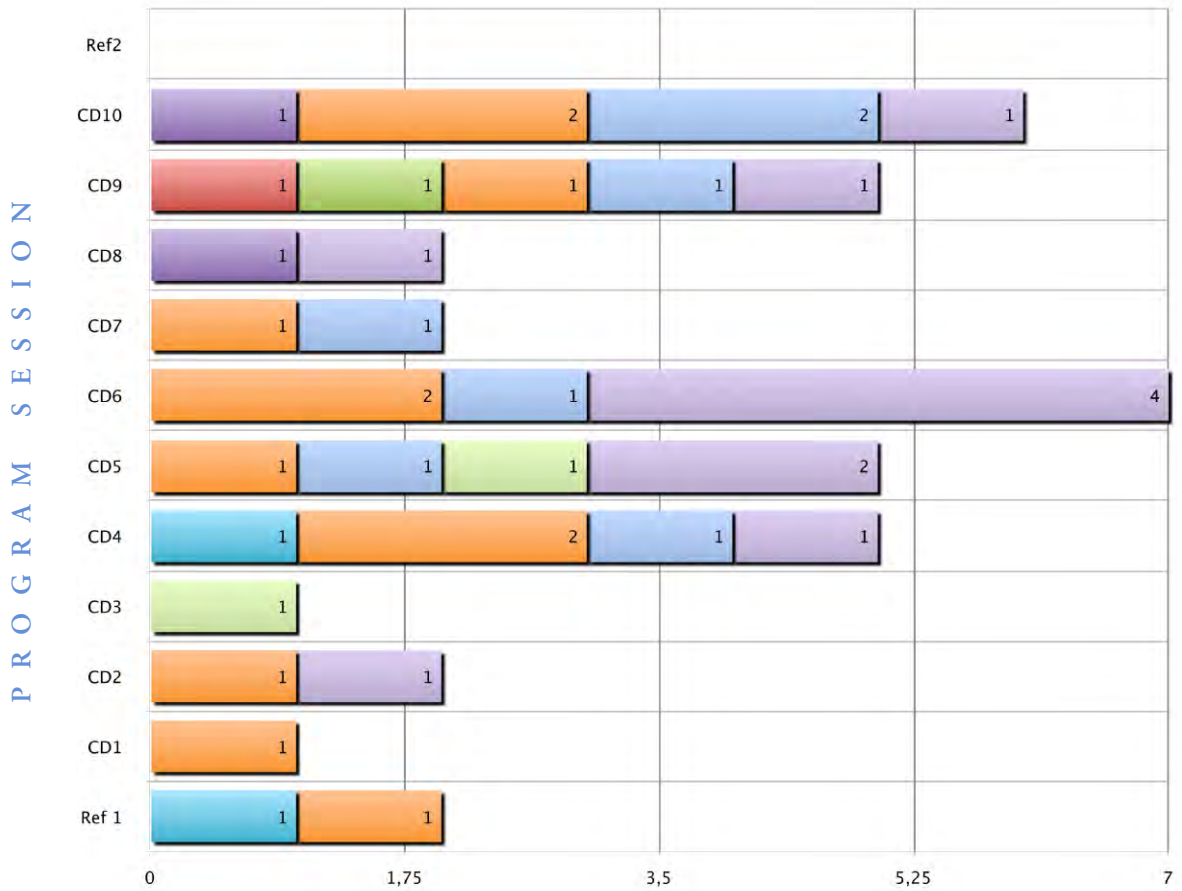
## CONCLUSION

**The initial goal of self-acceptance and overcoming her fear of failure appears to be achievable for this patient and is objectified by an entirely new attitude. She is opening up to the group, has expressed new interests, gained a new level of independence and has participated daily in community activities.**

**Given her high responsiveness to the music and the positive changes seen as a result of program participation, we can only advise that she resume her involvement with sessions of graphic expression under musical induction with CAP in a few months.**



Verbalizations chart for Ms. Liliane R.



TOTAL NUMBER OF RESPONSES

- TYPE OF VERBAL RESPONSES
- Sensory responses
  - Coenesthetic responses
  - Motor responses
  - Simple visual images
  - Developed complex visual images
  - Aesthetic feedbacks, value judgments
  - Pure emotional responses
  - Recall of memories
  - Intellectual responses
  - Responses in reference to the context

**Ms. Françoise P. - Date of birth:** April 18, 1928 - **Diagnosis:** dementia; probable Alzheimer's disease - **Autonomy:** Needs motivation and direction to complete activities - **Behavior:** moody, refuses instructions - **Communication:** uses a comical tone, exhibiting moments of tension.

Ophélie Salvan, Psychologist  
Marie-Christine Plumejeaud, Facilitator  
Chantal Desmoulins, Supervisor

### Behavior during the sessions:

Ms. Françoise P. is considered in the life unit as a rather whimsical, scattered being, with unpredictable, often ironic reactions. Her words may become aggressive or vulgar (her speech seems to be organized as a defensive system).

She responds quite rebelliously to instructions and her participation in different activities is rather disjointed because her attention is difficult to capture. However, all teams emphasized that because Ms. Françoise P. has exhibited a love for music, it would be appropriate to integrate her into the CAP sessions.

➤ From the first session of graphic expression under musical induction, we were immediately challenged by the way she immersed herself in the music. The nonverbal body language- had it been filmed - would have been a magnificent testimony for its richness and subtlety of expression! It is predicted that she will amaze the staff by her serenity and commitment to the process as she becomes more immersed in the discourse of the programmed music.

At the same time, while giving the impression of being somewhere else, she expresses a remarkable attention to the movements of the group.

During the course of the program she became more animated and verbal which is constantly progressing over time with each session: *"Great, I love it. And to share with you, that's great, a little each time!"*

➤ The fifth session (CD4) marks a break in her demeanor and gives rise to an open rebellion, during which Ms. Françoise P. defies both the participants and the music, which seems to irritate her greatly. The conflict is expressed openly: she punctuates the music with her head, her hands, saying ironically *"Olé!"* when it starts and *"Amen"* when it stops.

➤ The ninth meeting (CD8) marks another milestone: Ms. Françoise P. calls for the caretakers throughout the drawing process. She lays, asks about her limitations: *"Poor Françoise, she is a bit senile... I made a drawing there; it's zany... (pointing to Ophélie and Lysiane observing her) What do you want me to find besides this?..."*

*"They hear, but they must say 'what can she write, this one, on me, on her notebook?'... I'm stupid... We do not know why we talk about it... I am so stupid!... You believe, over there, they understand what is happening here?"*

This time, Ms. Françoise P. did not shy away in her refusal, mockery or delusion. She was present and active, not rejecting help.

➤ During the tenth session (CD9), a shift has occurred. Previously, Ms. Françoise P. participation was limited, but now she is more involved in the graphic expression, shows more interest in listening to the music and the life of the group. She has, for example, spontaneously grasped her crayons and began writing on her paper without instructions as if she had memorized the directions previously told to her.

➤ During the eleventh session (CD10), the music appears to disturb her a little: *"But... what is that?"* Eventually, Ms. Françoise P. manages to relax her posture and facial expression. This body relaxation reflects a clear meditative state. An intervention by the psychologist encouraging her to participate is met with a reaction of trust that has transcended into her daily life: *"What do you want me to do? I do not know"*. Her rebellious nature has now subsided by her ability to ask for help: *"Would you like to help me?"* and she is present by her reaction to her drawing: *"This, it's nice..."*

The twelfth session - tests and reference drawing without music - shows a much more open person, who understands instructions, and participates in group dynamics. The psychologist notes that Ms. Françoise P. does progress when she is prompted or stimulated by the care team. She sings, while drawing. She shows pleasure in her participation: happy to draw the rounds and crosses of the tests; content with drawing. She goes through this session with lightness and manifested joy.

#### **Observation sheet:**

Introspective mode is dominant.

- From the start of the music, Ms. Françoise P. dives deep into her inner self
- During nine sessions of 12, she closes her eyes
- During 6 sessions of 12: her expression is really relaxed and her body is involved with listening to the music. We observe in her a need to accompany the music by movements. Apart from the first session, her voice is quite fast and responsive.

#### **Synthesis of the Space Test:**

We note, in the pre-and post-tests, that the fold of the sheet is marked, indicating a need to assert herself. In those tests, Ms. Françoise P. places the paper horizontally, a fact which may indicate an attitude of submission.

Observed in the post-test is a significant change in her response (large central round). All the rounds are magnified and closure of the circles have improved. The instructions (number of rounds and concepts) are respected.

The pessimistic tendency, noted in the pre-test, completely changes in the post-test, with a strong focus of centering the circle in the middle of the paper with an expansion in the size of the circle. Ms. Françoise P. expresses what is important to her by placing the concepts of ME and the IDEAL in the center, revealing that something has altered in her inner life.

#### **Synthesis of the Self-Assessment Questionnaire:**

Responses were not filled in the pre-tests. Ms. Françoise P. seemed to not understand the questions. In the post-test, her responses were complete and coherent. Her answers to opposing questions receive an inverse response, reassuring us that she understood the test questions. This post-test shows a positive mood scale, meaning that she feels fine in her body.

#### **Synthesis of the Drawings:**

The observation to reference drawings # 1 and # 2 reveals the significant progress made during the program.

➤ *Ref 1:* lines are somewhat thorny, with the whole top of the paper (which corresponds to the zone of inhibition of the IDEAL, as observed in the Space Test) unused. Everything is closed.

➤ *Ref 2:* all the space is used, and this time, the forms are curves. She passes from prickly lines to rounded lines. There is an opening on the bottom right in which you can enter, circulate or exit. We mentioned earlier about a desire to reconnect to her inner life in the Space post-test. In the second reference drawing we see the use of spiral movements which confirms the inner change.

In all her drawings, Ms. Françoise P. demonstrates the use of confinement and captivity (creates a margin that defines and separates the spaces of her paper). She has aspirations that are blocked in herself which is expressed in the drawing No. 2 (CD1). She defines the top, bottom and the three physical, emotional and mental / spiritual areas. She shows here an inner split; a disconnection from her profound aspirations. When listening to CD4, she rebels, expressing a lot of liberating anger. This catharsis is objectified as soon as the next session. In the drawing with CD5, a change occurs: the forms are lighter and the obsessive component, shown by the small forms of the previous drawings disappears. We see, in the end, that everything seems to recover movement, as if she was writing a new page in her life.

#### **Synthesis of Verbalizations** (*see Chart p. 30*):

We note the importance of the coenesthetic responses, which confirms the desire for a strong body experience. We are aware of the mothering role of the music. Ms. Françoise P. speaks of sleep and of wellbeing, which may indicate a need for physical comforting, for security and reinsurance. This is confirmed by the many often disparaging judgments she verbalizes about herself, and what she does. This attitude starts to change by her giving positive feedback on her feelings and actions as well as appreciating the support she receives from the group. Finally, we observe an enhancement in her verbalization (speech is more sophisticated and elaborate) from session 5 (CD4) on.

### The assessment of Ms. Françoise P.:

She does not recognize her drawings, but when we start talking about them, she exclaims: *"I'm listening with wide open ears."* She sets up some defense mechanisms – ironically commenting in Patois (a regional dialect not understood by the French) - but very quickly, she becomes alert and starts listening carefully. When mentioning certain aspects of her drawings, she verbalizes agreement with the assessment: *"Ah... this is possible..."* then acknowledges a change: *"Well, well...you are teaching me things I do not know"*.

Throughout the assessment, she encourages others to listen and marvels at everyone's work: *"Ah it's great, you know..."*

At the end of the assessment, she expresses: *"There are people who are good, great, friendly... You teach me things I do not know. It would be nice if it could last. Thank you, it's me who said so, I'm very interested."*

## CONCLUSION

### Significant behavioral changes were observed in Ms. Françoise P.:

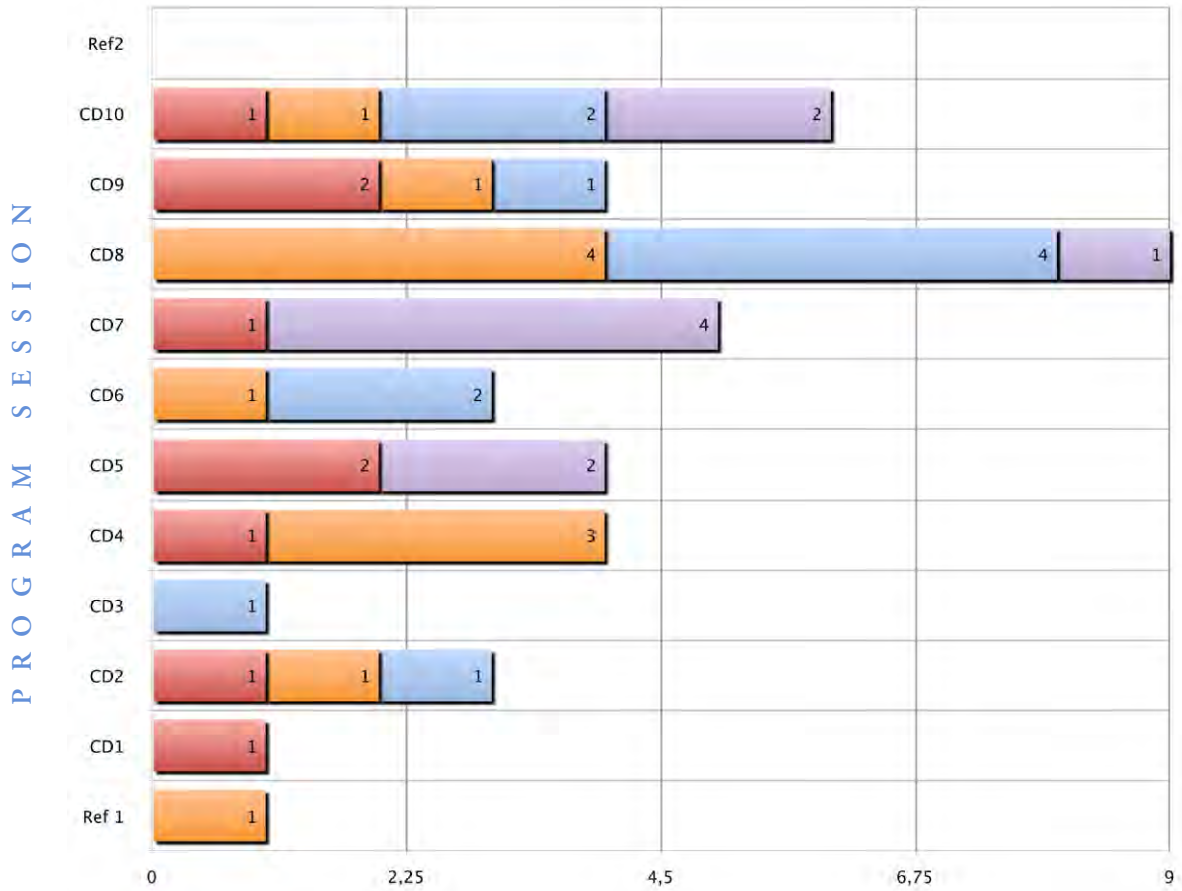
- care teams find her well awake and in a good mood repeatedly in the morning
- moods are more stable, decreased irritability
- all caretakers notice a more cheerful and optimistic attitude
- during activities, she is less oppositional and is willing to cooperatively participate; for example during a ball game when previously she refused to participate, now she returns the ball willingly
- ability to focus her attention on an activity; for example, during a word game, a staff member observes her effort to participate by searching for the word

By participating in CAP, Ms. Françoise P has begun to reveal her inner self. The professional team has become aware of her need to protect herself when interacting with others through the assessment process.

We were very touched by the solidarity she has shown with others, not only during the last session, but also in her everyday life. For example: after the assessment session, she is compelled to connect with a woman who is visibly emotional upon arrival to the facility. While everyone around her appears to be not paying attention to the situation, Ms. Françoise P. takes her hand, presses it against her and with eyes closed, focuses her attention inwardly.

To further stimulate the progress achieved through the Catharsis Application Program, private sessions with the psychologist are proposed for Ms. Françoise P., to give her an opportunity to express and understand the significance of those inner aspects revealed during the process. Given her responsiveness to music, she will be asked to participate in all activities involving the use of music and song.

### Verbalizations chart for Ms. Françoise P.



TOTAL NUMBER OF RESPONSES

- TYPE OF VERBAL RESPONSES
- Sensory responses
  - Coenesthetic responses
  - Motor responses
  - Simple visual images
  - Developed complex visual images
  - Aesthetic feedbacks, value judgments
  - Pure emotional responses
  - Recall of memories
  - Intellectual responses
  - Responses in reference to the context

**Ms. Jeannette N. - Date of birth:** Aug. 5, 1924 - **Diagnosis:** dementia; presumptive Alzheimer's disease - **Autonomy:** normal activity with instruction - **Behavior:** altruistic - **Communication:** good.

Ophélie Salvan, Psychologist  
Marie-Christine Plumejeaud, Facilitator  
Chantal Desmoulins, Supervisor

### **Behavior during the sessions:**

Jeannette N. is the oldest of the group. Walking with an unsteady gait, she exhibits a mixture of sadness, fear and a request for help.

For her, the drawing paper is highly anxiety-provoking. Between her lack of inspiration and fear of performing poorly, she seems to play and replay the same psychodrama in every session. Where she resides, is a remembrance of her former profession as a nurse's aide in a retirement home. She is presented with the need to renounce her former status and accept a position of dependence, due to the nature of her disease.

Another tragedy which confronts her is loss. Each time she goes to the cemetery, to visit the grave of her husband, she discovers the grave of her daughter. Each visit is tearful until the visit fades from her memory. Because she was close to her brother, the family has decided not to reveal his death to her at this time.

➤ During session 5 (CD4), there is a rise in anxiety, at the end of the drawing time: *"I think I was wrong."* The caretakers connect this remark with the fact that she is often interrupted by them in her attempts to help others. They begin to understand that the reprimand is interpreted by her as a wrongful act which reinforces her self-deprecating behavior. They are aware that they hold some responsibility in her feeling guilty regarding her actions.

➤ From CD5 she seems one step closer in expressing her inner conflict: *"I have something in my head, but it does not please me."* She writes and stops on the word *"Lie"* which she repeats. She tries to write a poem, but she is afraid of being judged.

After this painful and deep revelation, a more relaxed behavior begins to emerge. She is able to step back from issues involving another without needing to be involved

Memories begin to emerge again and she relates it to the present: *"Lately, I feel I cannot manage any situation. You don't see it (the drawing)... it is nonsense, I make this judgment. But when you read it, you will see. It was hard. Now it is over, I am OK. There are so many memories I do remember."*

➤ In Session 8 (CD7), she displays a new connection to her place of living. After the session, when she is returning to her life unit, she meets someone on the way to whom she says *"I'm going home, next door."*

➤ In Session 9 (CD8), she clearly expresses her emotions: anguish *"We lose our mind. Give me an idea..."* as well as frustration *"It would be good to give us something... it is painful..."*

After this session, she seems to begin mourning her past, allowing her to accept her current situation. The care teams observe that she is calmer, has become more peaceful, is funny and is bonding with the group.

➤ During Session 10 (CD9), she simply looks at her life and plans for a positive future: *"I would love to go back to my twenties, but this is not possible, so I must get used to my situation. We must think of something else. I think of something else. I'm in the retirement home I am used to; we get along well."*

➤ During the post-test session, she expresses: *"We had a great time. Sometimes it was a bit hard, but we had a good time."*

#### **Synthesis of the Space basically Test:**

➤ *In the pre-test*, the circles are quite small.

➤ *In the post-test*, the size of the circles have increased, although they remain relatively small. Small rounds indicate inhibition, or a feeling of inferiority. So, when expressing something of herself, she fears feeling belittled, if something negative is expressed about her.

The post-test also reveals hidden and repressed elements (placing of the past) and the need for protection (double circles). It seems she may not feel she has enough energy to tackle her issues head on (regressive axis in the post-test).

It's hard for her to find the correct body posture. She seems to have been influenced by an imposing father figure and, therefore, searches for solutions outside her, without always integrating them (placing of the Me concept in the pre-and post-tests). So, the choice of a musical mediation seems particularly appropriate.

#### **Synthesis of the Self-Assessment Questionnaire:**

She basically checks only the 'Sometimes' column, confirming her difficulty in making clear choices.



**Synthesis of the Drawings:**

The paper sheet symbolizes the space on which she is about to project her inner world. Ms. Jeannette N. waits for the outside world to tell her what to put on the sheet. This state of emotional dependence, this lack of confidence in her abilities, reveals to us that she is not fully capable of thriving on her own and expressing her potential. Her need for external action – by her need to help other residents – provides an escape from her needing to confront her own life and managing her own suffering.

However, when writing a poem during the session No. 6 (CD5), she demonstrates her ability for personal expression: *"Once upon a time, as we were young, we made dreams... lies... already carried away toward the whiteness of the sky where wings of angels, strange music lull us to sleep at night."* Even if she is fearful of judgments from others, we see that she is able to process it through her writing.

We note, in her drawings, that everything is contained in boxes. It seems that, in order for her to protect herself from emotions she does not know how to manage, she has created a method in which she partitions the history of her life on a mental plane, while disconnecting from the emotional and physical ones. The last drawing, where she displays a movement that unfolds and opens towards the future with lace shaped arches, reveals that she is experiencing a re-connection to the heart. As a large flower, this expansive movement opens toward the right.

**Synthesis of Verbalizations** (see Chart p. 35):

Looking at this chart, we see that she verbalizes the importance of intellectual answers: critical of the program, indignation for not receiving assistance for the drawing, which is accompanied by emotional responses: fear of being judged and making mistakes.

However, after each session, she seems to have carried on her fight and the session ends well: *"It was haaaard for me... Nothing would come. But I do not know if this is fine. Now I'm better."*

Her assessment during the Reference session # 2, confirms the positive experience with the process: *"We had a good time. Sometimes it was a bit hard, but we had a good time."*

**The assessment of Ms. Jeannette N.:**

Faced with her drawings, she wants to turn over a drawing to see whose name is on the back. She looks at it carefully: *"It doesn't mean much to me, it tells me nothing, I don't think any more of it, I will sleep on it. I can't say. Here it is all of a sudden. I do not remember."*

When the assessment starts, she opens her eyes wide, displays a polite smile and says *"I hear you madam"*. Following this, she smiles, looking dubitatively and a little embarrassed declaring, *"I'm surprised!"*

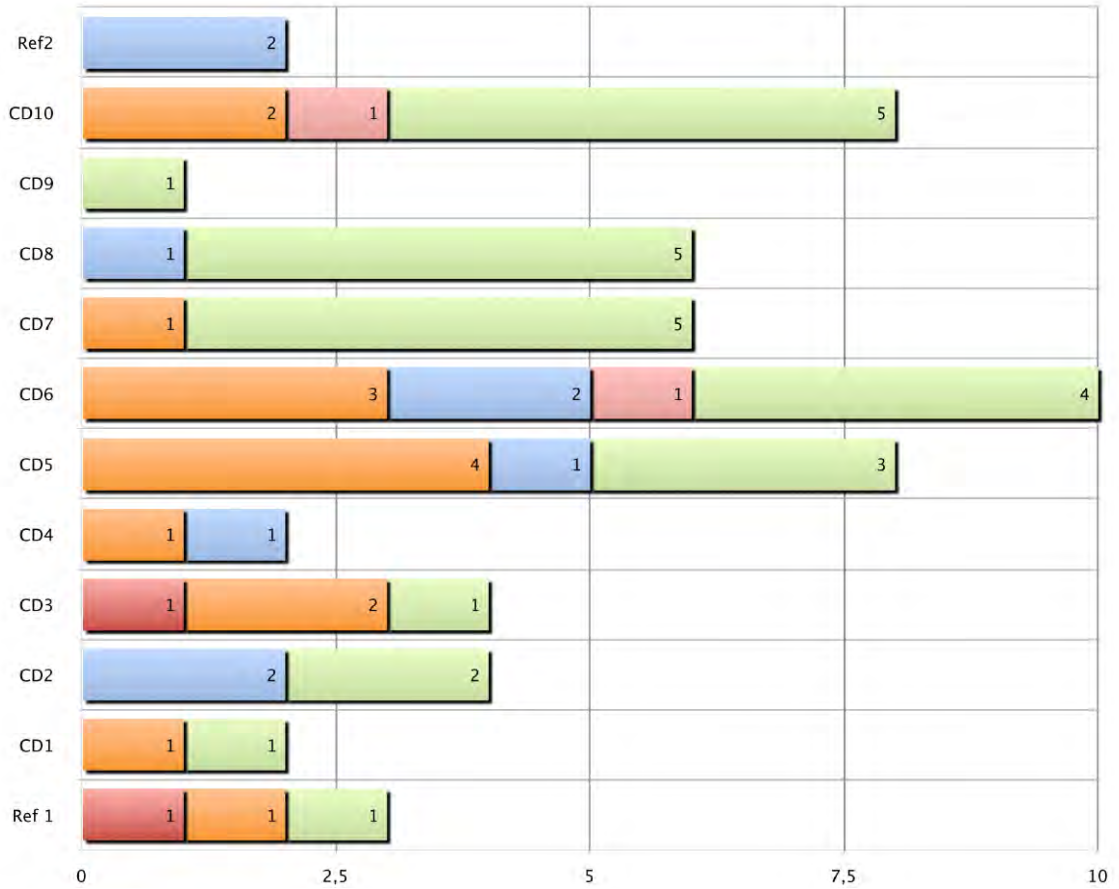
To the question: *"Do you think it is you who did it?"* she replies *"Well, yes!"* She shies away from the exchange with an obvious annoyance. We do not insist and respect her reticence. This resistance confirms our hypothesis: her defiance is coupled to her struggle with the lack of self confidence. We conclude in the assessment that in her last drawing she exhibits a positive expression of her inner desire to move forward in her life.

## CONCLUSION

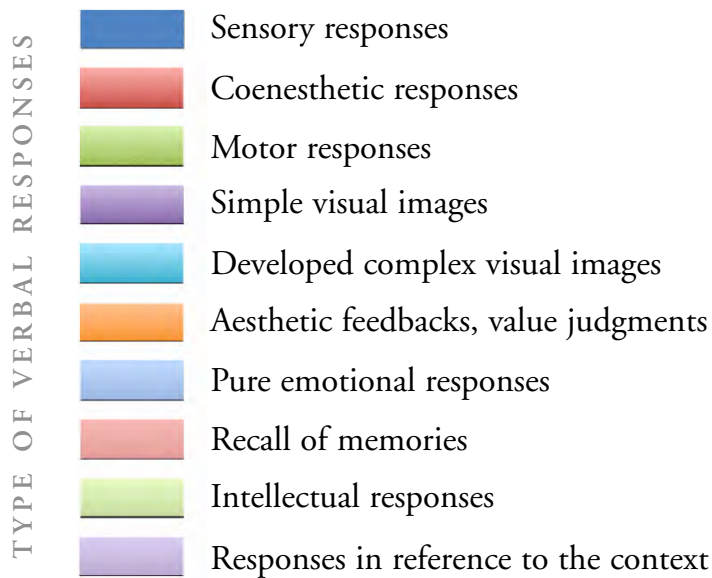
Throughout the program, Ms. Jeannette N. appears to have experienced an accelerated growth in her life journey and as a result there are aspects of herself that now have been appeased. Her assessment during the reference session testifies to those with whom she shares her daily life that she was willing to journey from the past into the present allowing her to find peace within.

Although the grief of her daughter's death has not yet been fully accepted, there is still an openness within that allows her the ability to accept moments of joy in her life. The question of grieving is still a difficult subject which needs to be addressed while still honoring the instructions given by the family who wants to protect her.

Verbalizations chart for Ms. Jeannette N.



TOTAL NUMBER OF RESPONSES



**Ms. Marcelle-Simone M. - Date of Birth:** July 20, 1930 - **Diagnosis:** dementia; presumptive Alzheimer's disease - **Autonomy:** Needs motivation and direction to complete activities - **Behavior:** smiling - **Communication:** good; displays some speech difficulties.

Ophélie Salvan, Psychologist  
Marie-Christine Plumejeaud, Facilitator  
Chantal Desmoulins, Supervisor

### **Behavior during the sessions:**

Ms. Marcelle-Simone M. participates in the program two weeks after her admission in the unit. The struggle to adapt to her new environment has been difficult. Although she lived alone in the village, she was active with her friends in the community.

The program provided her the opportunity, within a safe enclosed location, to be able to express her feelings about her illness, the challenges in her personal life as well as the ability to share important memories.

From the first sessions on, she needs to talk about the reality of the disease.

➤ CD1: *"I need something that helps me to feel alive" she says "I'm old...I do not feel well here."*

➤ CD2: *"The head, it's not ok. You know, I am not well, it's the truth..."*

She expresses a sense of fatalism and loneliness with a sense of regret of not having a daughter: *"I have only boys, what do you want..."*

➤ However, from the third session (CD2) on, she begins to adapt to the life unit. Her sons who say they have come to see her at her home, reinforces the reality of her new living situation. With this acceptance, she no longer expresses a desire to return to her previous home.

➤ She acknowledges the group as a witness to her emotions (CD4). *"I feel bad, I cry"...* (CD5). *"I would only cry"* (CD6).

She is an active participant in the life of the unit. Caretakers have noticed that she sometimes supports others. Even though she is not feeling well physically, an improvement is seen in her speech and the continuity of her thought process.

➤ From the 8th session (CD7) on, she is no longer requesting help and is orientated to person, place and time. She is calm and interacts with the group. An example of her participation is her interest in reading what has been written in her notebook with an expression of curiosity and kindness. She is also communicating more with the other residents.

➤ During the 9th session (CD8), she expresses loneliness, suffering and grieving of her former life: *"I am alone... how do my sons know that I cry every day?... I have nothing in my head, I can not draw today..."* She cries, clings to her handkerchief.

➤ During the 10th session (CD9), she seems to forge new beliefs: *"It's fun, as when we went to school. I'm all alone. Fortunately I have neighbors. Otherwise I would become - her hand pointing her head meaning madness... Some are of my age. I even have a friend here."*

➤ On the last session - Reference session 2 without music - she bends the corner of the sheet where she is able to release her loneliness and concludes: *"It's OK, I'm not all alone, like that. And I cry. When one has seen someone else, it is a little better. I have seen many."* Her relaxed smiling attitude and her ability to ask for help, show that a milestone was reached after this session.

#### Observation sheet:

Her eyes are open most of the time. We observe many defense mechanisms in this person. However, she shows a profound receptivity to music and succeeds in relaxing on CD 3, 4 and 8.

#### Synthesis of the Space Test:

➤ *In the pre-test*, there is in the top-left area (zone of inhibition, repression, nostalgia) an additional and empty circle confirming her suffering and the sense of not being the master of her life anymore. The sheet, placed horizontally, seems to be a further confirmation. The fold of the sheet, well marked, and the place of the circles on the axes indicate, however, that this person is capable of expressing who they are assertively.

➤ *In the post-test*, this additional circle has disappeared. The 5 circles are encased with another circle, as if she had built a protective shell. The size of the circles is uniform. The sheet is now placed vertically reflecting a positive redirection of the self.

#### Synthesis of the Self-Assessment Questionnaire:

➤ *The pre-test* shows an expression of the self. She does not repress her feelings of unhappiness. A major scale of depression:

- To the item "I felt sad" the answer is "continuously"
- To the item "I had trouble concentrating" it is "often"
- To the item "I thought my life was a failure" it is "often"
- To the item "I was confident in the future" the answer is "never".

➤ *In the post-test*, there is a marked improvement in all items of the mood scale, since she no longer answers using the 'ongoing' column.

- To the item "I felt sad", the answer is now "Sometimes".

She even hesitated to answer "Never" - she made a cross then struck it out: (X)

- To the item "I struggled to concentrate", the answer is now "Sometimes" "
- To the item "I thought my life was a failure", the answer now is "Never"
- To the item "I was confident in the future", the answer is now "Sometimes".

*Note: Of all the participants, Ms. Marcelle-Simone M. is the only one with the most diversified answers.*

### Synthesis of the Drawings:

In her drawings, Ms. Marcelle-Simone M., often utilized the top left zone - a zone in which she placed an empty circle in the Space Test. This seems to indicate an attempt to forget the weight of painful and conflicting events of her past.

The sessions with CAP allowed her to revisit her distressing memories, without having to go through a painful process of consciously verbalizing the events.

Ms. Marcelle-Simone M. draws cats throughout the series. Symbolically, they represent the repetitive patterns and habits gathered from her life (family, profession, social life) which are the source of hardship and suffering. One can follow the evolution of her cats over the drawings:

➤ CD1: narrowed cat with a black mustache (antennas) shows that she perceives things in terms of anxiety - old wounds she has repressed and can gently explore throughout the sessions with CAP.

➤ CD2: black cat, bristling, haggard, confirms the shocks she received throughout her life. The cat's position, on the left, reflects the fact that the past is revisited subconsciously and indirectly to avoid too much suffering.

➤ CD3: The cat stands upright like a human and migrates to the area on the right. This movement illustrates her inner work in progress.

➤ CD4: We note the beginning of a smile on a red cat with blue eyes, still in the top left area which indicates an old secret wound is being accepted (the smile indicates an appeasement in progress). Another brown cat is drawn with the left hind paw black, as a wound. The patient symbolically reflects an emotional wound that could have been a handicap in her life. These images clarify how the process allows the individual to address the consequences which result of these emotional injuries.

➤ From the CD5 to CD10, she explores different aspects of herself. The theme of the drawing is more complex and there is a wider variety in the use of color. She writes more.

➤ Finally, in the Reference Drawing No. 2, we find the brown cat from CD4 again. This time, it has a beautiful colored mustache and the left hind paw is repaired. The tail has also been recovered, confirming the inner recovery of Ms. Marcelle-Simone M..

**Synthesis of Verbalizations** (see Chart p. 40):

Observing the graph we observe the prevalence of pure emotional responses. Ms. Marcelle-Simone M. clearly expresses her emotions: *"I'm sad... I'm alone."* She also clearly expresses her physical discomfort: *"I have a headache... I'm really not fine."*

It is at the very end of the process that these responses evolve: *"It's OK, I'm not all alone, like that. When one has seen someone else, we feel a little better. I have seen many people today."*

**The assessment of Ms. Marcelle-Simone M.:**

She takes an irreverent tone, seeing all these cats: *"Oh... I do not know, there is a cat!"* and asks: *"So, who made these drawings?"* Another resident singles her out and she starts laughing heartily. During this assessment, Ms. Marcelle-Simone M. displays much resistance, which confirms our previous assumptions that in certain situations she is compelled to deal with them in an indirect manner. With this information, caretakers need to pay attention to allowing her to move at her own pace and to not rush her.

It is interesting to note that her resistance is perceived by another resident, Ms. Françoise P., who encourages her to let go: *"But you will learn something!"*

An interesting group dynamic begins to emerge. Ms. Marcelle-Simone M. starts listening and wonders: *"And it was me who have done all this?"* Always very active, Ms. Françoise P., looking carefully at the drawings, exclaims: *"Oh, that's great, you know!"*

Gradually, Mrs. Marcelle-Simone M. begins to reveal some memories of the animals she raised in her life. When the facilitators suggest that the drawings may be related to other hardships in her life, she contemplates the symbolism in her drawings representing the obstacles and confirms: *"Oh yes..."*

Herself, as well as the group, is captivated by the assessment and listens to each story as if it were a fairy tale. The stories illustrated through the drawings create an atmosphere where each of the residents feels connected to each other. Each of them discovers meaning to their personal story which is 'magical' to them. At the conclusion of Ms. Marcelle-Simone M. assessment, it is Ms. Françoise P. who in amazement to all that has been revealed, concludes: *"Ah this, I got it!"*

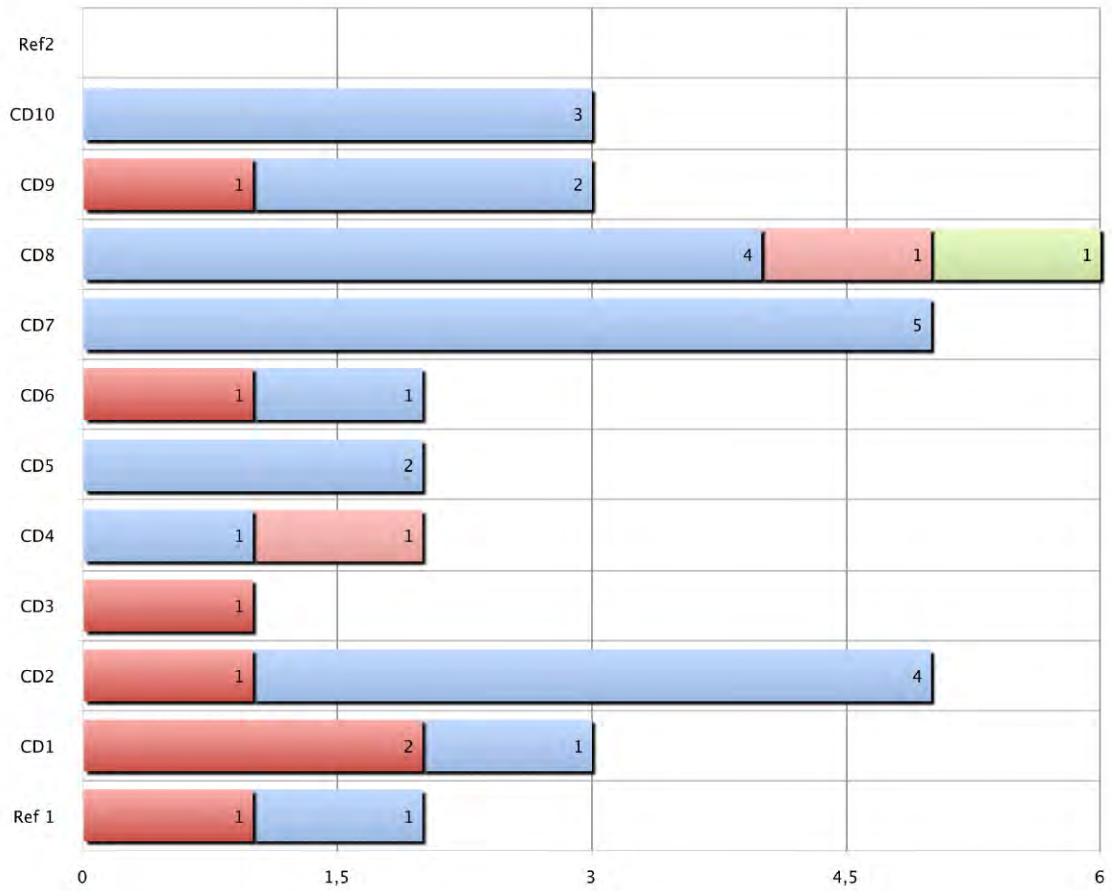
At the end of the assessment, Ms. Marcelle-Simone M. remains silent. When leaving the room, she takes the hands of one of the staff, stares into her eyes, and with a smile and misty eyes, breathes a deep sigh.

## CONCLUSION

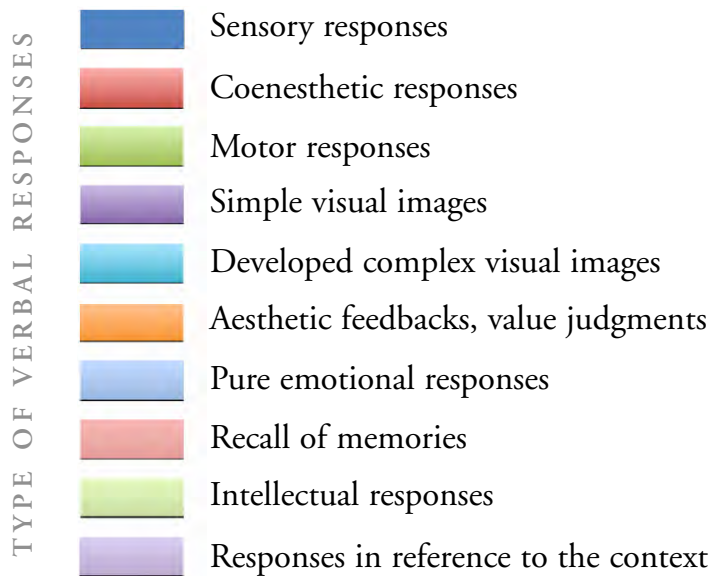
**The personal goal set for Ms. Marcelle-Simone M. has been reached. She has utilized the CAP process to act as a forum where she was able to abandon the mourning of her former lifestyle and incorporate a new one.**

**Following her recent admittance in the retirement home, she was in a state of shock and denial. Now she has adapted to the routine of the care ward, where she lives in harmony with others.**

Verbalizations chart for Ms. Marcelle-Simone M.



TOTAL NUMBER OF RESPONSES





**Ms. Henriette B. - Date of birth:** March 20, 1926 - **Diagnosis:** dementia; presumptive Alzheimer's disease - **Autonomy:** correct, but on a always fast way - **Behavior:** piercing voice, episodes of aggression, tendency to order the group.

Ophélie Salvan - Psychologist  
Marie-Christine Plumejeaud - Facilitator  
Chantal Desmoulins - Supervisor

### **Behavior during the sessions:**

Ms. Henriette B. is defined by the psychologist as the "locomotive of the group." She is perceived by the team as a disruptive but energizing element. She gives orders, assigns to each one their place, and reprimands with a shrill voice. This behavior is a source of micro-conflicts with other residents, as well as with the staff on a daily basis.

However, everyone appreciates this endearing lady, who gives attention to the group like a military general directing his troops.

Ms. Henriette B. always performs her tasks quickly - in a hurry to be finished - and calls then for new instructions.

Among the selected group, she is the most skilled and who is the most cognizant of time. From the first meeting on, it was she who introduced temporality: *"That's it, I'm done."*

When we come to the unit to review the previous week's session, Ms. Henriette B. regularly reminds us: *"It is two o'clock, I'm waiting for you."*

Because of this impulsive personality, the staff has been surprised that she has not exhibited any impatience during the CAP sessions, but instead shows a great determination to be present during the process.

➤ From CD2, and until the last session, she withdraws and refrains from acting as a supervisor of the group.

➤ From CD4, she enters a grieving process: *"We will not go to the cemetery today... I remembered those who have left"* and manifests without fear, her emotions: *"It was good for me. We mourn for those who died."*

➤ From CD5, it was noted by the staff that she is spending more time focusing on her drawing and remaining quiet, as if she has entered a process of introspection.

*In the unit*, her behavior is coupled to her grieving process. She alternates between periods of calm, where her demeanor softens, to one in which her behavior is dominating and aggressive. Her aggressiveness is a barrier she creates against the emotional fragility and insecurity she experiences. In her mind she is right and does not understand why others get upset when she attempts to help them. This attentiveness is a way to keep connected to others without feeling vulnerable. For example, Ms. Henriette B. is the only one who looked at the calendar and thought about wishing Mr. Lucien R. his birthday. She is the only one who included Mr. Antoine G. in her drawings as a reminder of his absence from the group. Holidays can be an opportunity for families to gather together or may be a reminder of loss and separation. During the sessions, Ms. Henriette B. tends to fall back into old habits that protect her from the wave of emotions connected to her loss. But along the way, she is able to honor the happiness she feels for those who are still alive as evident by the writing expressed in her latest drawing: *"We ate frog legs and we enjoyed them."*

#### **Observation sheet:**

This is a person who is in control. She keeps her eyes open during the 12 sessions:

- 4 sessions of 12: her expression is relaxed
- 4 sessions of 12: her expression is tense
- During sessions 4, 5 and 8, she enters into a period of intense introspection.

This is a woman who seems to use movement in the form of gesturing to avoid introspection. Despite her fear of inner reflection, she does display her emotions easily whether expressing sadness or discontent. She is not afraid of crying or smiling.

She seems to experience a change from Session 10 on, where she ceases to express her emotions freely. She appears to have calmed down over time as the sessions progressed. In fact, her speaking is noted as hurried from CD1 to CD3, and normalizes with a steady cadence from CD4 on.

#### **Synthesis of the Space Test:**

In both tests, the instructions are generally understood. She took the liberty of interpreting the instructions in her own way which is a confirmation of her strong character.

In the pre-and post-tests, there are 6 circles instead of 5:

➤ *In the pre-test*, a large central circle is not associated with any concept. The number 5 is written in the central circle, giving us the first glimpse into a problem with self-esteem. This pre-test echoes her Reference drawing No. 1, where she portrayed a large concentric circle above which is inscribed: *"I, Henriette B."*. There is a wealth of information in the tests and drawings, which corroborate her issues surrounding a lack of assertiveness, low self confidence, and feeling of not being heard.

These difficulties could explain the shrill shouts and apparently domineering behavior.

➤ *In the post-test*, the sixth circle encompasses all the others and the Me is at the center. We can hypothesize that she began a deep inner work. The double banding of the circles, and moreover the line surrounding all the circles seems to show that she protects a recent achievement. She has calmed tensions, and softened the pain within herself, but because it is still fragile, she protects it.

In this post-test, writing her name and date at the top of the page very legibly, confirms the ongoing process of assertiveness. The difference in the lines, which appear clumsy in the pre-test, become very firm in the post-test, supports this conclusion.

#### **Synthesis of the Self-Assessment Questionnaire:**

The pre-test and post-test are virtually identical: Ms. Henriette B. selected 7 times out of 10 the box 'Never', which emphasize either a misunderstanding of the instructions, or the tendency to do everything in a hurry. It is also a way to protect herself and to not disclose her emotional state.

#### **Synthesis of the Drawings:**

We find again, in the 12 drawings, a large central circle that she fills with information. So she creates, in herself, a secure space where she can project key elements of her history.

Ms. Henriette B. is the resident who used the widest variety of colors and textures: sometimes she used water, sometimes not, sometimes cold colors, sometimes warm ones. She drew or wrote according to the inspiration of the day. Sometimes, everything is contained in the large circle. Sometimes, a single element is projected outside: once on the right, once on the left, then both on the left and right. This great "round-container" which is first drawn in the center, toward the left, is then positioned directly in the center before being shifted to the right. Finally, the circle migrates to the top, in the area of the Ideal, revealing an exploration of zones of the past, then of the present reality, before generating an open space on the paper.

The first and last names, written systematically in the center top of the 12 drawings, confirm our hypothesis of her quest for assertiveness. The name changes color on each drawing, as if each session represents an identification with an emotional state that may be associated with the chosen color. We note that the same color is selected for the Reference 1 and Reference 2 drawings.

Finally, after exposing on six drawings (from Reference session 1 to CD5) topics or key words of her personal history - as if she wanted to describe the scene of her inner world - from CD6, she documented in this large central circle the name of all the people she has lost (children, husband, cousins, friends). This litany, which last from CD6 to CD10, reveals an obvious cathartic function.

From CD8 on, we see that she no longer is preoccupied with those who are departed, but begins to connect with the living. The writing of the prayer to those living remains in the center, but a portion of the writing is depicted on the left and outside of the circle.

When listening to CD9, the prayer to the living shifts to the right. Listening to CD10, the prayer for the dead begins on the left, goes into the central circle and ends with the prayer for her living relatives. She begins to honor the living over the departed – a step in the process of bereavement.

In the last reference design, there is no mention of death anymore, only the happiness of having enjoyed a great time during the Christmas holidays with her family.

**Synthesis of Verbalizations** (see Chart p. 45):

We note that in her verbalizations, Ms. Henriette B. made many references to her drawing. She needs to be reassured; she often challenges the teams and seeks their approval: *"It is OK for you what I have done?"*, thus confirming her lack of confidence.

She describes her productions: *"I made a Christmas tree... I made a mushroom."* And from CD4, she begins to talk about her feelings: *"It was fine for me."*

When listening to CD9, she talks of her wishing to dance. This energy prompted by the music enables her to complete the course (CD10), and calls her back to a coaching mode: *"You did not do anything?... You're not alone... We'll be back on Tuesday."*

During Reference session 2, a state of appreciation and recognition predominates.

**The assessment of Ms. Henriette B.:**

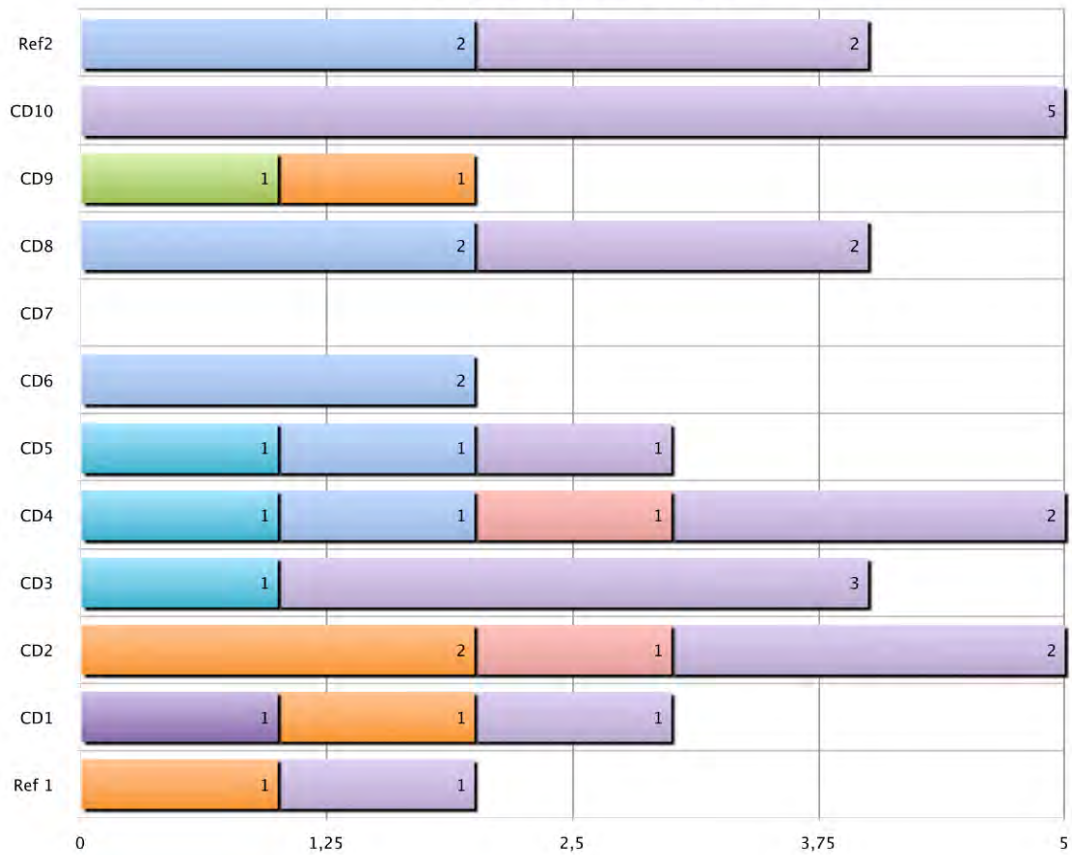
She arrives to the assessment with the idea of continuing to draw under musical induction. Faced with her drawings which she recognizes, she makes small comments and rubs her eyes –apparently overwhelmed by her emotions. She acquiesce to all that is said: *"Yes thank you, thank you."* Back in the unit, Ms. Henriette B. addressed Marie-Christine: *"I thank you for the peace you brought to me"* and she hands her a small scarf she knitted.

## CONCLUSION

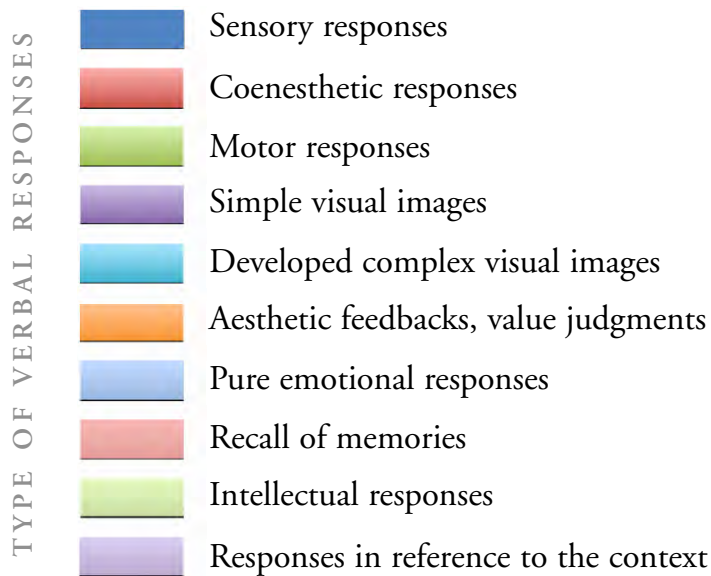
**The essential point with Ms. Henriette B. lies in the way she was invested during the sessions to set aside her grief, as you would do in a place of worship. She felt safe and acknowledged enough to be able to testify; to tell us about the people who are dear to her. During her grieving process, there was a short period of time where she exhibited momentary episodes of aggressiveness. It was necessary for the psychologist to inform her physician about her involvement with CAP so he would not interpret this aggressiveness as a deterioration in her condition and medicate her. The staff was instructed to be patient with her while she was processing her grief and anger. With the progress observed by Ms, Henriette B. during her involvement in the program, the team has recommended that she repeat the CAP process in a few months.**

### Verbalizations chart for Ms. Henriette B.

#### SYNTHÈSE Mme Blanc



#### TOTAL NUMBER OF RESPONSES



**Mr. Lucien R. - Date of birth:** Feb. 27, 1930 - **Diagnosis:** dementia, presumptive Alzheimer's disease - **Autonomy:** needs motivation and instruction often, slow - **Behavior:** wanders, spontaneous singing - **Communication:** difficult, secretive.

Ophélie Salvan - Psychologist  
Marie-Christine Plumejeaud - Facilitator  
Chantal Desmoulins - Supervisor

### Behavior during the sessions:

This patient is in the well known category of wandering residents in retirement homes. With a half-serious, half-questioning look - but always with simple but eloquent gestures and a hint of humor in the corner of his eye, Mr. Lucien R. evokes the memory of a character portrayed in a Charlie Chaplin film. When overcome with anxiety, he sings! The exchanges - in a humorous tone - are an opportunity for him to understand his authentic self.

First remarkable point: from the first to the tenth session, this wandering resident sat throughout the program!

The rituals he developed around his sheet of paper enabled him to overcome the anxiety-provoking character of the blank page.

➤ His complaint: *"You rush me"* repeated during the sessions 4 and 5 (CD3 & CD4) have helped the staff to better understand why he becomes upset during personal morning hygiene. They began to understand that their intervention was experienced as an intrusion by him and have decided to change their approach with assisting him during the morning routine.

➤ In the week after session 5 (CD4), Mr. Lucien R. expresses for the first time during a visit from his sisters: *"I'm fed up"* when speaking of the retirement home. Before the next session he clarifies why: *"I'm somewhat bored stiff in there."* This is the first time that Mr. Lucien R. speaks about his feelings. Finally, for the first time ever, he speaks to his caretaker of his deceased wife: *"She was very nice, very brave. She should not have left."*

➤ During session 6 (CD5) he seems to be following the same sentiment from the week before, as he writes on his sheet, singing at the same time: *"When everything is finished..."* It is written in an upward direction and without period at the end, as if he was implying a sequel. At the end of the session, he stays, sitting thoughtfully!

➤ During session 7 (CD6), the healthcare team notes that he begins to take his time.

In the week between two sessions, one of his daughters bursts into tears, hearing that he drew a donkey which he completes in the following drawings. Mr. Lucien R. had a donkey which everyone in the family loved.

The picture of the donkey can be interpreted as a symbolic image of the family. At a meeting with the family and caretakers, Mr. Lucien R. says to his daughter, speaking of the unit where he lives: *"I'm going home now"*.

➤ After session 8 (CD7), a remark confirms this new state of acceptance when for the first time Mr. Lucien R., aware that he cannot any longer stay alone, confesses to the psychologist that he is not able to return home. He expresses being happy to live in the unit, where he says he is well cared for.

From that moment, the care teams find a change in his daily habits:

- Wandering has decreased
- He is accepting help to the bathroom
- He has developed a modified consciousness of time. Mr. Lucien R. "takes time" when necessary to accomplish what needs to be done.

➤ During the sessions 9 and 10 (CD8 and CD9), caretakers observe a significant decrease in rituals and an increased ability to remain quietly seated. At the end of the session he does not rise, he remains "immersed" in the changes brought upon by the music. With the last session with music (CD10), which followed the Christmas holiday, and was coupled with the absence of his neighbor (Mr. Antoine G.) in the group — he becomes aware that he is nearing the end of his life. Although it will be a difficult time, he manages by positioning himself clearly: *"I do not know what to do... I cannot stay quiet... I do not want to draw."*

#### **Observation sheet:**

Mr. Lucien R. exhibits facial twitching 5 out of 12 sessions which suggests a defensive manner, while a relaxed position was reported twice during the program sessions. CD5 was a key moment in his journey for this is when Mr. Lucien R. first displayed a calm and relaxed attitude. During the last two sessions, he resisted surrendering to relaxation by struggling against his desire to sleep.

#### **Synthesis of the Space Test:**

➤ *In the pre-and post-test*, his drawing paper is positioned vertically and the folding instructions are followed correctly. The lines are hesitant, but he tries hard to properly close the circles. In the pre-and post-test, we note that the circles are always in the same rationally organized order.

➤ *In the post-test*, there is a withdrawal, resulting in smaller circles, positioned in the four corners. After Christmas the staff members noticed deterioration in his behavior and questioned whether the dementia has progressed. Yet we observe that the circles are well closed and there is a certain pressure and energy exerted when he drew the lines of the circles. Perhaps the holidays have disrupted his routine or he found it difficult to adapt to the change in his daily rhythm. Since the caretakers have observed this disruption causing him significant distress, it will be taken into account during the evaluation.

➤ *The post-test* suggests, quite clearly, he needs an 'occupation' (projects, activities, conversation). It has been proposed that the observed physical deterioration may be temporary. We will need time to verify this hypothesis.

### Synthesis of the Self-Assessment Questionnaire:

➤ *The pre-test*: 6 out of 10 questions, were answered 'Sometimes' which is a way of expressing a lack of involvement with his environment and others. The results show a slight depression.

➤ *In the post-test*, he does not answer the question 'I was upset by things that usually do not bother me ', while he selected 'Sometimes', in the pre-test. This response indicates that there may have been an emotionally difficult experience that was difficult for him to express, so he chose to handle the question by not answering (denying) it.

It is interesting to point out that the program helps us to identify the specific issue(s) that is influencing the present situation aside from the progression of the disease.

### Comparison of the responses in the pre-and post-test:

- For the item 'I struggled to concentrate', the answer changes from 'Sometimes' to 'Never'
- For the item 'I felt sad', the response changes from 'Sometimes' to 'Often'
- For the item 'I felt fearful', the response changes from 'Sometimes' to 'Never', written in full (capital) letters in the box (an act to emphasize his response)
- For the item 'I felt well in my body', the response changes from 'Often' to 'Sometimes'
- For the item 'I thought my life was a failure', the initial response of 'Never' does not change with the post test'
- For the item 'I was confident in the future', the initial response of 'Sometimes' does not change with the post test'

These changes indicate that there is a slight increase in depression confirming the struggles witnessed toward the end of the programmed sessions. The answer 'Often' to the item 'I felt alone' in the pre and post-tests, stresses the need to allow for more communication with this resident.

### Synthesis of the Drawings:

The 12 sheets are placed in a horizontal position. This indicates an obsessive tendency from which he tries, presumably, to escape by wandering. It is therefore important to help him find "a way out" of what is a source of anxiety.

In Mr. Lucien R. drawings, there is a strong coherence and a very methodical way of operating (as we saw in the Space Test). Each object or animal drawn is developed and improved over time with each drawing. For example, he draws a flower in the first drawing, but it lacks stem and leaves. In the fourth drawing, the complete flower appears. Even more striking, the donkey is present in at least 5 of 12 drawings, first appearing as a recognizable form, but without detail, then the same shape but with shoes and then still the same shape, but with larger ears and a muzzle. Finally, in the last drawing, the donkey is brown with a man, drawn beside him.

All the previous donkeys are oriented to the left, the latter turns to the right, confirming the assumption made in the Space Test, namely that the noted physical deterioration is perhaps only temporary.



Each time the donkey changes places on the paper. It first appears in the "top-left" then will switch to "low-center" in the last drawing made without music. The embodiment of the donkey from his memory onto the drawings, could symbolize the potential activation of physical energy.

When listening to CD8, Mr. Lucien R. sketches on his sheet a human face: a face without ears and without eyeballs. Symbolically speaking, a part of himself is cut off from the world. This characterization depicts his inability to make sense of painful experiences, so he expresses a need to close himself off from his surroundings. In the last drawing, the man and donkey turns toward the right, has an orange body (an energizing color) and the feet are clearly drawn. With the right hand behind his back, something remains secret. His purple upright hair-appearing like antennas- suggests his desire to more subtly and intuitively listen to the world.

#### **Synthesis of Verbalizations** (see Chart page 50):

We note that in his verbalizations, Mr. Lucien R. often makes reference to what is happening in the present. There are many references to time: *"I did not see the time pass... 3:25 already..."* indications of what he wants or does not want: *"I do not want to draw"*, as well as laconic information about his condition: *"I'm okay, I'm okay."*

During the last three sessions with music, we notice an intellectual tone while commenting on the work itself, *"This is music that makes you sleep..."* demonstrating a defensive response to accepting a state of relaxation. This fear of falling asleep, of relaxing, may be related to the absence of Mr. Anthony G., and the awareness by the residents that he will not be coming back. Mr. Lucien R. finds himself the only man among six women, which is not necessarily an easy situation.

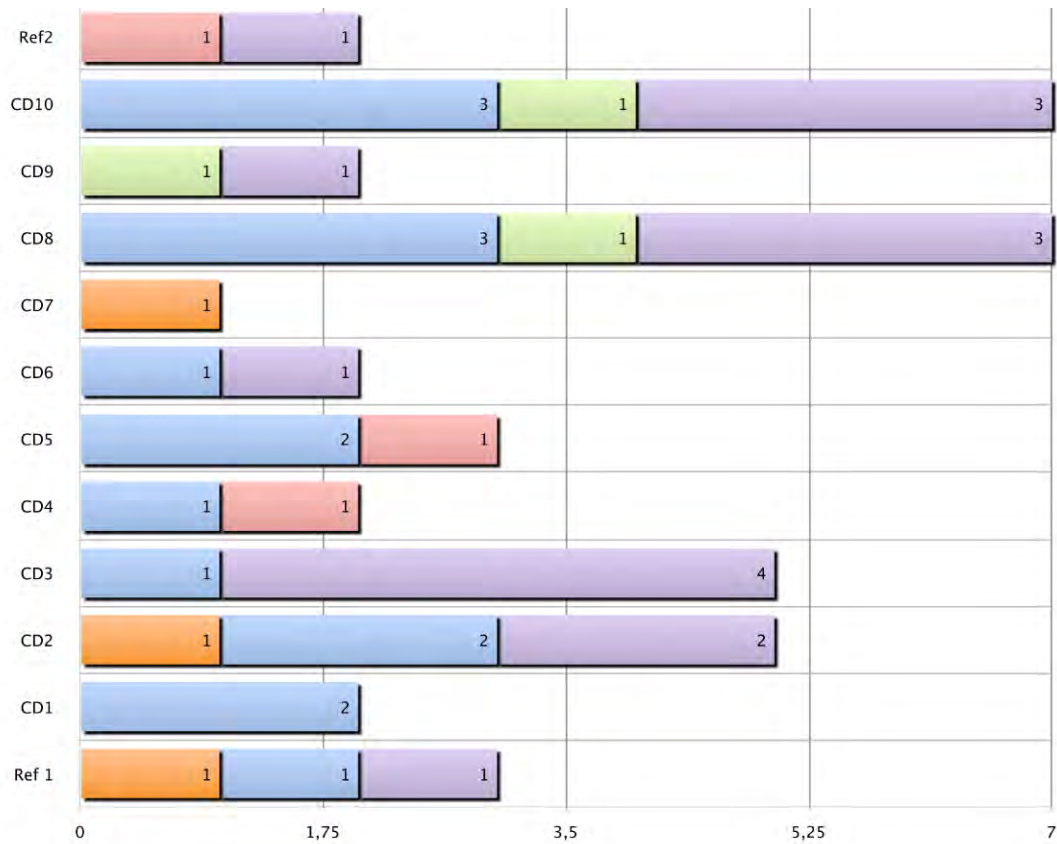
#### **The assessment of M. Lucien R.:**

He does not remember the drawings he made; however, he does follow the explanation very closely. Visualizing the gallery of donkeys revives his memory: *"Me, at home, I have a donkey."* When we mention that wandering may be "a way for him to escape" Mr. Lucien R. nods. At the end of the assessment, the suggestion of the alliance between the man and donkey (last drawing) makes him smile while reflecting on the proposal. He is remarkably present, quiet and attentive during the rest of the session.

### **CONCLUSION**

**Mr. Lucien R. is completely in agreement with the initial goal of limiting his wanderings. At the end of a long resistance, we saw him gradually learn to accept his residence in the nursing home. Thanks to the program, caretakers were able to learn more about this very secretive man who scarcely communicates. His journey has helped them to understand how to care for him more effectively, which includes the need to properly engage with him through contact and communication even if the interactions are limited.**

### Verbalizations chart for Mr. Lucien R.



#### TOTAL NUMBER OF RESPONSES

- TYPE OF VERBAL RESPONSES
- Sensory responses
  - Coenesthetic responses
  - Motor responses
  - Simple visual images
  - Developed complex visual images
  - Aesthetic feedbacks, value judgments
  - Pure emotional responses
  - Recall of memories
  - Intellectual responses
  - Responses in reference to the context

**Mr. Antoine G. - Date of birth:** Jan. 20, 1928 - **Deceased Jan. 2013 - Diagnosis:** presumptive Alzheimer's disease - **Autonomy:** needs supportive direction - **Behavior:** quiet with periods of inappropriate behavior - **Communication:** Short answers; yes-no responses.

Ophélie Salvan - Psychologist  
Marie-Christine Plumejeaud - Facilitator  
Chantal Desmoulins - Supervisor

The image Mr. Antoine G. evokes during the first session is one of a victim of a shipwreck – as if he was stranded at the end of the table. A man completely withdrawn, lifeless, curled up like a ball to protect and isolated himself from the world. We encounter a weary individual, drooping on his knees with an invisible look.

Then we saw him begin to "emerge". He opens up to the world by sitting upright and engages the group with his myosotis blue eyes. What begins to surface is the presence of an intense look, a mischievous smile, as if he was becoming inhabited again!

What happens to Mr. Antoine G. is already apparent during the second session: He says to Patricia *"I would like a kiss"* and concluding his drawing with *"I'm done."*

- While listening to the CD2, his body moves with the music and he writes intensely throughout the session.
- During CD3 the staff marvels at the level of his personal participation. He appears relaxed while he circulates freely between the music and drawing while discovering his inner world.
- CD4: he begins to become more involved with the group, while becoming more "in tune" with others. As he creates his own personal space, he becomes aware and keenly observant of his surroundings. This engagement is an expression of his reconnection to living.
- CD5 induces a process of intense internalization but instead of withdrawing, he remains connected to the group. He does not want to return to the unit after the session
- Absent for CD6, following a mini stroke.
- He returns to the session with CD7 starts to draw again, while expressing more sensitivity to the group dynamics.
- He expresses his choices in the unit as well as during the session (CD8): *"For me, pencils do not speak to me... but the music I liked."*

Mr. Antoine G.'s family, as well as all the staff members noted his relaxed demeanor. He does not return for the tenth meeting and his absence is felt by the group. Mr. Lucien R., his table neighbor, is very disturbed by this development and Ms. Henriette B., the voice of the group, includes him in her drawing: *"We miss him."*

During his hospitalization, Mr. Anthony G. learns of the death of his wife and very naturally he chooses to rejoin her.

For the team, he was a very endearing resident. Reflecting on the changes observed during the sessions, they conclude: *"The program allowed him to make the passage and depart quietly, freely."* *"It was also a release for the family to see him alive again just before he passed away".*

**Ms. Georgette B. - Date of birth:** April 22, 1927 - **Diagnosis:** presumptive Alzheimer's disease - **Autonomy:** needs motivation and direction to complete activity; hesitant prior to completing a task - **Behavior:** solitary, anxious - **Communication:** needs time to express herself, experiences anxiety when communication becomes difficult.

Ophélie Salvan - Psychologist  
Marie-Christine Plumejeaud - Facilitator  
Chantal Desmoulins - Supervisor

### **Behavior during the sessions:**

For Ms. Georgette B.'s CAP was a life changing experience for her. The observations from the staff confirm that the process for her was profound on many levels.

At the beginning of the program, Ms. Georgette B. presents with a rather withdrawn, inert, and lonely persona. But from the first session with music, her ability to surrender to the process is spectacular. She invests joy and gratitude with every session she attends. She never stops thanking for opportunity to be able to express herself.

➤ During Session 2 (CD1), she moved the caretakers by her ability to assess her limitations as well as transcend them: *"I wondered: why did you not do it right...? When one does something like that, afterwards there is something left."*

➤ The third session (CD2) accentuates a dynamic process in which an immobile state of being can stimulate a rhythm of movement: *"Some things are good, others less so. This time, I brought the papers, next time, we'll see."* She greatly appreciates attending the CAP sessions and thanks the health care team on duty: *"Thank you very much, it is really fine what you do, it makes us grow"* (with an upward gesture of the hand).

The medical staff is happy to see this lady come alive. She was mayor of a little town, and was known for her dynamic presence and authority. It was painful, for all those who knew her, to helplessly witness the loss of her vibrant personality.

➤ After the session 4 (CD3), the health care teams begin to recognize a change in her behavior which manifests as:

- a calm, smiling attitude and presence
- an active involvement with the group
- a connection to what is happening in her environment
- an ability to remember the activities of the day
- a willingness to reconnect with her environment.

➤ During session 5 (CD4), she continues to participate in the sessions with pleasure, and relaxes. The music challenges her, but instead of being afraid, she seeks a new direction. Her drawing which is rich in color and design indicates that she chooses to look toward the future, not the past.

The staff participating in the program senses that her level of concentration and involvement in the task illustrates her need to explore the music while drawing. In the life unit, caretakers and supervisors notice that she completes each activity without resigning, which is contrary to how she has performed in the past.

➤ During the session 6 (CD5), she seems to connect easily to painful feelings and expresses them openly: *"I'm scared."* Her need for emotional expression (her need to kiss caretakers) shows that she feels confident and safe enough to be fragile and vulnerable with them.

➤ During other sessions, she continues to commit herself totally to the process, expressing doubt and questioning herself, but also acknowledging her successes.

➤ During session 9 (CD8), the team notices her comments are insightful. She is able to formulate her thoughts and voice her feelings freely: *"When we see you... afterwards many things come together when it is finished. We would like you to come more often. That's good, thank you."*

Her creative process is intentional. She gives meaning to what she does: *"There are some things, there are colors that fit a little better to me... the others I put aside."*

Her assessment, in handwriting: *"I was lost and I found myself"* shows how profoundly this woman has benefited from the process of graphic expression under musical induction presented in the Catharsis Application Program.

Mrs. Georgette B.'s family also noticed her behavioral changes and interviewed the teams regarding her improvement. They were surprised by the rapid changes accomplished through the CAP process.

#### **Observation sheet:**

For practically all the sessions she is observed to be relaxed, smiling and emotionally connected. The only time an expression of tension is observed is during the first session without music. All other sessions show a woman alive, smiling with measured speech. This is a person for whom any music-therapy activity is indicated.

### Synthesis of the Space Test:

We observe the following changes:

- *Pre-test*: the circles are aligned, in the center of the sheet
- *Post-test*: the circles are larger and she makes use of the axis.

Among people with Alzheimer pathology, circles aligned along the central axis often emphasize a feeling of isolation, disconnection, or emotional distress.

*In the post-test*, she exhibits an expansive quality by utilizing the face of the paper completely. This confirms that Mrs. Georgette B. has improved in both her cognitive and relational capabilities.

### Synthesis of the Self-Assessment Questionnaire

Comparison of the responses of pre-and post-tests:

- The item 'I was upset by things that usually do not bother me', changes from 'Sometimes' to 'Never'
  - The item 'I had trouble concentrating', changes from 'Often' to 'Sometimes'
  - The item 'I felt sad' changes from 'Often' to 'Sometimes'
  - The item 'I felt comfortable in my body' changes from 'Sometimes' to 'Often'
- These alterations in perception reveal a significant improvement in her mood level.

### Synthesis of the Drawings:

In the Reference #1 drawing, the red shape suggestive of a large, seemingly diving cetacean, may suggest that Ms. Georgette B. feels ready to explore the deep within her psyche. Here we see uniqueness in Mrs. Georgette B., who is the only resident to have located an object in her first drawing in the bottom right of the paper; which usually indicates the awareness of what will need to be explored.

➤ On the first drawing made under musical induction (CD1), we observe a centering process with the dark green face placed in the area of self (center of the sheet). It's like an inner assessment; the expression of her sense of disconnection from the environment, portrayed by all the white surrounding the face, indicates a quest to establish concrete benchmarks to process.

➤ On both following drawings (CD2 and CD3), the entire space of the sheet is used. Unlike the lines in Reference drawing #1 which appeared fragile, these lines are firm and steady. She explores her inner labyrinth, completely closed, seeking an exit. In her assessment, she expresses insight regarding the labyrinths: *"I told myself: what did I come here to seek for?"*

➤ The following drawing (CD4) is important. The same lines drawn here in the top left, are repeated in the 11th drawing (CD10), but are now located in the bottom right area of the paper. On both drawings, there is a red spot pictured in the same way: a stain diluted with water which gives the impression of a fingerprint (injury, pain, may be an old wound). On the drawing done under CD4 induction, this spot is surrounded with a brown circle, as if it is surrounded in a bubble. On the drawing done under CD10 induction, there remains a brown line, as if the wound was now identified, without the need to secure it in a bubble.

➤ In the drawing completed with CD4, we see the development of lines with different colors suspended over the "bubble"; which implies possibilities but her own resources are inhibiting the expression of these possibilities for the time being (top left). We see the need to draw the lines straight. In the drawing created during CD10, the lines appear wider and two new lines are added expressing, once again, a notion of expansion.

➤ In addition with CD4, we find also lines on the right side of the paper, but each one is surrounded as if she was creating a form of protection around them.

➤ In the drawing completed with CD10, the protection seen previously have disappeared; there remain only large broken lines which are open to the future. While in the drawing under induction of CD4, the absence of verbalization reflects the intensity of the experience. The commentary on the CD10 confirms that the creation of these lines and colors is important to Mrs. Georgette B. *"There are some things, there are colors that fit a little better to me... the others I put aside... more... ah! shit, it is not this one... I've put a few... I was missing others, I do not know what you think, I put colors, a bit of all the colors. There, everything must be good or else one languishes. We'll meet again."*

#### **We note the following modifications detected between drawings CD4 and CD10:**

➤ CD5 — she explores all dimensions of the paper. Horizontally, lines connect left and right. Vertically, she seems to explore different physical, emotional, mental "layers" of her inner world.

➤ CD6 — she writes her name and address, as if revealing a new inner understanding.

➤ CD7 — the labyrinth design that was seen in the CD2 and CD3 drawings has returned. This time, there is an entrance and exit clearly drawn. She writes on her drawing the word *"Light"*, which reflects a progression toward conscious awareness. She includes her signature on the right.

➤ CD8 — a succession of "Thanks to everyone" are written down on the paper

➤ CD9 — The picture appears faded. The absence of verbalization reveals a need to take a break in order to integrate her previous experience. There are traces, somewhat sparse sketches on this drawing, where nothing is completed. In the center, there appears to be a pyramid with a door, confirming a process of internalization and introspection.

The series concludes with broad open lines, colored in an upward, expansive motion.

### Synthesis of Verbalizations (see Chart page 58):

*Reference #1 drawing:* "It was okay. At first one doesn't know where one is, but once we have it, we know where to we're going."

*CD1:* "It's still a bit... there's something missing... I wondered: why did you not do it right...? When one does something like that, afterwards there is something left."

*CD2:* "Some things are good, others less so. This time, I brought the papers. Next time, we'll see... Thank you very much, it is really fine what you do, it makes us grow".

*CD3:* "We do not really know what we're doing. I say, you did not do it, not quite. We will see another time... there's still a little something happening."

*CD4:* No verbalization.

*CD5:* "I'm fine. Well, these are drawings. I thought not. It was good for me now. One shall not withdraw; there are things that are not as well as they should. We are doing things and there is always something next. I'll hand it over when I leave and you do of it what you want.

*CD6:* "Oh, it is not possible... for me, it is overall ok. A bit, one hears it (the music), that depends on time. But we do not remember what we did. I put my name so there is something there, the name is still good. At first, sure, I'm a bit so-so. This should be done several times... it may happen that we catch something else. You can take it if you want."

*CD7:* "Oh well, I thought I had one... everyone does what one wants, I'm not further than yours... it's ok what he told me... It wasn't too bad, so I've done this thing. After that, I do not know if this is what we should or should not do. I believe in it, anyway."

*CD8:* "What do you want me to draw? I would like you to help me a little bit... well done I think ...you should look at it later, but there is a good part. I tried several times, but I did my best, and finally I think it is what is most important.

When one sees you, then one catches many things when it is finished. We would like you to come more often. That's good, thank you. Sometimes it is needed; we do so many things, if we could go further..."

*CD9:* No verbalization.

*CD10:* "There are some things; there are colors that fit a little better to me... the others I put aside... more... ah! shit, it is not this one... I've put a few... I was missing others, I do not know what you think, I put colors, a bit of all the colors. There, everything must be good or else one languishes. We'll meet again."

*Reference 2 drawing:* She verbalizes and writes in her comments notebook: "It was something very good for me. Super.... to gain something very beautiful. I was lost and I found myself."



There is, in her verbalization, an incessant search for meaning in what she does and the need to excel; to understand. The curse 'shit' during the 11th session (CD10) surprised everyone, because this is not normally how she expresses herself; she is always very polite. She was absorbed in her work. This was apparent by the way she searched for the colors that would fit with what she wanted to express.

We note that each verbalization reflects an effort to create on paper an authentic representation of her state of mind at that time. This is sometimes difficult, but the struggle helps her to move forward consciously aware of her accomplishment.

Her verbalization is personal. She does not try to escape her doubts, her questions, or her sufferings. By experiencing her journey courageously, she wins, day by day. As she opens up to others and achieves new insights, the expression of happiness is apparent on her face

#### **The assessment of Ms. Georgette B.:**

While looking at her drawings, she touches each one as if she is discovering the landscape that unfolds before her: *"That's not me... yes, I'm there. I don't remember... I don't know... I have nobody and then all of a sudden... This one, I remember. That, no, I don't. I looked for a place. I look, I had one quite underneath! I tried to draw - in order to see..."*

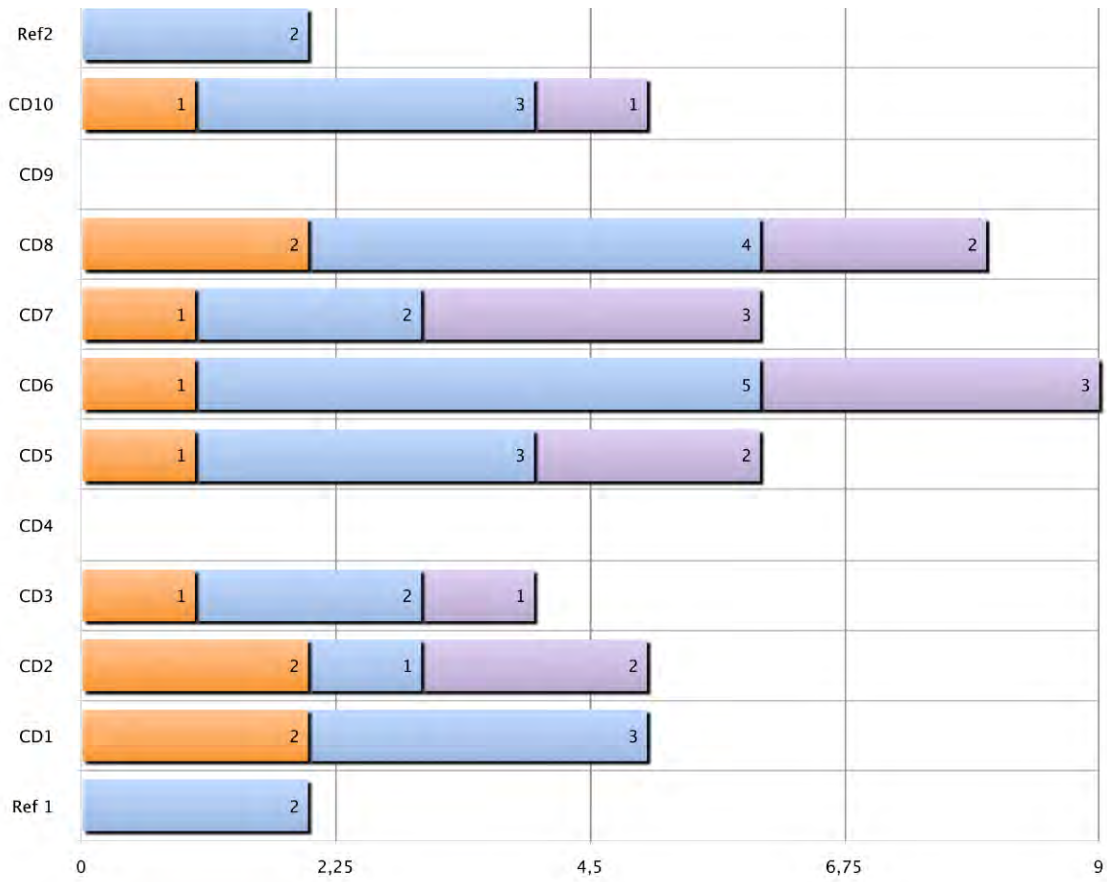
She smiles, recognizing her creations: *"Now that you mention it, it comes back... I could not be wrong... ah, thank you! That's good, that's part of it... the other, that's for sure (pointing her name on a drawing). Georgette is there! All these things (she shows the two drawings with labyrinths) this is what I had the first time I came... it was me who did it, yes. I said: what did I come here searching for? Even more, there's the name on it and it is at my home... there, I do not mistake... I said you will do nothing, and then it remained as it will be... Thank you."*

She is inexhaustible. She seems in her element. She grabs all her drawings, arranges them like a stack of files and as she places them on "her desk", she sits up victorious. She speaks endlessly, as if she needed to convey the intensity of her experience. Then, quietly, she listens to the assessment and is delighted: *"Thank you so much, really!"* She smiles.

## **CONCLUSION**

**For Mrs. Georgette, CAP was an opportunity to reunite with herself. We found an improvement in the areas of memory, verbalization, ability to connect events, and in her daily decision-making capability. These sessions nourished her desire to excel and each one of them was a small victory toward reaching her full potential. In addition, we have noticed her ability to emotionally connect with others in the group as well as with those where she resides. We conclude that the CAP sessions have accomplished the objectives formulated at the beginning of the program. It would be important for her to continue this activity, which feeds her deep aspiration to live her life with deeper meaning.**

### Verbalizations chart for Ms. Georgette B.:



#### TOTAL NUMBER OF RESPONSES

TYPE OF VERBAL RESPONSES

- Sensory responses
- Coenesthetic responses
- Motor responses
- Simple visual images
- Developed complex visual images
- Aesthetic feedbacks, value judgments
- Pure emotional responses
- Recall of memories
- Intellectual responses
- Responses in reference to the context

## Raising Awareness of Utilizing the Catharsis Application Program in the Retirement home

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Ophélie Salvan, psychologist

I am a psychologist in the Alzheimer Memory care unit of the "Residence du Parc". I was trained in the Montessori method.

Caretakers often lack the resources necessary to adequately care for older people with progressive mental deterioration such as dementia and Alzheimer's disease. Aside from nursing and medical treatments, there is no complementary approach, capable of establishing a communication other than verbal with these patients who are isolated within their own world.

Following the presentation of the Catharsis Application Program by Mrs. Desmoulins, I sensed that this musical mediation technique was a quality intervention which could allow a person under mental distress the ability to show their experiences and hidden emotions. Each musical theme has a specific tone, which is expressed through drawing, verbalization, emotional expression, and body language. The experience creates an opportunity for the residents to transcend their anguish and generate movement toward personal growth. The themes of the music are not communicated, leaving the residents free to express spontaneously what they feel.

The preparation to implement the program involves selecting residents, choosing the appropriate environment, developing clear objectives for each participant, and defining the parameters of the program for the staff.

With Mr. Decavel's approval, we set up a meeting in October 2012 to discuss the formation of a group that would participate in the "graphic expression under musical induction" program. Included in the preparation were the selected residents, healthcare team and myself. The residents were instructed on the organization of the program (timetable, participants, staff involvement).

### *How was the process beneficial to the residents?*

Throughout each session, we monitored each resident for changes in:

- behavior and socialization
- communication
- ability to express emotions.

For these residents the benefits associated with their involvement in the program included:

- improved self image (more confidence and expressiveness)
- group cohesion (enhanced interactions and communication between residents)
- alterations in behavior (reduced anxiety and labile affect)
- enhanced focus and concentration; reduction in wandering behavior.

These changes are visible in their daily activities, both individually and as a group, which has prompted a renewed commitment to the life unit.

### *How did the process enhance the caretakers?*

Even with the caretaker's familiarity with the residents and their lifestyle, they were able to discover aspects of their individuality they were unaware of during the sessions. They were surprised by their calm demeanor, their commitment to the process and the independence they exhibited during the weekly sessions.

These observations prompted each caretaker to reflect upon how they interact with the residents and the level of care they administer to them. They voiced their concern about how they were not encouraging the residents to express their independence. This resulted in the team deciding to be more flexible and create an environment where the residents are given periods of freedom to explore their autonomy safely.

### *How is CAP a therapeutic tool for the psychologist?*

This therapeutic intervention has the ability to provide the following features:

- a framework which allows the expression of emotions in a reassuring and beneficial manner for the unstructured individual
- the repetitive instruction provided in the program sessions creates a structured environment which allows the individual an opportunity to focus on self actualization.
- during the sessions it was exciting to observe a dual process of internalizing and refocusing on self, which was induced by the music and, at the same time an ability of the individual to release and express their feeling and emotions. The enhancement of communication was reinforced by a cohesive group environment.
- I discovered that the evolutionary process provided through this precise and rigorous approach gradually prompted the elderly to address their emotional pain and gave them the tools to be able to effectively express themselves.

### *Personal Assessment*

I confirm that the expertise provided by Mrs. Desmoulins, in the analysis of drawings and tests, the final assessment presented to residents, the accuracy of the observations and the individualized treatment plans, all contributed to a high quality therapeutic alliance between the residents and the health care team. In addition, the families found this process to be highly beneficial to their loved ones when they were able to see improvement in behavior and well being.

The CAP technique has proven to be a favorable medium in providing knowledge of each resident in a dynamic and rewarding perspective:

- a process of self discovery for the participants
- provides the staff an opportunity to assess their attitude toward the residents and a forum where they can evaluate the manner, in which they interact professionally
- an intervention which focuses on the human aspect instead of the disease process
- an approach to modify behavior that may reduce the need for drug intervention

Finally, I was able to appreciate the value and impact this unique approach provides on establishing a balance in the core essence of the individual with dignity.

## GENERAL CONCLUSION

All the therapeutic goals selected at the start were achieved. And for three out of eight, the results **surpassed** the expectations of the goals initially established.

Since the program was being offered for the first time in this facility, the care team was motivated and pleased to be a part of this pioneering project in the Alzheimer's unit of the "Residence du Parc."

Thanks to the CAP program, every caretaker involved was enriched by the process. It gave them a new perspective on how to relate to residents and prompted them to alter their approach on caring for them in the life unit. In addition, it influenced how they collaborated with the other caretakers and interacted with family members.

This innovative approach has reminded us that behind every resident, there is always some human story – with its pain and suffering – that needs to be recognized and acknowledged. Through this process we can help them express their pain and free them from their anguish, despite any behavioral disorders or deficits. By doing so we can create a balanced and peaceful environment that is beneficial for everyone involved.

It is this deep and intimate story CAP addresses.

The remarkable and touching commitment demonstrated by these residents was evident throughout the program. It is as if the impact of the music, combined with the graphic expression, permitted each of them an opportunity to experience a liberating introspection.

The care team involved with the program was impressed with the focused attention displayed by the residents while they listened to the music, the interest each resident demonstrated during the sessions and the behavioral changes documented over the course of the program. This has altered their perception and approach on how they interact with those diagnosed with dementia.

First, there was the realization that beyond the deterioration evident in the disease process, there is still a part of the individual which is present and visible at the end of the 12 weeks – a part that was able to listen and comprehend the assessment and had the ability to still plan for the possibility of further growth.

Then there was an awareness that in the process of embracing -with respect and tenderness- the deep and sensitive layers of each being, there was also an uncommon dialogue and therapeutic alliance developing between the healthcare team, residents and their families.

We were moved by the interactions observed among these residents while they engaged in the program. Their mutual respect, capacity to encourage and support one another was a clear indication that they had successfully established a cohesive group.

This work is the synthesis of a human involvement that calls for exploring innovative methods to approaching the disease process. It establishes a new dialogue in the face of a relentless progressing disease that isolates the individual in a silence and a void that separates them from reality. At the same time it confronts us with our humanity, our limitations and our reluctance to embrace the needs of those afflicted with this condition.

According to the World Health Organization (WHO), nearly 35.6 million people are living with dementia. This number is expected to double by 2030 (65.7 million) and more than triple by 2050 (115.4 million).

“Beyond research, the 2012 theme of the Day was madness: 'Living together'. The goal is to reduce the stigma associated with dementia and open communities to patients by offering them, as well as to their caretakers, a range of programs, such as workshops and social events and, ideally, to gradually build a society where people with dementia and their families can live without fear of discrimination.” \*

It is this perspective that the CAP methodology can contribute in providing a new system of self exploration to assist both patients and caretakers.

*\*Sources : CDC, Alzheimer's Disease International - World Day ALZHEIMER 2012 (learning to live together) - Santé log (<http://www.santelog.com>) - September 20, 2012.*

**PRE, POST-TESTS  
& DRAWINGS**



# Ms. Liliane R.

## Pre-Test Symbology of the Space



## Post-Test Symbology of the Space



## Pre-Test Questionnaire

QUESTIONNAIRE SIMPLE D'AUTO-EVALUATION de Hue 2 Liliane n°01  
 Date: mardi 16/10/12  
 Heure: 11h00  
 Prière de répondre à chacune des 10 questions de la liste en cochant d'une croix le case qui correspond le mieux à votre état.  
 Durant les deux ou trois derniers jours, à quelle fréquence avez-vous ressenti les impressions suivantes:

	Jamais	Quelques fois	Souvent	De façon continue
1. J'ai été concerné(e) par des choses qui d'habitude ne m'intriquent pas		X		
2. Je m'empêche d'entendre			X	
3. J'ai eu du mal à me concentrer sur ce que je faisais			X	
4. Je me suis senti(e) triste	X			
5. Je me suis senti(e) craintif(ive)	X			
6. Je me suis senti(e) bien dans ma peau				X
7. Je pensais que ma vie était un enfer				X
8. J'étais content(e) en l'avenir				X
9. J'avais l'impression que les gens ne m'aimaient pas			X	
10. Je me suis senti(e) seul(e)			X	

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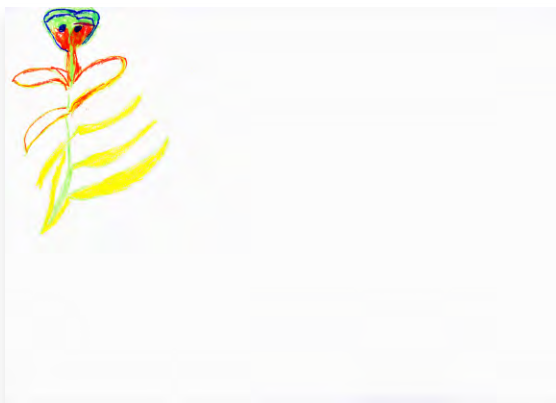
## Post-Test Questionnaire

QUESTIONNAIRE SIMPLE D'AUTO-EVALUATION de Hue 2 Liliane n°02  
 Date: Mardi 20/10/12 #2  
 Heure: 11h00  
 Prière de répondre à chacune des 10 questions de la liste en cochant d'une croix le case qui correspond le mieux à votre état.  
 Durant les deux ou trois derniers jours, à quelle fréquence avez-vous ressenti les impressions suivantes:

	Jamais	Quelques fois	Souvent	De façon continue
1. J'ai été concerné(e) par des choses qui d'habitude ne m'intriquent pas			X	
2. Je m'empêche d'entendre		X		
3. J'ai eu du mal à me concentrer sur ce que je faisais			X	
4. Je me suis senti(e) triste		X		
5. Je me suis senti(e) craintif(ive)	X			
6. Je me suis senti(e) bien dans ma peau			X	
7. Je pensais que ma vie était un enfer			X	
8. J'étais content(e) en l'avenir				X
9. J'avais l'impression que les gens ne m'aimaient pas			X	
10. Je me suis senti(e) seul(e)			X	

Expression Graphique sous induction musicale - Fiche réalisée  
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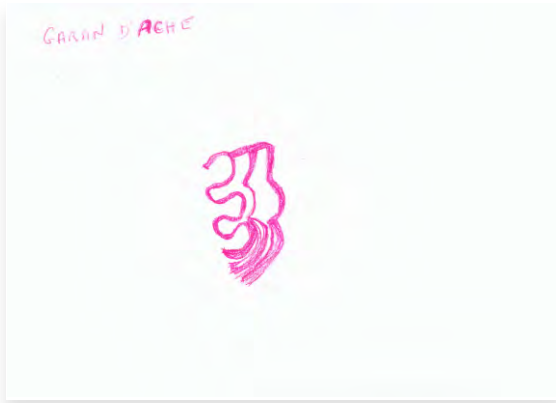
## Reference drawing # 1



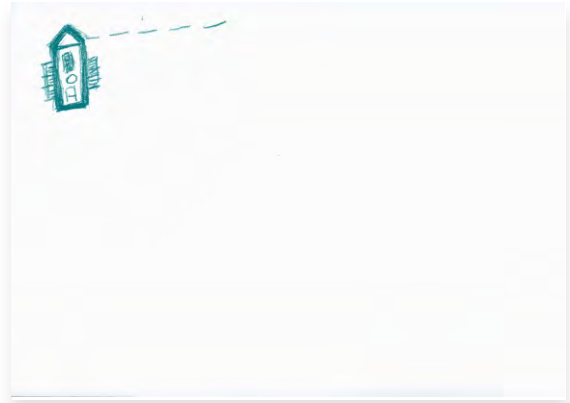
## Reference drawing # 2



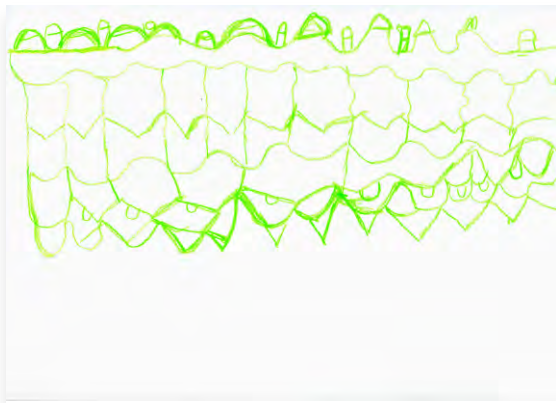
Music session with CD #1



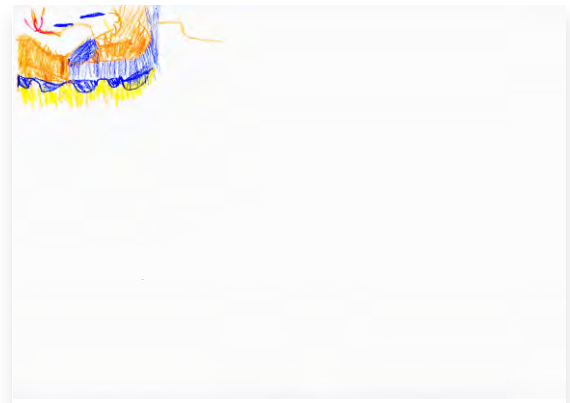
Music session with CD #2



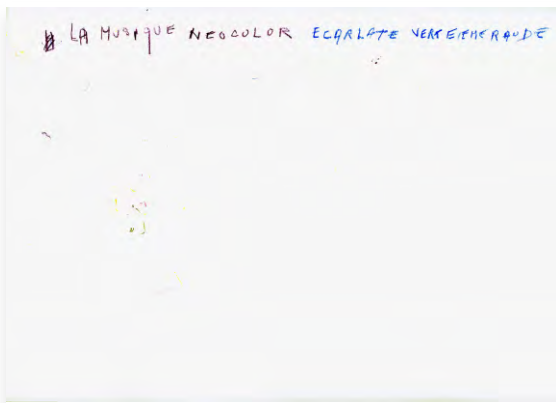
Music session with CD #3



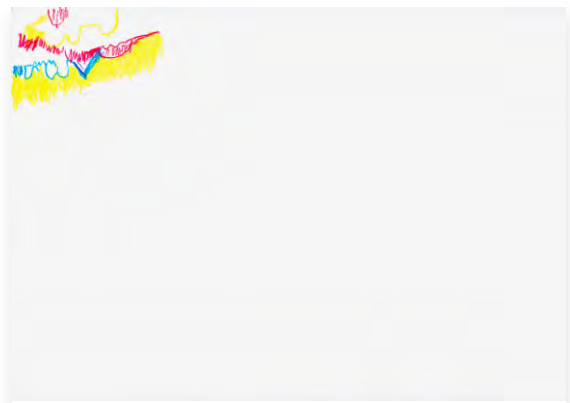
Music session with CD #4



Music session with CD #5

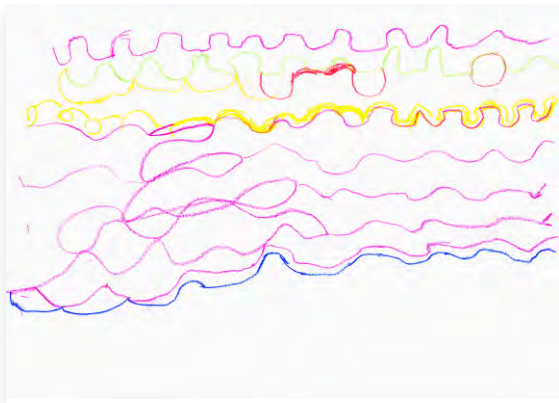


Music session with CD #6



«The Neocolor Music Scarlet Emerald Green»

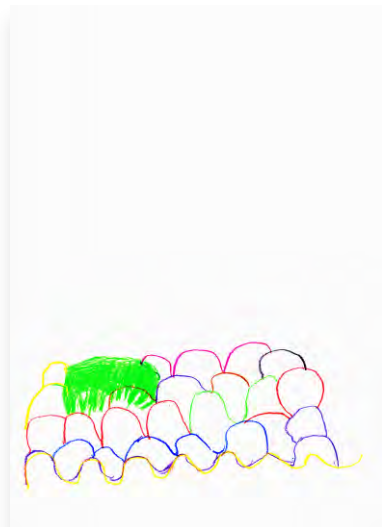
Music session with CD#7



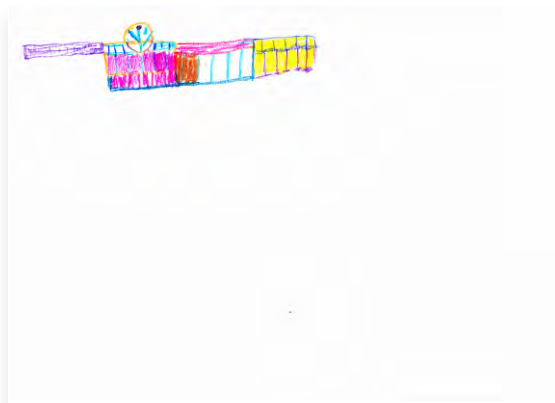
Music session with CD#8



Music session with CD#9



Music session with CD#10

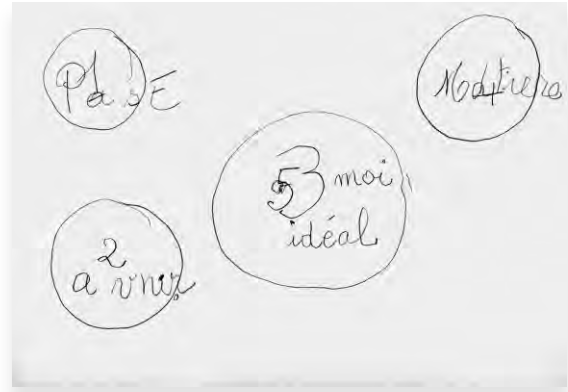


# Ms. Françoise P.

## Pre-Test Symbology of the Space



## Post-Test Symbology of the Space



## Pre-Test Questionnaire

QUESTIONNAIRE SIMPLIFIÉ D'AUTO-EVALUATION de Mlle P. Françoise (N°01)

Date: mardi 16 octobre 2012

Heure:

Prête de répondre à chacune des 10 questions de la liste en cochant d'une croix la case qui correspond le mieux à votre état.

Durant les deux ou trois derniers jours, à quelle fréquence avez-vous ressenti les impressions suivantes:

	Jamais	Quelques fois	Souvent	De façon continue
1. J'ai été contrarié(e) par des choses qui d'habitude ne m'inquiètent pas.		X		
2. Je me inquiète d'être en retard.				
3. J'ai eu du mal à me concentrer sur ce que je faisais.				
4. Je me suis senti(e) triste.				
5. Je me suis senti(e) content(e).				
6. Je me suis senti(e) bien dans ma tête.				
7. Je pensais que ma vie était un échec.				
8. J'étais confiant(e) en l'avenir.				
9. J'avais l'impression que les gens ne m'aimaient pas.				
10. Je me suis senti(e) seul(e).				

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## Post-Test Questionnaire

QUESTIONNAIRE SIMPLIFIÉ D'AUTO-EVALUATION de Mlle P. Françoise (N°02)

Date: Mardi 8/10/2013

Heure:

Prête de répondre à chacune des 10 questions de la liste en cochant d'une croix la case qui correspond le mieux à votre état.

Durant les deux ou trois derniers jours, à quelle fréquence avez-vous ressenti les impressions suivantes:

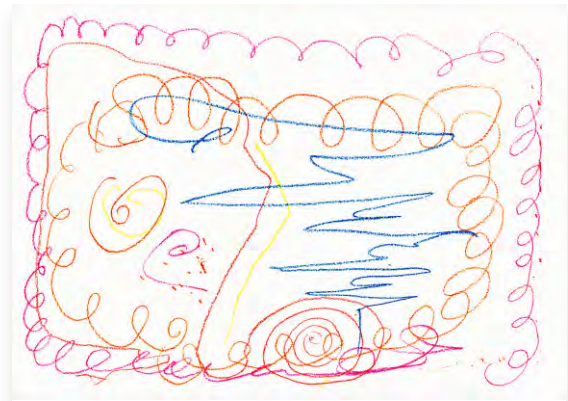
	Jamais	Quelques fois	Souvent	De façon continue
1. J'ai été contrarié(e) par des choses qui d'habitude ne m'inquiètent pas.		X		
2. Je me inquiète d'être en retard.		X		
3. J'ai eu du mal à me concentrer sur ce que je faisais.		X		
4. Je me suis senti(e) triste.		X		
5. Je me suis senti(e) content(e).				
6. Je me suis senti(e) bien dans ma tête.				X
7. Je pensais que ma vie était un échec.		X		
8. J'étais confiant(e) en l'avenir.		X		
9. J'avais l'impression que les gens ne m'aimaient pas.		X		
10. Je me suis senti(e) seul(e).		X		

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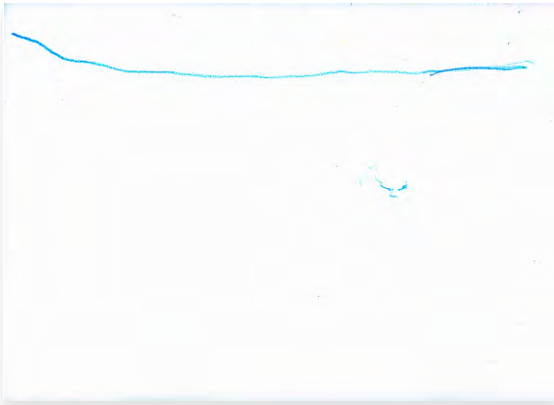
Reference drawing #1



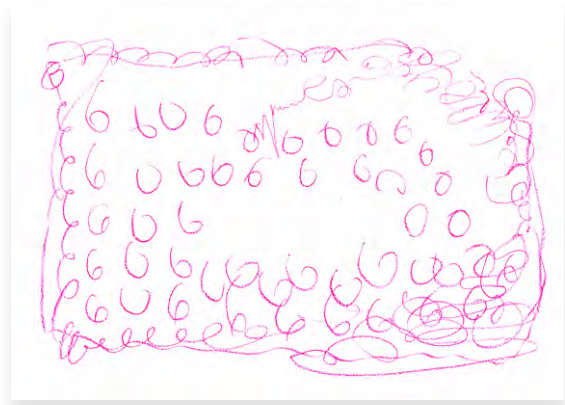
Reference drawing #2



Music session with CD#1



Music session with CD#2



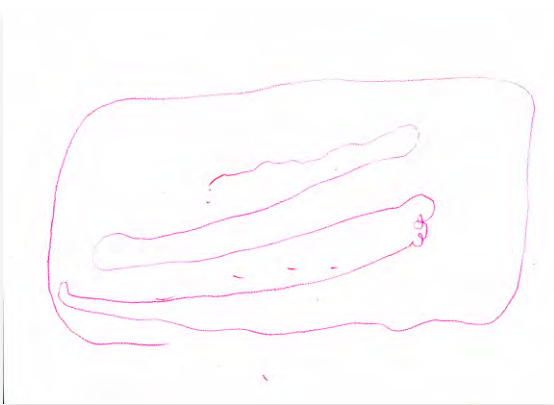
Music session with CD#3



Music session with CD#4



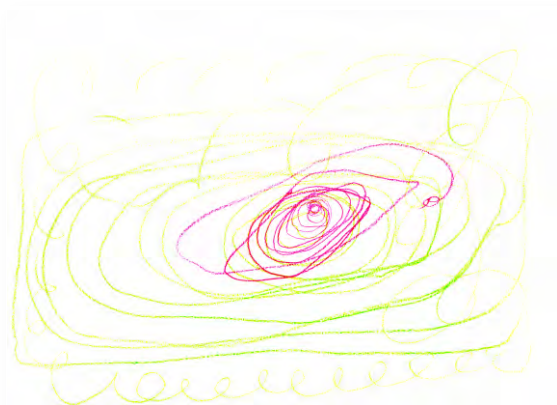
Music session with CD#5



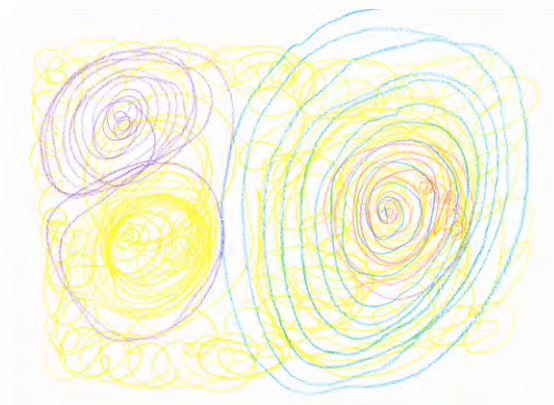
Music session with CD#6



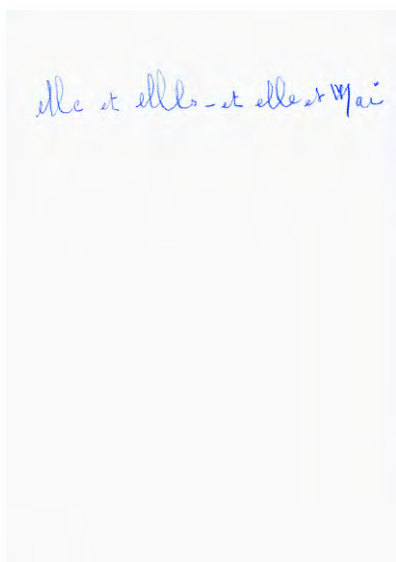
Music session with CD#7



Music session with CD#8



Music session with CD#9



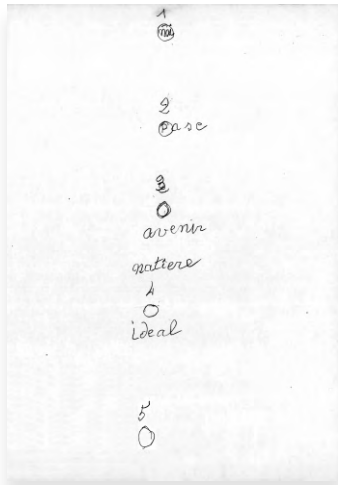
« She and she and she and I »

Music session with CD#10

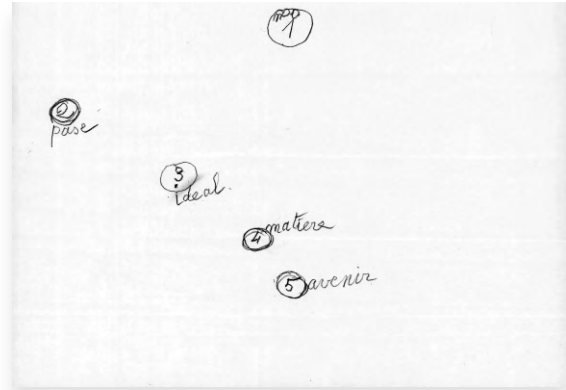


# Ms. Jeannette N.

## Pre-Test Symbology of the Space



## Post-Test Symbology of the Space



## Pre-Test Questionnaire

QUESTIONNAIRE SIMPLE D'AUTO-EVALUATION de Ms. Jeannette N. (N°1)

Date: jeudi 16/10/2013

Heure:

Prépare de répondre à chacune des 10 questions de la liste en cochant d'une croix la case qui correspond le mieux à votre état.

Quand les items ou trois derniers points, à quelle fréquence avez-vous ressenti les impressions suivantes:

	Jamais	Quelquefois	Souvent	De façon continue
1. J'ai été contrarié(e) par des choses qui d'habitude ne m'inquiètent pas.		X		
2. Je manquais d'énergie.		X		
3. J'ai eu du mal à me concentrer sur ce que je faisais.		X		
4. Je me suis senti(e) triste.		X		
5. Je me suis senti(e) créatif(ive).		X		
6. Je me suis senti(e) bien dans ma peau.		X		
7. Je pensais que ma vie était un échec.		X		
8. J'étais content(e) en l'avenir.		X		
9. J'avais l'impression que les gens ne m'étaient pas.	X			
10. Je me suis senti(e) seul(e).	X			

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## Post-Test Questionnaire

QUESTIONNAIRE SIMPLE D'AUTO-EVALUATION de Ms. Jeannette N. (N°2)

Date: jeudi 16/10/2013

Heure:

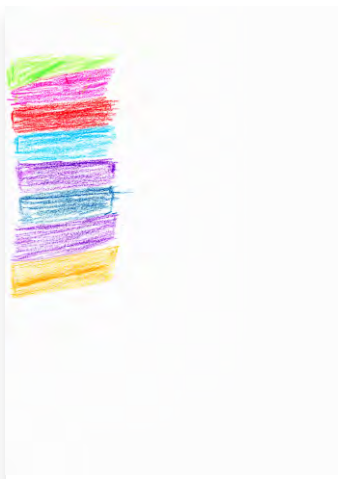
Prépare de répondre à chacune des 10 questions de la liste en cochant d'une croix la case qui correspond le mieux à votre état.

Quand les items ou trois derniers points, à quelle fréquence avez-vous ressenti les impressions suivantes:

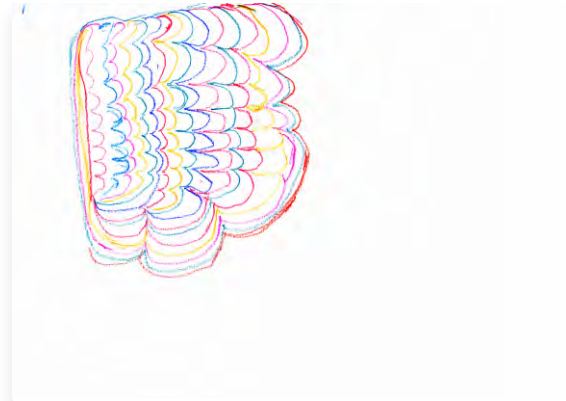
	Jamais	Quelquefois	Souvent	De façon continue
1. J'ai été contrarié(e) par des choses qui d'habitude ne m'inquiètent pas.		X		
2. Je manquais d'énergie.		X		
3. J'ai eu du mal à me concentrer sur ce que je faisais.		X		
4. Je me suis senti(e) triste.		X		
5. Je me suis senti(e) créatif(ive).		X		
6. Je me suis senti(e) bien dans ma peau.		X		
7. Je pensais que ma vie était un échec.		X		
8. J'étais content(e) en l'avenir.		X		
9. J'avais l'impression que les gens ne m'étaient pas.	X			
10. Je me suis senti(e) seul(e).	X			

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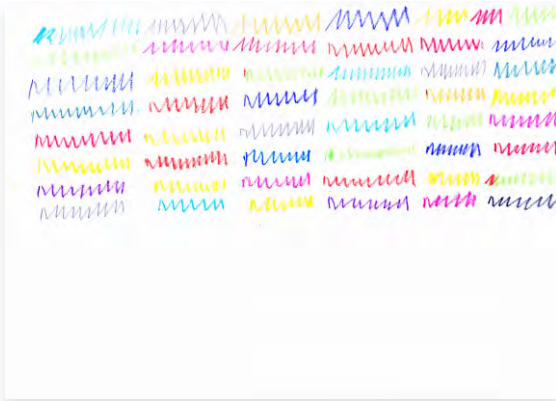
## Reference drawing # 1



## Reference drawing # 2



Music session with CD #1



Music session with CD #2



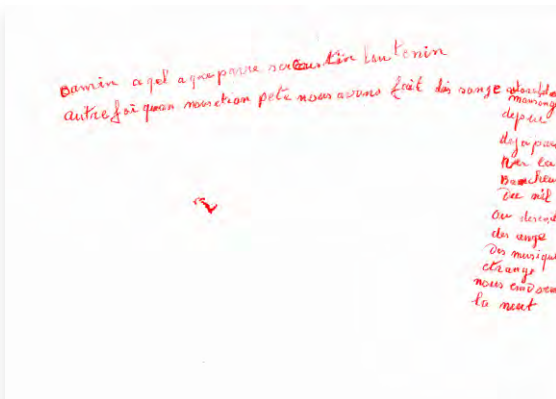
Music session with CD #3



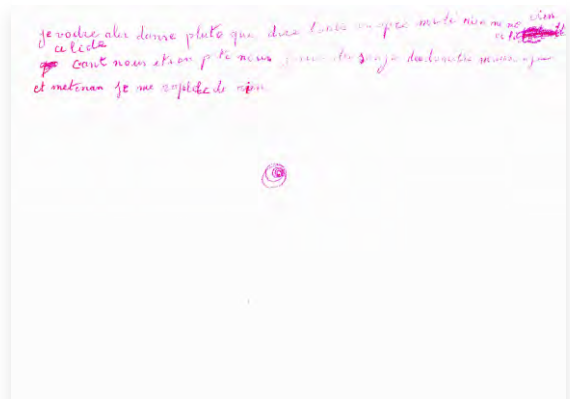
Music session with CD #4



Music session with CD #5



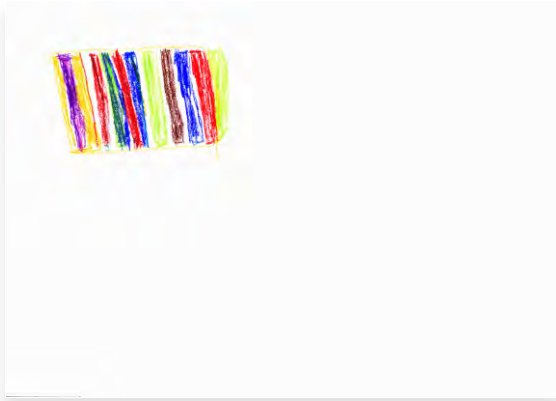
Music session with CD #6



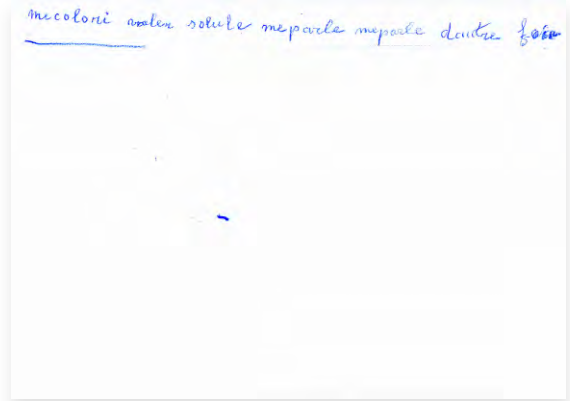
"Once upon a time, as we were young, we made dreams... lies... already carried away toward the whiteness of the sky where wings of angels, strange music lull us to sleep at night."



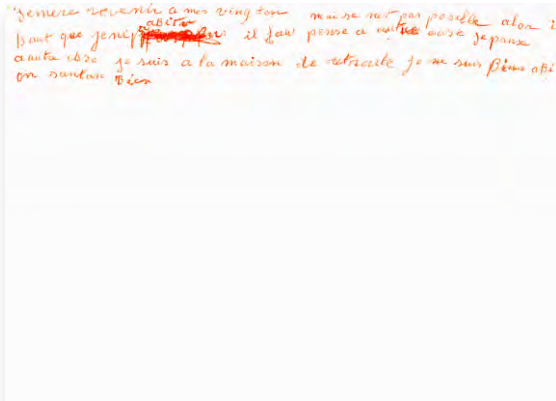
Music session with CD# 7



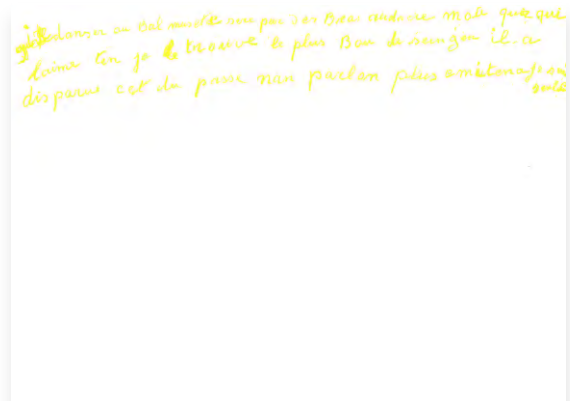
Music session with CD# 8



Music session with CD# 9



Music session with CD# 10



"I would love to go back to my twenties, but this is not possible, so I must get used to my situation. We must think of something else. I think of something else. I'm in the retirement home I am used to; we get along well."

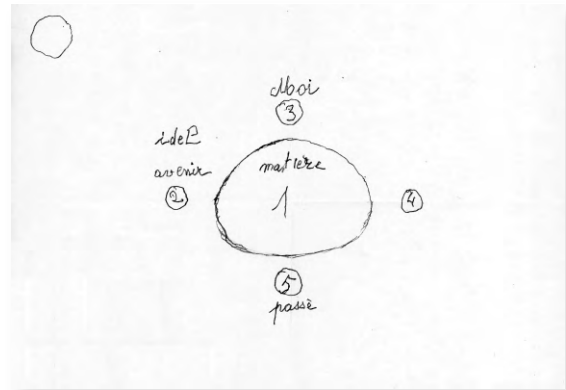
"I was dancing with accordion music, the evening, hold in his audacious arms. I love him because I find him the most beautiful of St John's Eve. He disappeared, I do not want to talk about it any more, now I am alone."

# Ms. Marcelle-Simone M.

## Pre-Test Symbology of the Space



## Post-Test Symbology of the Space



## Pre-Test Questionnaire

QUESTIONNAIRE SIMPLE D'AUTO-EVALUATION de J. L. Morel  
 Date: mardi 16/10/2012 11h14  
 Heures: 11h00-11h

Prêtez de répondre à chacune des 10 questions de la liste en cochant d'une croix la case qui correspond le mieux à votre état.

Durant les deux ou trois derniers jours, à quelle fréquence avez-vous ressenti les impressions suivantes:

	Jamais	Quasiment	Souvent	De façon continue
1. J'ai été contrarié(e) par des choses ou d'habitude ne m'inquiètent pas		+		+
2. Je me fatigue d'entraîner			+	
3. J'ai eu du mal à me concentrer sur ce que je faisais		+		
4. Je me suis senti(e) triste				+
5. Je me suis senti(e) inquiet(ive)		+		
6. Je me suis senti(e) bien dans ma peau		+		
7. Je pensais que ma vie était un échec			+	
8. J'étais content(e) en l'avenir	+			
9. J'avais l'impression que les gens ne m'intéressent pas	+			
10. Je me suis senti(e) seul(e)				+

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## Post-Test Questionnaire

QUESTIONNAIRE SIMPLE D'AUTO-EVALUATION de J. L. Morel  
 Date: mardi 16/10/2012 11h14  
 Heures: 11h00-11h

Prêtez de répondre à chacune des 10 questions de la liste en cochant d'une croix la case qui correspond le mieux à votre état.

Durant les deux ou trois derniers jours, à quelle fréquence avez-vous ressenti les impressions suivantes:

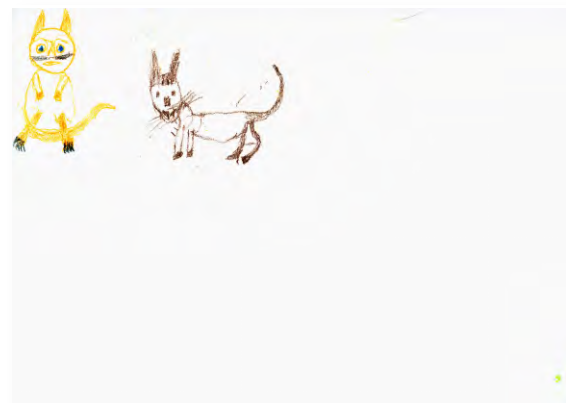
	Jamais	Quasiment	Souvent	De façon continue
1. J'ai été contrarié(e) par des choses ou d'habitude ne m'inquiètent pas		+		
2. Je me fatigue d'entraîner			+	X
3. J'ai eu du mal à me concentrer sur ce que je faisais		+		X
4. Je me suis senti(e) triste		+	+	
5. Je me suis senti(e) inquiet(ive)			+	
6. Je me suis senti(e) bien dans ma peau		+	+	
7. Je pensais que ma vie était un échec			+	
8. J'étais content(e) en l'avenir			+	
9. J'avais l'impression que les gens ne m'intéressent pas		+		
10. Je me suis senti(e) seul(e)				+

Expression Graphique pour l'atelier cathartique - Fiche élève  
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## Reference drawing # 1



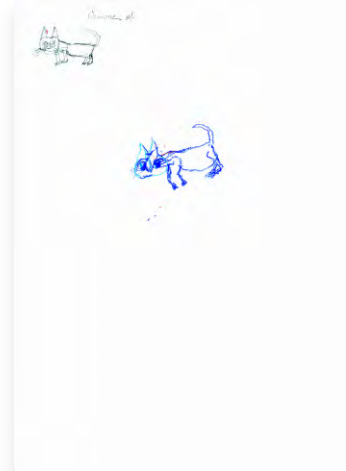
## Reference drawing # 2



Music session with CD#1



Music session with CD#2



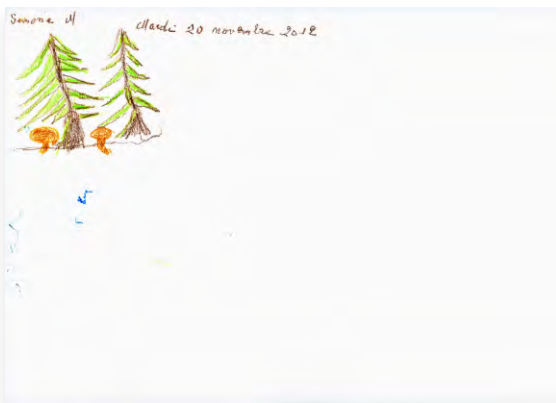
Music session with CD#3



Music session with CD#4



Music session with CD#5



Music session with CD#6



Music session with CD#7



Music session with CD#8



Music session with CD#9



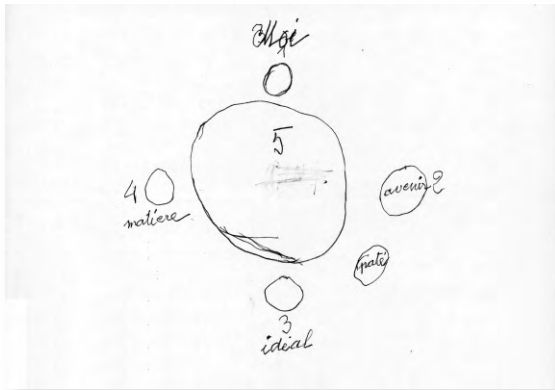
Music session with CD#10



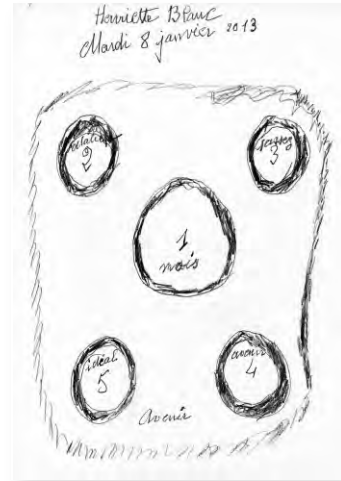
*"I said what I thought about loneliness, very hard. "*

# Ms. Henriette B.

## Pre-Test Symbology of the Space



## Post-Test Symbology of the Space



## Pre-Test Questionnaire

QUESTIONNAIRE SIMPLIFIÉ D'AUTO-EVALUATION de Henriette B. 1001

Date: 16/10/2012

Moins

Préparez de répondre à chacune des 10 questions de la liste en cochant d'une croix la case qui correspond le mieux à votre état.

Durant les deux ou trois derniers jours, à quelle fréquence avez-vous ressenti les impressions suivantes:

	jamais	Quelques fois	Souvent	De façon continue
1 J'ai été contrarié(e) par des choses qui d'habitude ne m'équivalent pas	X			
2 Je manquais d'énergie		X		
3 J'ai eu du mal à me concentrer sur ce que je faisais	X			
4 Je me suis senti(e) triste		X	X	
5 Je me suis senti(e) contrarié(e)		X		
6 Je me suis senti(e) bien dans ma tête	X			
7 Je pensais que ma vie était un échec	X			
8 J'étais content(e) en l'avenir	X			
9 J'avais l'impression que les gens ne m'aimaient pas	X			
10 Je me suis senti(e) seul(e)	X			

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## Post-Test Questionnaire

QUESTIONNAIRE SIMPLIFIÉ D'AUTO-EVALUATION de Henriette B. 1002

Date: Mardi 8/1/2013

Moins

Préparez de répondre à chacune des 10 questions de la liste en cochant d'une croix la case qui correspond le mieux à votre état.

Durant les deux ou trois derniers jours, à quelle fréquence avez-vous ressenti les impressions suivantes:

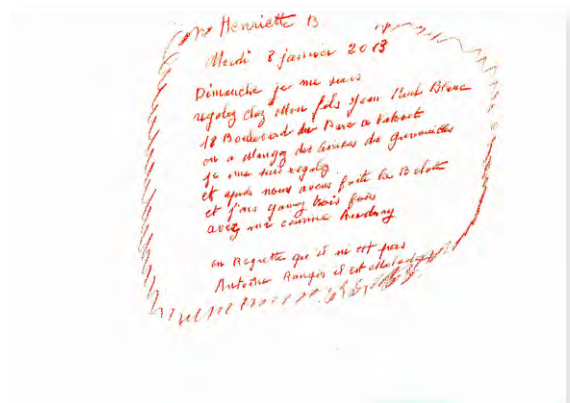
	jamais	Quelques fois	Souvent	De façon continue
1 J'ai été contrarié(e) par des choses qui d'habitude ne m'équivalent pas	X			
2 Je manquais d'énergie		X		
3 J'ai eu du mal à me concentrer sur ce que je faisais	X			
4 Je me suis senti(e) triste	X			
5 Je me suis senti(e) contrarié(e)		X		
6 Je me suis senti(e) bien dans ma tête	X	X		
7 Je pensais que ma vie était un échec	X			
8 J'étais content(e) en l'avenir	X			
9 J'avais l'impression que les gens ne m'aimaient pas	X			
10 Je me suis senti(e) seul(e)	X			

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## Reference drawing #1



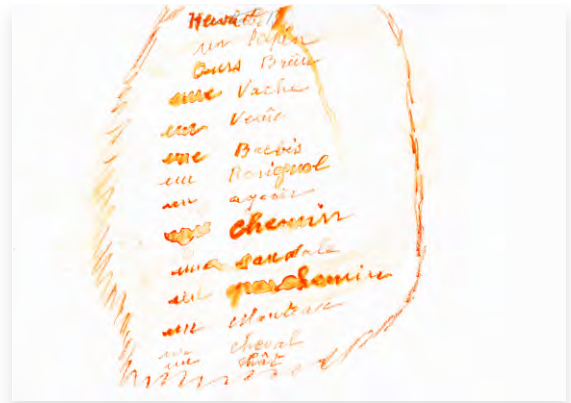
## Reference drawing #2



Music session with CD #1



Music session with CD #2



Music session with CD #3



Music session with CD #4



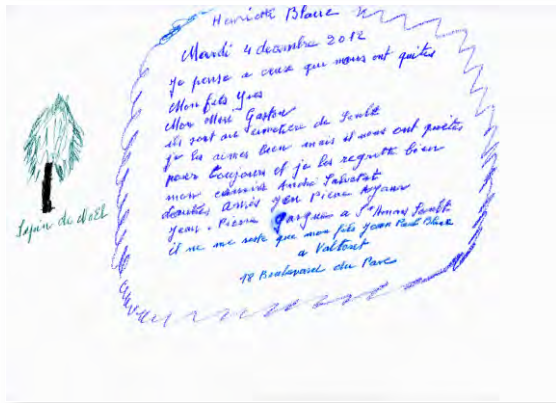
Music session with CD #5



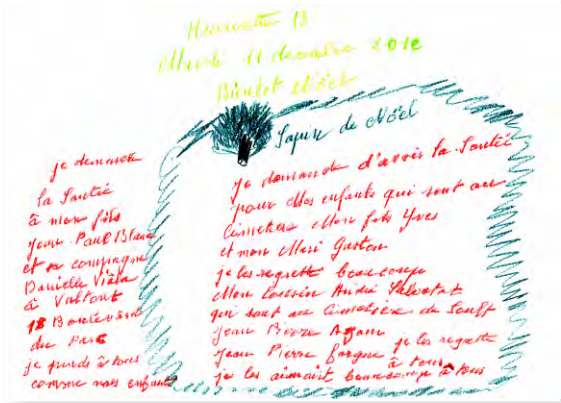
Music session with CD #6



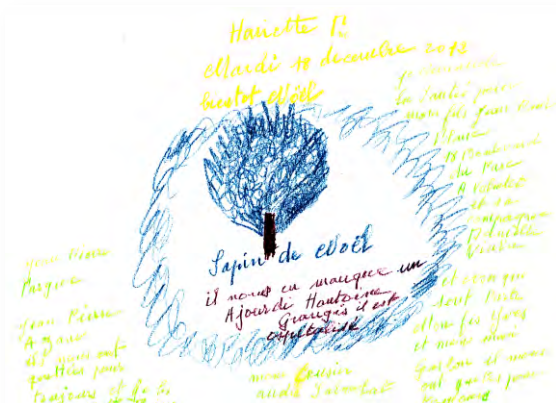
Music session with CD#7



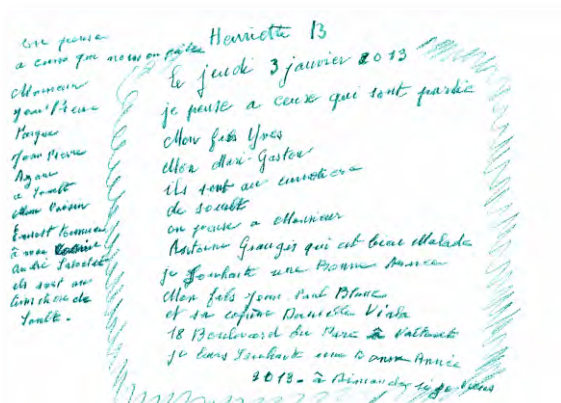
Music session with CD#8



Music session with CD#9



Music session with CD#10



# Mr. Lucien R.

## Pre-Test Symbology of the Space



## Post-Test Symbology of the Space



### Pre-Test Questionnaire

QUESTIONNAIRE SIMPLIFIÉ D'AUTO-EVALUATION de H.R. Lucien (N°1)  
 Date: Mardi 16 octobre 2012  
 Heure: \_\_\_\_\_  
 Prière de répondre à chacune des 10 questions de la liste en cochant d'une croix la case qui correspond le mieux à votre état.  
 Durant les deux ou trois derniers jours, à quelle fréquence avez-vous ressenti les impressions suivantes:

	Jamais	Quasiment	Souvent	De façon continue
1. J'ai été contrarié(e) par des choses qui d'habitude ne m'inquiètent pas		+		
2. Je manquais d'énergie		+		
3. J'ai eu du mal à me concentrer sur ce que je faisais		+		
4. Je me suis senti(e) triste		+		
5. Je me suis senti(e) épuisé(e)		+		
6. Je me suis senti(e) bien dans ma tête			+	
7. Je pensais que ma vie était un échec		+		
8. J'étais content(e) en l'avenir		+		
9. J'avais l'impression que les gens ne m'aimaient pas	+			
10. Je me suis senti(e) seul(e)				+

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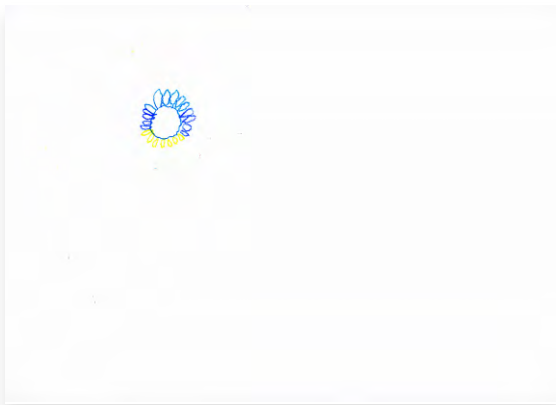
### Post-Test Questionnaire

QUESTIONNAIRE SIMPLIFIÉ D'AUTO-EVALUATION de H.R. Lucien (N°2)  
 Date: Mardi 8/01/2013  
 Heure: \_\_\_\_\_  
 Prière de répondre à chacune des 10 questions de la liste en cochant d'une croix la case qui correspond le mieux à votre état.  
 Durant les deux ou trois derniers jours, à quelle fréquence avez-vous ressenti les impressions suivantes:

	Jamais	Quasiment	Souvent	De façon continue
1. J'ai été contrarié(e) par des choses qui d'habitude ne m'inquiètent pas			+	
2. Je manquais d'énergie			+	
3. J'ai eu du mal à me concentrer sur ce que je faisais		+		
4. Je me suis senti(e) triste				+
5. Je me suis senti(e) épuisé(e)		+		
6. Je me suis senti(e) bien dans ma tête			+	
7. Je pensais que ma vie était un échec		+		
8. J'étais content(e) en l'avenir			+	
9. J'avais l'impression que les gens ne m'aimaient pas	+			
10. Je me suis senti(e) seul(e)				+

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### Reference drawing #1

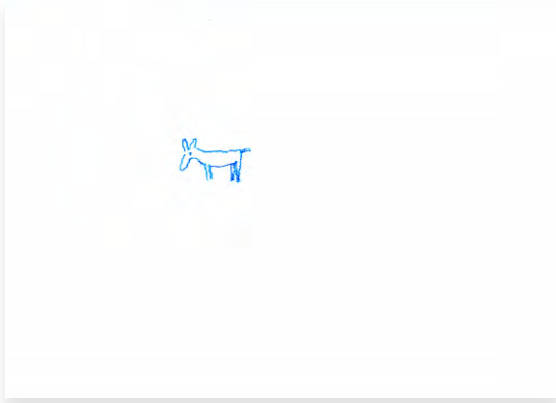


### Reference drawing #2





Music session with CD#1



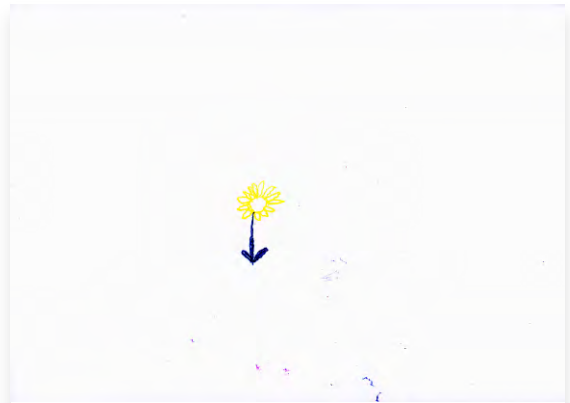
Music session with CD#2



Music session with CD#3



Music session with CD#4



Music session with CD#5



Music session with CD#6



*"When everything is finished"*

Music session with CD#7



*"What you want"*

Music session with CD#8



Music session with CD#9



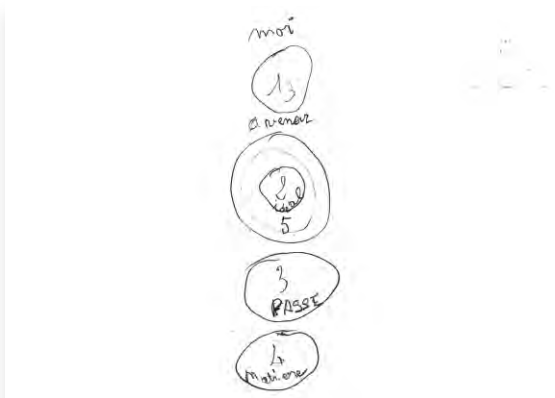
Blank sheet

Music session with CD#10

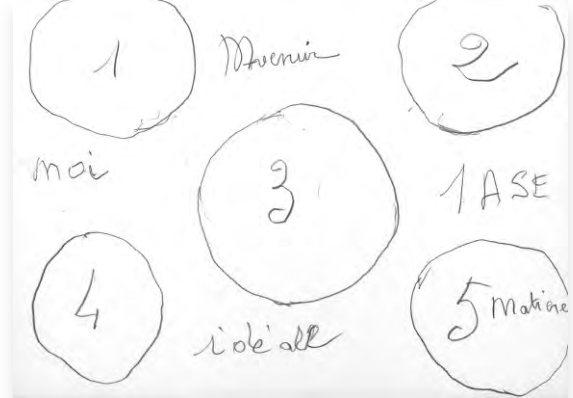


# Ms. Georgette B.

## Pre-Test Symbology of the Space



## Post-Test Symbology of the Space



## Pre-Test Questionnaire

QUESTIONNAIRE SIMPLIFIÉ D'AUTO-EVALUATION de Mme Georgette B. (N°1)  
 Date: Mardi 16/10/2012 #1  
 Heure: \_\_\_\_\_  
 Pensez de répondre à chacune des 10 questions de la liste en cochant d'une croix la case qui correspond le mieux à votre état.  
 Durant les deux ou trois derniers jours, à quelle fréquence avez-vous ressenti les impressions suivantes:

	Jamais	Quelques fois	Souvent	De façon continue
1. J'ai été contrarié(e) par des choses qui d'habitude ne m'inquiètent pas.		+		
2. Je me suis senti(e) épuisé(e).				+
3. J'ai eu du mal à me concentrer sur ce que je faisais.			+	
4. Je me suis senti(e) triste.		+		
5. Je me suis senti(e) craintif(ive).		+		
6. Je me suis senti(e) bien dans ma peau.		+		
7. Je pensais que ma vie était un échec.		+		
8. J'étais confiant(e) en l'avenir.		+		
9. J'avais l'impression que les gens ne m'appréciaient pas.		+		
10. Je me suis senti(e) seul(e).		+		

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## Post-Test Questionnaire

QUESTIONNAIRE SIMPLIFIÉ D'AUTO-EVALUATION de Mme Georgette B. (N°2)  
 Date: Mardi 27/01/2013 #2  
 Heure: \_\_\_\_\_  
 Pensez de répondre à chacune des 10 questions de la liste en cochant d'une croix la case qui correspond le mieux à votre état.  
 Durant les deux ou trois derniers jours, à quelle fréquence avez-vous ressenti les impressions suivantes:

	Jamais	Quelques fois	Souvent	De façon continue
1. J'ai été contrarié(e) par des choses qui d'habitude ne m'inquiètent pas.	+			
2. Je me suis senti(e) épuisé(e).		+		
3. J'ai eu du mal à me concentrer sur ce que je faisais.		+		
4. Je me suis senti(e) triste.		+		
5. Je me suis senti(e) craintif(ive).			+	
6. Je me suis senti(e) bien dans ma peau.			+	
7. Je pensais que ma vie était un échec.		+		
8. J'étais confiant(e) en l'avenir.		+		
9. J'avais l'impression que les gens ne m'appréciaient pas.		+		
10. Je me suis senti(e) seul(e).		+		

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Reference drawing #1



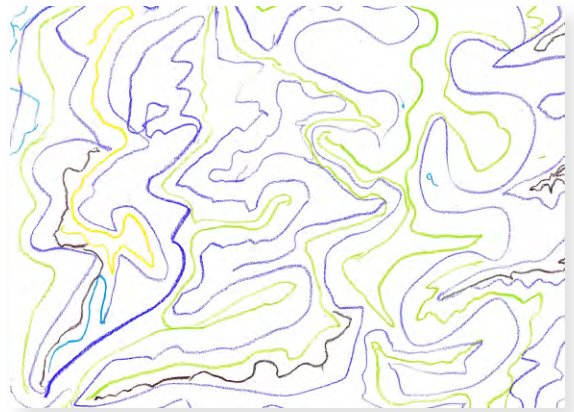
Reference drawing #2



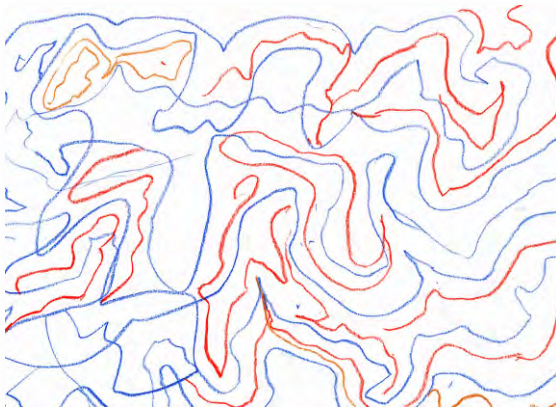
Music session with CD#1



Music session with CD#2



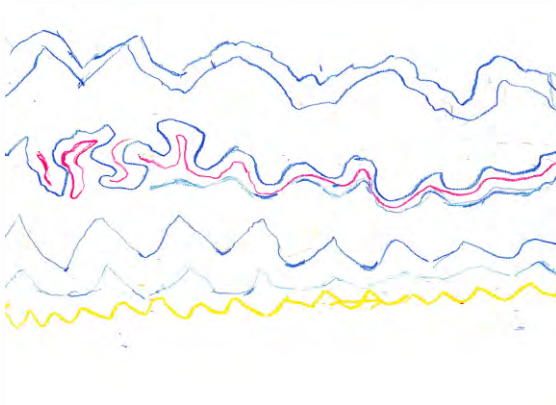
Music session with CD#3



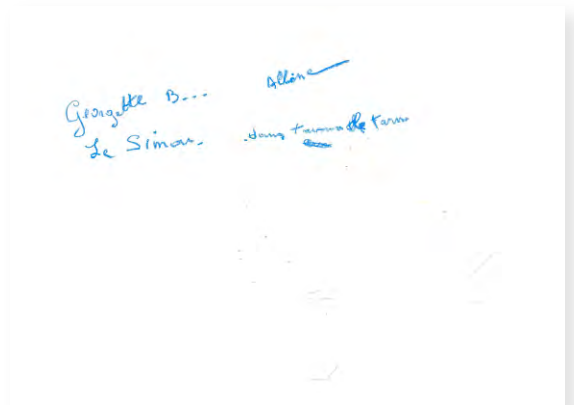
Music session with CD#4



Music session with CD#5



Music session with CD#6



Music session with CD#7



Music session with CD#8



*"Music... Thank you...  
Thank you everyone...  
Thank you everybody color."*

Music session with CD#9



Music session with CD#10



*For more information contact:*

Dr. Lisa Hirsch Cordeiro, M.C., Ed.D., ACLCC  
phone: 707-853-3579 (*U.S. Pacific Time Zone*)

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Silcord US Productions 10880 Wilshire Blvd #920  
Los Angeles, CA 90024-4101  
*email : chantal@catharsis-technique.com*

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