

Musical listening in a seclusion room (CSI) in a psychiatric environment.

Restraint measures in the care of psychiatric patients are very controversial, in Switzerland and in other European countries alike. Seclusion room (CSI) or secure room (the name varies from one institution to another) stand for a lockable space intended to reduce sensory stimulation so that patients can regain control over their psychological condition and their behavior. The clinical use of those spaces is problematic in many ways: it is an assault on personal freedom, autonomy and dignity of patients; the therapeutic function and the effectiveness of the seclusion are not proven; low sensory stimulation itself may be laden with risks, and above all, this type of intervention makes it difficult to establish a caring relationship based on dialogue and interaction.

The use of music to fill the silence of the room and thus to contribute to reducing the feeling of loneliness and abandonment as expressed by the patients seems to be a promising idea, especially if they have the opportunity to manage themselves the music device, which restitutes them back certain autonomy and a degree of control over their immediate environment. These considerations formed the starting point for an action-research project (Amenhotep, 2012-2016) which allowed the development of a music-hearing device that complies with very strict safety rules specific to acute psychiatric wards, and to make a choice of music tracks that were subsequently categorized according to their emotional content. Currently, several rooms are equipped with this device in three psychiatric hospitals in Switzerland and in neighboring France (Lyon).

The main objective of the project "listening to a music in CSI" is to assess the feasibility of an empirical applied research protocol by testing some of the theoretical assumptions formulated by the clinical teams previously involved in its development. The

project must observe if the patient's use of the device takes different forms according to their needs at the moment; if the device facilitates new forms of interaction between caregivers and patients; and, finally, if its implementation and use have an impact on the subjective well-being at work of the former and on the subjective experience of seclusion in CSI of the latter.

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