

## FROM THE “NAUGHTY CHAIR” TO HAPPY CHESS PLAYER



Françoise Nicoloff

Does one know that man is an ear designed to listen to the universe? More than that, that he is entirely an ear? Does one suspect that he is the fruit of a slow evolutionary process, which makes him a communicator with the cosmos *par excellence*?

—Alfred Tomatis, *Écouter l'Univers*

# Françoise Nicoloff

Françoise, the founder and director of the Australian Tomatis® Method, is a renowned psychologist with over three decades' experience in applying the Tomatis® Method around the world. Françoise was trained by Dr. Tomatis in the late 1970s, and since 1983 has been involved in the training of Tomatis® consultants in France, Spain, Italy, Japan, Australia, and, lately, the Philippines.

Françoise has worked in four continents, helping thousands of people of all ages (from infants to the elderly) with challenges ranging from auditory processing to learning and communication difficulties to improving pitch for singers and energizing elderly people. Her passion is helping people to reach their potential or recover lost abilities, to bring a new level of joy and happiness in their lives. She was part of the group who founded the International Association of Registered Certified Tomatis® Consultants in 2001, and has been its president since 2004. She has lectured in many countries around the world and is also a life coach and painter.

Françoise is happily married with a 20-year-old daughter and two stepsons. She lives in Sydney and travels both in Australia and overseas to share her knowledge and skills.

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## CHAPTER 10

# *From the “naughty chair” to happy chess player*

### **AUDITORY PROCESSING DISORDER AND THE TOMATIS® METHOD**

“Sarah, John, do you hear me? Can you please pay a bit more attention? I have to repeat the same things every day: go and brush your teeth, get your lunch bag, grab your hat!” Does this sound familiar to you, reader?

Auditory processing disorder (APD) is still a new concept for many professionals in the education and medical fields, and the literature is still slim, although the research and information available on the subject are increasing rapidly. As yet, there is no agreement between associations such as the American Speech-Language-Hearing Association (ASHA) or the Committee of UK Medical Professionals regarding the definition of APD and its apparently multimodal facets.

The number of research projects on the subject is increasing, and

there are many sound training programs and speech/language programs designed to assist with overcoming APD. At the Bruton Conference in Texas in 2000 it was concluded that auditory processing deficits go hand in hand with listening, language and behavioral difficulties. Not only are auditory processing disorders specific to the auditory modality, but they may also involve higher order neuro-cognitive factors, such as memory, motivation, cooperation and attention, all of which interfere with performance.

There are various definitions of APD, one example of which appeared in a recent study: “APD is a complex and heterogeneous disorder that has only recently begun to be studied by systematic, experimental investigation.”<sup>1</sup>

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Children with an auditory processing problem generally register a normal hearing test, but have difficulties processing sound, including perceiving spoken language, interpreting it and retaining it. They present difficulties with auditory memory and auditory attention, and take time to process auditory information before answering a question, often misinterpreting oral messages, misunderstanding what has been said or having trouble remembering directions. These children have difficulties in understanding

messages with complex sentences, have trouble paying attention to—and remembering—information presented orally, and have problems carrying out multistep instructions.

They might also have low academic performance, weak attention and memory skills, and language difficulties, such as syllable sequence confusion and/or developing vocabulary, and understanding their own mother tongue. They are easily distracted and often unmotivated, tend to have low self-esteem and confidence and have impaired peer relationships (they don’t have friends, or they stay on their own in the playground). Even though they seem bright, their answers are not always appropriate

and they are often uncomfortable in a noisy environment. Some can become disruptive, engaging in risk-taking or thrill-seeking behavior to prevent themselves from feeling incompetent and bored; some of them can become argumentative and even aggressive when challenged, and seem to be defiant.

“APD is also referred to as central auditory processing disorder or auditory perception problem, auditory comprehension deficit, central auditory dysfunction, central deafness and so-called ‘word deafness’.”<sup>2</sup>

APD is one of the more difficult information processing disorders to detect and diagnose—it may sometimes be misdiagnosed as ADD/ADHD, Asperger syndrome and other forms of autism. APD shares common symptoms with dyslexia, learning difficulties, language delay and behavior difficulties. People with APD have difficulty processing auditory information within the brain, and will often make guesses to compensate for the gaps in their processing—they may not even be aware that they have misunderstood something.

The causes of auditory processing difficulty have not yet been clearly established. In my own experience I have often worked with children diagnosed with autism or ADD who responded very quickly and positively to the auditory stimulation program developed with the Tomatis® Method. With regard to my clinical experience and understanding, I suggest that these children were misdiagnosed, and that the alternative diagnosis should have been one of severe, moderate or mild APD.

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The current literature suggests that APD can be hereditary, however it can also be the result of a difficult pregnancy or lack of oxygen at birth, acquired from a head injury, or due to chronic ear infections or “glue ear” during infancy. When infants or toddlers suffer from recurrent ear

infections, or otitis media, during critical development times the maturity of the auditory processing and language pathways can become compromised, as their brains are unable to be trained with the proper information in terms of language imprint at that stage. “APD may also be present as a result of neuro-maturational delays.”<sup>3</sup>

When there is fluid present in the ear, the child perceives sound as though it is being transmitted through water and the information is muffled, therefore the child will likely not develop a full and integrated auditory system. If this occurs during the first two years of life, when language is developing and becoming integrated, this development will be hindered by the initial distorted imprint. The symptoms will present quite subtly at first, but develop more strongly as greater comprehension is expected of the child. Later, the child will tend to need constant repetitions of commands,

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become easily distracted and use distorted expressive language (the sounds will be unclear, confused and vague).

Children experiencing APD tend to say, “What?” or, “Huh?” often, or skip over some of the sounds in words. They sometimes miss the end of the words or skip whole words in sentences—for instance, when asked, “How old are you?” they might hear, “How are you?” They mishear, therefore they misunderstand. It happens weekly in my clinic. A child can be told, “Please do not jump in the puddle,” but will hear, “Jump in the puddle,” and as a result

will be seem to be disobedient and could mistakenly be considered defiant. Consequently, children with APD will often become frustrated, both with their own confusion regarding what is going on, and with other people’s inability to understand them. They are prone to emotional meltdowns, showing signs of anxiety, insecurity or discomfort in situations where it is expected that they will speak or behave in a certain way, or even when it is expected that they will simply adapt to being in a noisy environment.

Dr. Tomatis made a clear distinction between hearing and listening—hearing being a passive function of receiving sounds, while listening is an active process of focusing on sounds. Hearing is a function of the ear, while listening is a function of the brain, and auditory processing relates to, “what the brain does with what the ear hears.”<sup>4</sup> Following Dr. Tomatis’s discoveries in regard to listening and its development, he highlighted the importance of its development during the prenatal period. The inner ear is the first sensory system to fully develop *in utero*—the fetus learns to mainly tune in to the sounds of its mother’s voice and during the prenatal period the unborn baby learns to recognize the specific sounds that make up its mother tongue. This early listening in the womb can play a crucial role in the later development of auditory processing and language.

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## From the “naughty chair” to a happy, chess-playing five year old

Ben is a beautiful, blond, blue-eyed Australian boy, who came to see me in Perth (Western Australia) in June 2009, when he was five years old. At our first meeting he seemed to be a free wanderer in his own world, not really following instructions at school. He tended to rush off to do things on his own terms or to walk away when he did not want to do what he had been asked. During the assessment, Ben needed to explore the place and touch everything, and he ran around,

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Ben is the youngest in a family of four boys, with two much-older brothers and another who is just a year older than him. Ben's mother fell pregnant with him when her third son was three months old and when she was three months pregnant she went to the United States for six months, as her husband had to complete a contract obligation. Ben was born naturally in the States, and was brought home to Perth when he was five days old.

Ben was breastfed, experienced mild to moderate colic for eight weeks, and suffered from constipation for a short time, but overall was a happy and content baby. He developed nicely and reached his milestones on time, walking at 12 months and developing speech. By two, he had begun to use short sentences.

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Ben was sleeping well in his own room and eating very healthily on a gluten-free and dairy-free diet, as he struggled with celiac disease like his dad. Neither Ben nor his brothers watched television as it was against the family rules for the children to do so.

At about the age of two, Ben had grommets (ear tubes) placed in his ears after suffering a few ear infections and a burst eardrum when he was 18 months old. Ben's parents started to be concerned with his behavior when he started to go to school as he was not following instructions and not sitting still. He had a tendency to have a bad temper and his answers to questions were often irrelevant to what had been asked. Ben was very active on the property where the family spent their weekends, often walking up to three kilometers around the property.

In August 2009, Ben started a home-based Tomatis® program. The portable listening device (Electronic Ear) was sent to the family home to allow Ben and his father to complete the Tomatis® listening



program together.

Within the first 30 hours of the program, positive progress was observed both at home and at school. He calmed down, there was much less need to repeat instructions to him, and his teachers and parents were already pleased with Ben's improvement.

At the completion of the first program, the speech therapist said to Ben's mother, "We had a fantastic session with Ben today. His listening skills and the amount of language he used were amazing." His occupational therapist said, "Ben was more focused, listening to instructions and cutting very well." His schoolteacher reported that Ben was sitting at the front of the class of his own accord, had been able to follow a sequence, and had remembered to bring a shoebox to school for one of the activities. He was not playing the clown at school anymore.

Six weeks later, Ben underwent another 30 hours of the program. I saw him with his father in early December when I went back to Perth.

And what a difference I saw! Ben's listening test registered normal, whereas initially it had shown considerable immaturity and a lot of confusion at the level of bone and air conduction. He was originally very left-ear dominant, but had started to make more use of his right ear. His father reported that he and his wife were quite happy with the outcome of the Tomatis® program. Ben was much calmer, more mature, much more focused and attentive, far less naughty, more compliant, and was following instructions more easily. He was having more fun and now loved to join the family in games and activities. Dad had taught Ben to play chess, and he could play for 30 to 40 minutes with great concentration. Ben's old pattern of, "I'm not good enough" or, "I can't do it," followed by throwing everything on the floor in a meltdown had disappeared. Ben's speech had improved dramatically, and overall his communication was much better.

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At school he had developed a group of friends, and while previously he used to spend days and weeks on “the naughty chair,” this was no longer required at all. He was keen to learn and enjoyed it, and was due to start Year One in primary school in January 2010. His occupational therapist was amazed by his ability to focus and listen, his level of comprehension and his maturity.

Ben’s listening, communication skills, and maturity had improved dramatically in less than four months. What a relief for his parents!

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Ben’s case is a classic story for me as a Tomatis® consultant; many children with auditory processing difficulties suffer from behavioral issues as well as learning difficulties. The first Tomatis® principle is that, “the voice can only reproduce what the ear hears or processes” and the Tomatis® ear re-training program helps to re-pattern the connections between the ear, brain, body and soul through activating and stimulating the complex network of the nervous system through the ear.

It is always great to see a child awakening to his or her potential at an early age, before they experience the pain, frustration and despair that unsatisfactory progress at school can inflict. Parents who are concerned by their child’s behavior or listening ability should start a consultation process quickly, so the child can get on the path of realizing his or her potential as soon as possible. This leads to relaxed, confident and happy parents too—as well as the professionals accompanying a child on his or her learning journey.

Ben benefited greatly from the Tomatis® home-based program, which changed the way he experienced his environment forever. It allowed him to enter school emotionally, mentally and physically fit, and it saved him and

his dedicated parents from a great deal of frustration and despair. We are confident in Ben's future, both at school and in his family life.

Ben's story is similar to thousands that my colleagues around the world could have written—it could have been the story of Sarah, John, Pierre, Leo, Juliette, Patrick, Maria, Kalina, Kevin or many more. We see results such as these every day in our clinic and home-based programs, which are available in many countries around the world. There is always hope when issues and difficulties are addressed properly and it is important that parents, educators, and teachers address any issues they perceive in a child as soon as they become concerned. Earlier is always better, and with the Tomatis® Method we can certainly start to improve the lives of children—and their parents—from very early stages of development.

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