Music therapy in hospital care embracement and the post-COVID19 recovery

Musicoterapia no acolhimento hospitalar e na recuperação pós-COVID19

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ABSTRACT
The objective of this work was to describe the benefits of music therapy in hospital treatment and in the post-COVID 19 recovery scenario. The research was carried out in the literature and on websites of the Ministry of Health of Brazil. Music therapy originated within hospitals, music therapists have academic or postgraduate training, complete supervised training, work in different areas, use a therapeutic approach and follow care protocols. Music therapy is part of the Complementary Integrative Practices in Health (PICS) of the Brazilian Unified Health System (SUS) and complements the hospital's multidisciplinary staff. In music therapy interventions, clinical outcomes (feeling of pain, oxygen saturation, blood pressure and heart rate) can change and can be measured. The emotional psychological results show that the patient changes the focus of thought and pain, shows greater acceptance, feels welcomed, reduces symptoms of stress, fear and anxiety, increases acceptance of invasive procedures and improves treatment adherence. Thus, music therapy helps in the hospital environment and in the quality of life with positive mental, behavioral and social factors.

Keywords: Complementary therapy, Multidisciplinary support, Patient and Multidisciplinary Staff, Acceptance of treatments, Quality of life

RESUMO
O objetivo deste trabalho era descrever os benefícios da musicoterapia no tratamento hospitalar e no cenário de recuperação pós-covid 19. A investigação foi realizada na literatura e em sites do Ministério da Saúde do Brasil. A musicoterapia teve origem em hospitais, os musicoterapeutas têm formação académica ou de pós-graduação, completam formação supervisionada, trabalham em diferentes áreas, utilizam uma abordagem terapêutica e seguem protocolos de cuidados. A musicoterapia faz parte das Práticas Integrativas Complementares em Saúde (PICS) do Sistema Único de Saúde (SUS) e complementa o pessoal multidisciplinar do hospital. Nas intervenções
Musicoterapêuticas, os resultados clínicos (sensação de dor, saturação de oxigênio, pressão arterial e ritmo cardíaco) podem mudar e podem ser medidos. Os resultados psicológicos emocionais mostram que o paciente muda o foco do pensamento e da dor, mostra uma maior aceitação, sente-se bem-vindo, reduz os sintomas de stress, medo e ansiedade, aumenta a aceitação de procedimentos invasivos e melhora a aderência ao tratamento. Assim, a musicoterapia ajuda no ambiente hospitalar e na qualidade de vida com factores mentais, comportamentais e sociais positivos.

Palavras-chave: Terapia complementar, Apoio multidisciplinar, Paciente e Pessoal Multidisciplinar, Aceitação de tratamentos, Qualidade de vida

1 INTRODUCTION

Music therapy began in hospitals, is applied in the health area, and also works in the following areas: community, educational, organizational, special education, child and adult mental health, geriatrics, physical rehabilitation, palliative care, psychosocial, etc. (CUNHA and VOLPI, 2008; ORTEGA et al., 2009). Music therapy care has a scientific aspect, as it follows pre-established protocols and its results can be measurable (BARBOSA FILHO et al., 2016; ZMITROWICZ and MOURA, 2018).

Music therapy is beneficial in health treatments, used in hospitals to act as a non-drug intervention, but to assist in medical, psychological and physiotherapeutic treatments (BARBOSA et al., 2016). Its effects help to combat the physical and psychological symptoms faced by patients. Music therapy is able to help with psychological symptoms of anxiety, stress, memory, depression, mood changes, quality of life, post-traumatic disorders, acceptance, etc.; as for physical symptoms, it decreases the sensation of pain, influences heart rate, blood pressure (SANTANA et al., 2014), and blood oxygenation (MACDONALD et al., 2012; ZMITROWICZ and MOURA, 2018).

This article is a literature review and the search was carried out in journals in the area of music therapy, medicine, psychology and the official website of the Ministry of Health of Brazil; it also briefly reports my experience in the postgraduate internship in music therapy. Thus, the objective was to describe the benefits of music therapy during hospital treatment and in the post-COVID19 recovery scenario.

2 METHODOLOGY

This article was prepared through a literature review and the search was carried out using the following databases as access: Scielo, Lilacs, Medline, CAPES portal (theses,
dissertations and journals), Academic Google, Virtual Health Library (VHL), websites of periodicals in the area of Health, official websites such as the Ministry of Health of Brazil.

The article also briefly reports part of the experiences I had during my internship (in a private hospital in the city of Manaus, Amazonas, Brazil), as a requirement for the postgraduate (specialization) course in music therapy.

3 RESULTS AND DISCUSSION
3.1 HISTORY OF MUSIC AND MUSIC THERAPY

The search to know the origin of music in general comes up against the fact that very little is known about the ritualistic and artistic social behavior of the first humans. It is believed that the ancestors of modern humans already imitated the sounds of animals or nature, and the songs probably accompanied the rituals and social activities of these individuals. So far, the record of the oldest musical instrument dates back more than 40 thousand years, that is, in the Paleolithic period. A flute/ocarina, a wind instrument made from a bird's wing bone, possibly made by Neanderthals, was found in cave excavations in southern Germany. In close periods, flutes/ocarnas made of ceramic, mammoth ivory, bones of other animals, and wood were also found, some even with the basic musical notes that are still used today (CONARD et al., 2009; ATEMA, 2014; HARARI, 2020).

Later, they would create animal leather drums, rattles and various instruments of different shapes and uses, reaching the present day with musical instruments with modern technology, electronics, but still related to those found in the Paleolithic, (ATEMA, 2014). Music was related to the culture, rituals, customs and activities of peoples around the world, and nowadays, it has become a fundamental part of humanity.

The definition of music varies with the time, place and background of the authors (philosophers, physicists, psychologists, musicians). One of the most recent definitions suggested by Bruscia (2016) is that music is “a human institution in which individuals create meaning, beauty and relationships through sound, using the arts of composition, improvisation, performance and listening. Meaning and beauty are derived from the intrinsic relationships created between the sounds themselves, the extrinsic relationships created between the sound experience and other human experiences, and the interpersonal and sociocultural relationships inherent in the process of making or experiencing music. Meaning and beauty can be found in the music itself, in the act of creating or experiencing music, in the musician, in the interpersonal and sociocultural relationships inherent in making music and in the universe”. Music can be organized according to its basic elements in timbre,
harmony, rhythm, texture, dynamics, tonality, pulse, scale and melody (BENEZON, 1988), and also examples of musical forms can be mentioned, such as phrases, themes, improvisations, compositions and performances.

As for the emergence of music therapy, it was always known that music was an artistic, cultural and ritualistic activity that did "good", both for those who practiced it and for those who listened, with the ability to influence emotions and mood (BARBOSA et al., 2016). Philosophers, musicians, therapists and other scholars of the past have already reported its physical, mental and social effects since around 4000 BC (MACDONALD, 2012), but music therapy knowledge is quite recent.

The word “therapy” comes from the Greek and is related to the care and treatment of patients. Godoy (2014) reports that the practice of music therapy had its official emergence as an activity in hospitals, at the end of World War II (1940s). At the end of World War II, field hospitals and rehabilitation centers were crowded with wounded soldiers and in physical and psychological suffering from traumatizing situations experienced in combat. From the initiative of music sessions in hospitals, doctors noticed progressive and evolutionary results of veterans who participated in these music sessions. Then began the movement to use music as a way to contribute to the recovery of physical and psychological illnesses. The production of knowledge on this subject promoted the rapid worldwide spread of this practice.

In Brazil, there are reports that in the 50s music was already used in regular schools and special education schools (BERGAMINI, 2010). A short time later, in the 60s, there were already works with music in hospitals and psychiatric institutions in various regions of the country. The first graduation course in music therapy only appeared in 1972 at the Brazilian Music Conservatory in Rio de Janeiro (GODOY, 2014). Currently, there are several undergraduate and postgraduate courses in almost all states of the federation (BARBOSA FILHO et al., 2016). Over time, studies on music itself have given way to research aimed at the therapeutic aspect and the potential to help alleviate psychological and physical suffering, looking for psychological theories that underlie medical practice and knowledge (ROSÁRIO and LOUREIRO, 2016).

Music therapy is understood as a non-pure, inter and multidisciplinary science; in addition to using music and sound stimuli, music therapy uses intervention techniques, procedures, and other sciences to assist in its progress such as medicine, psychology, pedagogy, physiotherapy and others (GODOY, 2014). Something that has become clear over time is the understanding that, for the practice of music therapy, specific, academically trained, specialized and trained professionals who possess music-therapeutic knowledge are
necessary. The music therapist studies the complex between sound and human, in order to use movement, sound and music to act with the objective of producing therapeutic effects of rehabilitation and psychoprophylactics in the individual and in society (GODOY, 2014; NASCIMENTO et al, 2016).

It can be conjectured that music therapy is inserted in music. However, music therapy experiences and interventions differ from musical experiences performed by musicians. The differences are related to the academic background, target audience, work team, objectives, approach procedures and methods used.

It is important to understand that musical experiences can be exemplified with four main methods that guide the performance of music therapy professionals; and each one can be worked on in different ways, such as improvisation, recreation/interpretation, composition and listening. In addition to working in the treatment with interventions and techniques, the musician-therapist with basic training in the health area (medicine, physiotherapy, psychology) can carry out the diagnostic evaluation in their area of expertise (BRUSCIA, 2016).

Professional music therapists have an academic background with a graduate or postgraduate degree focused on health and not just on the arts; performs supervised internship during training; has musical ability in addition to knowledge and theoretical/practical preparation of therapeutic techniques. It uses a line of therapeutic approach, techniques and therapeutic methods and is not limited to just performing songs; its performance is governed by the national code of ethics of the musician therapist (BERGAMINI, 2010); has planning, guidance and discipline when following specific protocols (BARBOSA FILHO et al., 2016).

Music therapy is part of the Complementary Integrative Practices in Health (PICS) of the Unified Health System (SUS) in Brazil, being a complementary service in the hospital or clinic, which has a therapeutic purpose and not just playful or entertainment. Patients undergo standardized care according to music therapy practices, which contributes to the multidisciplinary staff, along with a physician, physiotherapist, psychologist, nurse, social worker (BRASIL, 2018).

In the interventions performed, patients undergo standardized care according to music therapy practices, whose clinical results, such as pain sensation (JACINTO et al., 2020), oxygen saturation, blood pressure (ZANINI, 2009) and heartbeat can be measured (ZMITROWICZAB and MOURAAC, 2018). The focus of music therapy care, which are emotional psychological results, can also be detected. The patient changes the focus of thought and pain, calms down, has greater acceptance, feels welcomed, reduces the
symptoms of stress, fear and anxiety in the pre and post-surgical period, has tranquility during and after the interventions performed, there is a decrease in the sensation of pain, greater acceptance of invasive procedures and adherence to treatment. Thus, music therapy helps improve quality of life (ZANINI, 2009; COSTA and VAGETTI, 2015; DÓRO et al., 2016) with positive mental, behavioral and social factors.

To work as a music therapist, graduation or post-graduation in music therapy is required (OLIVEIRA E GOMES, 2014). Thus, the music therapist acquires knowledge in the health area, regarding techniques and therapeutic interventions, in addition to the experience acquired through supervised internship, becoming able to work with music therapy and not only play songs in a playful way without the therapeutic aspect (OLIVEIRA AND GOMES, 2014). The performance of songs, whether by a musician, or with the help of media and recordings, can be playful, however, it does not have a therapeutic objective; music therapy needs specific approaches that follow the intervention techniques, it needs the assessment of patients' physical and emotional conditions to identify how to intervene, in a way that provides physical and emotional improvement (Mc NAMARA et al., 2017).

3.2 HOSPITAL MUSIC THERAPY

Acting in the medical-hospital environment, music therapy aims to meet the needs of patients as an auxiliary way to complement medical treatment. At no time, music therapy replaces medical, psychological, or physiotherapeutic treatment, and only contributes in a specific way as another area of expertise, special and unique. There is no way to apply the same music therapy service to different patients; each service is unique, some patients respond more than others do, but in a way, what predominates is the benefit to patients (BARBOSA FILHO et al., 2016).

Music therapy service is never mandatory, and initially the patient is asked if they want the service. There are times when the patient does not feel good to participate and his will is respected, and the service may be offered on another day, or at a more appropriate time. It is also important to understand that there is no intention of making statements without evidence, so that wrong expectations are not created regarding the possible results obtained; but rather, that the results found may be continued in the investigation, in order to have greater foundation and criteria, helping in the development of the music therapy profession.

In Brazil, music therapy is applied in clinics and in public and private hospitals, and is part of the Unified Health System (SUS). Its participation/insertion in the SUS began in 2017, through the National Policy on Complementary Integrative Practices in Health (PICS),
pursuant to ordinance No. 849 of March 27, 2017. However, music therapy differs in some aspects from others 28 PICS. The main differences are regarding the mandatory graduation or post-graduation of music therapists, and their scientific aspect in the search for studies that support their practice. It is also important to mention that there is a holistic aspect, and the understanding that there is still a lack of studies on its effects, taking due care not to claim to have the effects that it is proven not to have (BRASIL, 2018).

Music therapy can be applied to patients with acute or chronic health illnesses, psychiatric disorders, neonatal to geriatric, in coma, terminally ill, hospitalized, in outpatient care, in situations of pre or post-surgery. In addition to patients, it is also applied to health professionals who work at the clinical staff hospital. As for hospital sectors, music therapy can be applied in Intensive Care Units, infirmaries, apartments and other facilities (BARBOSA FILHO et al., 2016; ZMITROWICZAB and MOURAAC, 2018).

Music therapy is preponderant in the physical, mental and emotional recovery of patients and stimulates communication, providing reception, presence and expression of feelings. It contributes to moments of well-being, pleasure and joy, encouraging humanization in the hospital (DÓRO et al., 2016; BARBOSA FILHO et al., 2016). Singing, participating in songs with easy-to-use instruments, or simply listening to songs that are part of your sound identity, or even those chosen by the music therapy professional, reduces the symptoms of stress and fear, anxiety pre-surgical, the sensation of pain, and at the same time, contributes to the acceptance of invasive procedures and encourages adherence to treatment, and thus, helps for quality of life, among other positive mental, behavioral and social factors (JACINTO, et al., 2020).

It is a difficult task to imagine a music therapy intervention that goes so wrong as to cause harm to the patient. However, some scholars report music-induced harm. In music therapy care, when the patient reports not knowing how to play an instrument or not having a good voice to sing, it does not prevent the action, as the objective is not to perform songs correctly, but simply to sing, to act, or to interact actively or passively with interventions (BARBOSA FILHO et al., 2016, PACHECO et al, 2013).

However, the potential for music-induced damage and other maladaptive effects of music is reported in the literature. Silverman et al. (2020) explored how music can result in harm and developed a theoretical model to be used as safe musical practices. The authors were based on the “drawing from existing models of emotional responses to music, music intervention reporting guidelines, therapeutic functions of music, and holistic wellness, we explored how the interplay between the deliverer, music, and recipient can result in various
types of MIH in diverse contexts. We then developed the MIH model to integrate these factors and connect the model with the existing literature”.

According to Silverman et al. (2020) “harm is a multifaceted construct that can include affective, behavioral, cognitive, identity, interpersonal, physical, and spiritual aspects. As music also represents a multifaceted experience, the relationship between music and harm is complex and can include numerous contextual-, deliverer-, music-, and recipient-based factors. Music-induced harm (MIH) also needs to be clearly defined to understand and protect against it”. The authors conclude that “harm is a multifaceted construct” which can include several aspects. “The MIH model highlights the relevance of academic and clinical training, credentialing, occupational regulation, continuing education, and professional organizations that provide accredited curricular oversight to protect people from MIH. Implications for clinical application, limitations, and suggestions for future research are provided”.

There are also possibilities to act in other aspects, such as neurological and motor aspects that can be stimulated when handling the instruments (BARBOSA FILHO et al., 2016), helping with cardiovascular factors such as regulating blood pressure (SANTANA et al., 2014) and influence the heartbeat. In oncology in particular, it provides relief in the symptoms of discomfort resulting from the treatment, it brings relief during chemotherapy procedures, as a beneficial consequence of the relaxing effects (DÓRO et al., 2016). Jacinto et al. (2020) report that the effectiveness of music therapy results from the proximity and integration of neural circuits involved in pain and pleasure, in the activation of emotional and cognitive ones, leading to a reduction in pain intensity and the need for analgesics.

Due to its scientific aspect, which is always under construction, there is a need for the positive results obtained by music therapy services to be the object of study and measurement. There are ways to evaluate the results of music therapy, however, what helps to understand its effects are the means of investigation of other sciences, such as psychology and medicine, which have tests capable of detecting possible positive results or identifying where there are no changes (BARBOSA FILHO et al., 2016; ZMITROWICZAB and MOURAAC, 2018).

3.3 MUSIC THERAPY IN THE POST-COVID SCENARIO

Another possible use of music therapy that guides the conduct of this work is to assist in physical rehabilitation or conditioning to cope with diseases and in motor, neurological and pulmonary rehabilitation. Lung diseases such as Chronic Obstructive Pulmonary Disease (COPD), asthma, bronchitis (BRASIL, 2010), SARS-Severe Acute Respiratory Syndrome and other illnesses (BONILHA et al., 2009), especially COVID-19, have unique symptoms,
and shortness of breath or dyspnea affects directly all aspects of the individual's life, brings suffering and can lead to death. In this aspect of oxygen saturation (SaO₂), and particularly of the Maximum Expiratory Pressure (PEmax), the activity of singing, or even listening to music during music therapy sessions, proved to be relevant. These respiratory symptoms are debilitating, and any help for respiratory rehabilitation work done by physicians and physiotherapists is relevant and should be encouraged (BONILHA et al, 2009; CANGA et al, 2015; MASTNAK, 2020). When accompanying the songs and singing, they use a lot of air control and breathing exercises, and consequently, they bring promising results (McNAMARA et al., 2017). The possibility of playing wind instruments such as melodica (a wind keyboard), flute, ocarina, among others, which are relatively easy wind instruments, promotes breathing exercises and air control during the playing process, making physical therapy respiratory a playful activities.

In the current scenario of the COVID-19 pandemic, Brazilian states and municipalities have adopted measures of social distance as a strategy to reduce the number of cases and control the disease (NATIVIDADE et al., 2020). The Corona Virus Disease-19 (COVID-19) pandemic caused a great impact on the population (ANASTACIO JUNIOR, 2019). In addition to lung diseases, COVID-19 affects various parts of the body causing complications, and consequently, sequelae may remain even after recovery from the active phase of the disease (SUN et al., 2020).

Post-COVID-19 sequelae can last, with more complications in the elderly and adults, especially when they already have comorbidities. It is a recent disease and with a lot to be learned about the most intense pulmonary involvement, which brings symptoms such as fatigue, weakness resulting from physical activity, shortness of breath and dry cough (SUN et al., 2020). On the other hand, neurological and neurocognitive sequelae such as mood disorders, anxiety disorders, and memory impairment would not have a direct correlation with pulmonary severity, but rather, on a regular basis with patients affected by COVID-19. In the active phase of the disease, some patients present with encephalitis, which are inflammations in the brain and related regions (XIONG et al, 2021). Doctors report that, with this, they can also observe changes in the person's behavior. COVID-19 is complex and extremely new, with its own atypical behavior, and there is still no clear way to prevent the sequelae, in addition to following the procedures currently adopted by medicine, depending on the severity and symptoms (MASTNAK et al., 2020).

A study of the pressure on the health system in Brazil resulting from the additional demand generated by COVID-19 showed a critical situation for the system to meet this
potential demand, as several health micro-regions and macro-regions would operate beyond their capacity, compromising the care for patients, especially those with more severe symptoms (Noronha et al. 2020). In an emergency, it is possible to implement a remote music therapy support intervention (GIORDANO, et al., 2020). In Brazil, the COVID-19 pandemic increased age discrimination, loneliness and social isolation among the elderly, and remote care, on an experimental and temporary basis, was and is being offered. The main possibilities in remote attendance are: the survey of preferred songs; the use of rhythm for dancing and breathing; musical composition; the indirect practice of music therapy. Physical distance, limitations and demands for the use of technology are obstacles that need to be addressed; however, as this form of care brings benefits to the physical and mental health of the elderly, it is possible that these learning/form of care are added to the training and practice of music therapy (ANASTACIO JUNIOR, 2019).

In the panorama of COVID-19, professionals working in the health area can also benefit from music therapy and the music therapist is able to create a therapeutic-remote relationship with the clinical staff. Giordano et al. (2020) evaluated the influence of music therapy as a support intervention to reduce stress and improve well-being in the clinical staff working with patients with COVID-19. Participants (n=34) received remote receptive music therapy intervention for five weeks. Their levels of tiredness, sadness, fear and worry were measured with MTC-Q₁ before and after the music therapy intervention. An immediate significant variation in the emotional state of the clinical staff was observed. The authors concluded that, in an emergency, it is possible to implement a remote music therapy support intervention for clinical staff exposed to high-stress situations.

A qualitative study conducted to understand the impact of music in intensive care for COVID-19, as an instrument of humanization of care from the perspective of clinical nurses and carried out with seven intensive care nurses (in an Intensive Care Unit for COVID-19 of a hospital state public), through an online interview, Silva Junior et al. (2021) observed that the following discursive categories emerged: "feelings of health professionals and humanized actions in the intensive care environment; music therapy providing comprehensive care to people with COVID-19 in the context of intensive care; experiencing the moment; music therapy as instrument of spirituality in the intensive care environment. They concluded that intensive nursing care was not limited to the biological scope, but included integral aspects of the human being through humanization through music."
The music therapist can contribute to the treatment of sequelae, by completing the health staff together with doctors, physiotherapists, nurses, psychologists, nutritionists, pharmacists, etc. Post-COVID19 sequelae (SUN et al., 2020), COPD, asthma or other pulmonary and cardiorespiratory diseases lead to shortness of breath, fatigue and cough, which affect all aspects of the individual's life. Breathing exercises, the activity of playing wind instruments (melodica, flutes, ocarina, etc.) and the patient's singing, in a joint work between the physiotherapist and the music therapist, act positively in better oxygenation of the blood and in the patients' emotions.

4 FINAL CONSIDERATIONS

At the end of this work, the positive aspects of music therapy in the hospital environment were observed. This leads to the need to disseminate and encourage this practice, broadly, to all patients and health professionals, in their different areas of expertise, both in public and private health in Brazil. It is a complementary service that contributes to the multidisciplinary clinical staff together with a physician, physiotherapist, psychologist, nurse and social worker, in a service with music therapy practices and measurable clinical and psychological results.

Music therapy had a hospital origin, and music therapists have academic or postgraduate training, supervised internship and can work in several areas. As music therapy is part of the Complementary Integrative Practices in Health (PICS) of the Unified Health System (SUS) and complements the hospital's multidisciplinary clinical staff, it uses a therapeutic approach and follows pre-defined protocols. The clinical staff defines the structured intervention of the music therapist as empathetic, supportive and professional.

The main focus of music therapy care is the psychological and physical results; clinical responses (pain sensation, oxygen saturation, blood pressure and heart rate) and psychological-emotional results (welcoming, change in the focus of thought and pain, reduction of stress, fear and anxiety, greater acceptance of procedures invasive and treatment adherence). Thus, hospital music therapy helps in the positive aspects and quality of life of patients, and can help in coping with and recovering from lung diseases, as well as in the sequelae of the current COVID-19 pandemic.

Positive effects on emotional factors were reported in several studies, and these effects were also observed during my music therapy internship in the Intensive Care Unit and Oncology, both at a private hospital. I am a psychologist and specialist in hospital psychology and I was completing my specialization in music therapy. When I was completing my
specialization in music therapy, during the internship, my musical instruments were the transverse flute and the ocarina. The patients defined that my music therapy intervention was empathetic and professional. During the supervised internship, most patients chose old songs, which were sung by their mothers; they also reported that when they heard these songs, they remembered them and felt comforted and protected by them. Other patients reported that they felt comfortable and at peace, as if they were at home. Thus, music therapy helps in the hospital environment and quality of life, with mental, behavioral and social benefits/positivism.
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