

Music Therapy as a Strong Ally to the Practices of Humanization in Public Health in Brazil

Adriana de Freitas Pimentel

Escola Nacional de Saúde Pública Sérgio Arouca
FIOCRUZ/ Ministério da Saúde - Brasil
Endereço: Rua Leopoldo Bulhões, 1480 - Manguinhos, Rio de Janeiro.
CEP: 21041-210
Rio de Janeiro
Brasil

Abstract

Considering the path and achievement reached by Unified System for Health, adopted in Brazil since 1988, this article raise the necessity to think about strategies to improve changes to the process of changing daily practices of public health care, nowadays, in 2014. From Política Nacional de Humanização – PNH (National humanization policy) , responsible for establishing guidelines to promote this change and, based on the relevance of training multidisciplinary and transdisciplinary teams to achieve your goal, reveals Music Therapy as mobilizing and transforming profession as a strong ally to National Humanization Policy. This study is a rereading of a research conducted by FIOCRUZ/Ministério da Saúde (Health Ministry), in 2005, pointing convergences between National Humanization Policy and Music Therapy, basing conceptually the action of this profession on public health care, beyond the common clinic practices. The article shows that several studies have been performed aiming at Humanization of Health.

Keywords: Music Therapy - Humanization - Health – Brazil – Care – FIOCRUZ – Public Health

Introduction

The Brazilian Government, in 2004, launched the National Humanization Policy - PNH, strengthening the basic principles of Unified System of Health (Sistema Único de Saúde - SUS), constitutionally adopted by country in 1988. The National Humanization Policy bring many basic guidelines for all the practices on Public Health Care, promoting changes on health services, from joint actions, committed and among managers, professionals and own user population.

The reflection on the term 'humanization' brought the implication of another problem that is reflected in the health field: the loosening of social ties and the growing individualism in our society. The time that the person need to spend looking for frequent professional improvement; the stress generated facing the competitive edge on professional environment; the necessity to work for long periods of time to meet the needs of survival; the reduction of physical contact among the people by the strong use of cybernetic tools human relationship; are some examples of the dual aspects of 'benefits' that presents to us contemporary. BAUMAN (2003).

The actors inserted in Health are part of this society, carrying for their own practices the reflection of this way of life. Patients became numbers, their names are replaced by the name of their pathologies, when they arrive at the health unit they lose the protagonist and assume a passive position in front of the system. Managers, on their majority, seek their personal interests becoming the arena of Health, increasingly contentious.

Facing this scenario enlighten complexity of the Humanization process and the needs of a multi professional action to reach real changes. Clearly the needs to find strategies that facilitate humanization.

It is when it proposes Music Therapy, as it has converged features the National Humanization Policy: Several studies demonstrate various possibilities of action to the music therapist and case reports reveals that Music Therapy provide changes, stimulate interpersonal relationship, reduce the stress of professionals in direct contact with patients and family, improve the relationship among doctors and patients, integrate teams, increase level expression and the sense of belonging of the actors involved in the activities. BARCELLOS (1992, 2004); CHAGAS (2004); FROHNE (1991), PIMENTEL (2005; 2011).

To this article, brings up a reinterpretation of findings Search "Convergences between National Humanization Policy (Política Nacional de Humanização) and the Music Therapy" made on 2005, as part of the requirements to obtain the title of Public Health Specialist held on the National School of Public Health Sérgio Arouca / FIOCRUZ/ Ministry of Health.

This study is very relevant to Brazil, as the first considering Music Therapy on the politic discussion about Unified System for Health, more directly in the operation of National Humanization Policy. Offered a theoretical / conceptual consolidation to various Music Therapy practices that were empirically-informed knowledge of political actions in Health. It was the first time that a music therapist contributed to studies at FIOCRUZ/Ministry Health.

The Proposal is a mediation of Music Therapy at Public Health, based on its capacity to mobilize, to facilitate interdisciplinary and the contribution to bring up discussion about humanization of Public Health. A practice beyond clinical vision that is commonly used. This research bring up not only the current possibilities of Music Therapy practices contributing to the operationalization of National Humanization Policy as research that have been performed for this purpose.

Initially, we will have contact with the National Humanization Policy, by quoting its definition, directions and basic principles; secondly, we will introduce the Music Therapy, mentioning its basic elements, its definition, vocational training and the playing field; In a third moment, we will correlate music therapeutic practices with Humanization practices, highlighting the possibilities of Music Therapy on operationalization of National Humanization Policy along with several examples of previous researches, going to the last considerations.

1. National Humanization Policy

1.1 – What is National Humanization Policy?

The Unified System for Health, created in 1988, according to the document published by Health Ministry - HUMANIZASUS, 2004, experiencing big challenges attempting to prevent, care for, protect, process, retrieve and promote health. There have been many achievements, but still facing challenges to experience the full concept, its heading principles, due to some questions like for example, the great socioeconomic inequality that still characterizes our country, and the difficulties to reach the services, the necessity of follow up of each user and the inner interpretation of the Law.

Further changes are needed; other goals need to be achieved. However, the lack of preparation of professionals to deal with the subjective dimension that all the supposed health practice and management models centralized and vertical evict the worker of their own work process, that change the way they execute their tasks as bureaucracy tasks, hindering further advances needed.

The model of care with setting the scene from the practice of knowledge exchange, with a participatory management, recognizing professionals involved with health, permanent education, and improved relationship with users, optimizing work relationship, will just be recognized, based on Health Ministry, with the changes in the management model. Therefore, it was structured National Humanization Policy of attention and management at Unified System for Health.

Based on Craveiro de Sá (2004), the quality of human contact in Public Health is one of the most critical question of the system. The Technical Committee of the National Humanization of Hospital Care state that it is necessary to offer to the user, “decent, supportive and welcoming treatment”(p.1); to the health professional, “the opportunity to rescue the true meaning of its practice, meaning and value of working on a health organization”(p.1). Also, we put in evidence the subjectivity involved in all human action, "as all work, this is produced by subject and producer of subjectivity. There isn't no humane without care of personal and professional fulfillment of that make "(p.1).

The change is gradual and complex which needs to promote the implementation of joint actions of commitment and accountability among professionals of many professionals' areas and from the community based on the improvement of life quality. The humanization task need that all, managers, workers and users, assume their roles. The Health Ministry understands Humanization as the appreciation of different individuals involved in the process of building health; fostering autonomy and the role of these individuals; increased degree of responsibility in the production of health and subjects; establishing solidarity bonds and collective participation in the management process; the identification of social health needs; the change on attention models and process management focusing citizen needs the production of health. And commitment to the ambience, improvement of working conditions, and service. (MINISTÉRIO DA SAÚDE, 2004).

1.2 – Guiding Principles and its Guidelines

To reach a Unified System For Health where you can exchange knowledge through network with multi professional teams; where is possible to identify needs desires, and interests of the different subjects of the health field; pacts between the different levels of management; a Unified System For Health where you can recognize managers, workers and users as actives subjects and protagonists of health actions and the build of solidary, participative, interactive and protagonists system networks, becomes necessary to point out guidelines and principles that guide the practice for the purpose of National Humanization Policy can be achieved and the changes made.

Those principles and guidelines are: valuing subjective and social dimension in all practices in the care and management Unified System For Health, intending to strengthen the commitment of citizen rights, emphasizing the respect to genre ethnic and sexual orientation questions and respect to specific groups like Indians, natives and settlers etc.; strengthening of multi professional teamwork, promoting transversally; supporting the development of cooperative, supportive and committed to the production of health networks and subjects; the construction of autonomy and role of subjects and collectives involved in the network of Unified System For Health; co-responsibility of those individuals in management processes and attention; the strengthen of social control with participatory nature in all management instances; and the commitment with the democratization of labor relations and enhancement of health professionals, stimulating processes of continuing education (MINISTÉRIO DA SAÚDE,2004).

2. Music Therapy

– Reflections About its Definition

"Music Therapy is the professional use of music and its elements, to intervene in the medical, educational and everyday environments with individuals, groups, families or communities seeking to optimize their quality of life and improve their physical, social, communicative, emotional conditions, intellectual, and spiritual health and wellness' research, education, clinical education and practice in music therapy are based on professional standards according to cultural, social and political contexts " (World Federation of Music Therapy, 2011).

Based on Barcellos (1992), the use of music as therapeutic is millennial, but the Music Therapy as profession, requiring a body of knowledge gathered and organized enough to form a scientific discipline, materialized only a little over forty years.

Gathering the knowledge of musicology, music history, music and education, to the music psychology, neurology, rehabilitation medicine and others, is possible to the music therapist manipulate the use of music to reach therapeutic objectives, contributing to promote, prevent, rehabilitation of physical, mental and psychological condition of human being.

The Music Therapy as a scientific specialization is concerned with the study and research of complex sound/human being, whether musical or not predisposed to find diagnostic elements sound and therapeutic methods of them. Its scientific foundations of clinical and therapeutic order to clearly establish a methodology and a set of techniques to be developed (BENZON, 1985).

The Music Therapy is different from other kind of therapy to draw on the musical experiences as an intervention agent. Its utilization may influence, among others, patterns of sleep and wakefulness, breathing, heartbeat, blood flow and the secretions of various glands (Bruscia, 2000). Easily, the use of Music Therapy by a disqualified person, in other words, without specific training, will result in iatrogenic, reinforcing certain pathology and / or inappropriate behavior, poor use of music in the therapeutic process. (BENZON,1985).

2.2 – The formation of the Music Therapist

Based on Bruscia (2000), the Music Therapy is Trans disciplinary by nature, gathering both fields of knowledge that comprises music and therapy. Each field has a relationship with other disciplines, and it is one of the major challenges of Music Therapy.

To overcome this challenge, global and regional scientific meetings like conferences, symposia and seminars are structured to keep looking for an open room for discussion and reflection to the new needs that arise to the formation of a music therapist, through the progress of the profession. Those needs are based on clinic practices, pointed by researches that allow the follow up the movement of music therapy in the world, accommodating the level of study needed to the new professional (VOLPI, 1996; SANTOS, 1996).

The curriculum defined as the formation of the Music Therapist in Brazil is composed of three major scientific fields: music, which aims to develop the theoretical musical knowledge and practical medicine, which aims to develop the knowledge to understand human beings and possible disruption to their physical and mental health and how to develop the music Therapy practices With those individuals and Sensitivity area that is intended to develop sensibility of the new professional as people and future expert therapist (VOLPI, 1996).

2.3 – Action Field

The music therapy has been improving on the last years, increasingly expanding their field. Initially this Practice was more common in own offices primarily serving people with disabilities and mental disorders. Nowadays we already have public tenders to the position of music therapy and we can find music therapists working in charities, public, private and military.

Kenneth Bruscia, music therapists, coordinator of PhD in music therapy of Temple University, in Philadelphia, is the most important epistemologist of music therapy. Dedicated to establish boundaries and understand the variations of music Therapists practices (CHAGAS, 2001).

Based on Bruscia (2000), the music therapy is applicable to the practice: which aims to develop knowledge and musical skills that help from social adaptation of the customer and to enable a generalization of learning for non-musical areas of operation; acting on the psychological, emotional and environmental factors that influence disease and wellness, including group or individual approaches that focus on the emotions of the individual, self-realization, insight, relationships and spirituality as primary targets of change; in community and institutional programs that seek to help individuals engage in social and leisure activities that will improve their quality of life; health promotion, within and between, the various socio-cultural stratum of the community and its physical environment can be with family, at work places such as hospitals, schools and businesses, relationships, physical ambience among others.

Based on those Practices we can think about the variety of acting fields of music therapy, which can act from promotion, prevention of health to rehabilitation, restore of health besides acting ecologically in social life and work of the individual.

3. The National Humanization Policy and Music Therapy

3.1 – Humanization and Humanization Policy

Humanization is above all a quest for qualification of care services to health care, but bring on its terms, a strength and a potential critical break with the marketing and commitment to institutional normalization that relates only to the techno-bureaucratic logic and productive performance.

Humanization is an increase movement that takes on different meanings. At first sight appears as an ideal, representing a synthesis of generic aspirations for moral perfection of actions and relationships among human subjects.

The appearance of the term Humanization as human reality needs to consider, based on Puccini and Cecílio (2004) and Deslandes (2004), as the action protagonist, the man, has as characteristic be in a permanent process of change, self-producing, either in their material existence, practice plan, as in his spiritual life, including this moral. Then, this humanization movement is subject to the same modifications, tweaking up, shaping, and restructuring itself for the benefit of man.

The most important to the humanization movement is the direction and potential is the direction and potential socially able to put into question the cultural, social, political and economic constraints that hinder the achievement of new global standards and supportive of quality of life. In Humanization, improve importance, the relationship between health professionals and users, changing the relational environment from individualism with individualism to the relational environment of social subjects with social objects. At Health care area, the perspective of social achievement of the right to health is the pursuit of a more advanced stage of autonomy, I mean, the ability of people not only elect and evaluate information with a view to action, but to criticize and, if necessary, change the rules and practices society to which they belong.

Puccini and Cecílio (2004) and Deslandes (2004), say that with the influence of humanization movement completeness tends to develop, from the valuation and prioritization of social accountability, the zeal and professional dedication by the other. No longer completeness, a simple technique junction of preventive and curative, individual and collective activities. The Completeness to materialize depends on the recognition and appreciation of the unique encounter between individuals, which renders the necessary interaction of caregiver act thus sharing ideals humanizing.

3.2 – Music therapy as a Component of Humanization Policy

The Emergency Hospital of Goiânia (Hospital de Urgências de Goiânia) – HUGO – through an integration action between two public institutes: Federal University of Goiás and State Department of Health, created a section of music therapy with the objective to serve users (patients), caregivers and staff of a large hospital emergency wards of the state, with the objective to implement humanization in public health. Based on Goiania communication agency, HUGO was recognized by Health Ministry as reference in humanization at their services, deserving David Capistrano award, created with the objective to map experiences that dignify public health and give visibility to the process of humanization of Unified System for Health.

At Maternity School of the Federal University of Rio de Janeiro, also has a sector of music therapy with the objective, based on Vianna (2008), to improve services within the Proposal of National Humanization Policy. This initiative inserted on the proposal of Maternity School recognized by Health Ministry as humanized maternity.

The music therapy at School maternity inserted in the research project MAME - Music therapy at Exclusive Breastfeeding, which aims to increase the prevalence of exclusive breastfeeding of preterm infants, watching the mother and / or family until the baby skirt high on average within 1 to 2 months. The music therapy sessions conducted in groups are open to family visitors and professionals from other areas, welcoming family, integrating and facilitating the communication between professionals, and promote a more comprehensive care bringing together health professionals who meet the same patients.

The Cancer National Institute (INCA) counted during 10 years with sector placements in Music therapy, working with patients, nurses, physicians, employees, caregivers and visitors. The work is known as "Project at singing" and aims to contribute to the project Humanization of INCA. Marly Chagas, Psychologist and Music therapist, Coordinator of the sector, conducted a survey evaluating the contribution of Music therapy in the humanization collecting interviews with participants. The result showed that music helps professionals in direct contact with the patient and decreases the stress of person with cancer, which puts more receptive to treatment, relaxing and easing their suffering. Professionals expressed contentment and relief from stress during music therapist care, and feel more integrated as a team (CHAGAS, 2004).

The music therapy in oncology being used directly with the patient that this contributes to express their feelings, sorrows, fears, providing a moment of anguish decreased, reaching a little pleasure and relaxation, and give the individual the opportunity to rebuild their body image balancing self-esteem and regroup emotionally reflecting positively on the immune system by strengthening it and allowing a better balance physical and psycho-social.

This survey was aimed at INCA expand music therapist care professionals and users in order to contribute National Humanization Policy. The doctors that responded to the survey said that during the sessions of music therapy forgot the sufferings around, relieved their tensions and took courage to pursue. Research shows improved integration among professionals who participated in the sessions and the facilitator character that exerts music through music therapy in relations between professionals and patients.

Valuing people was another aspect pointed out by Chagas (2004), from the focus given to culture and musical history of each, besides stimulating the initiative in the choice of instruments to be handled and co-responsibility in their music-making, developing the music therapeutics experiences and transferring them to social life.

Ferreira e Karst (2006), developed a research at Araújo Jorge Hospital of Association Against Cancer in Goiás (Associação de Combate ao Câncer em Goiás/ACCG), with the objective to identify how the musical experiences in Music therapy can help teen carrier cancer patients to develop strategies to face stress with patients between 10 and 21 years old. Mainly focused on assisting these young people, and humanizing the attention to health care. During the search, the exchange of feelings and mutual assistance among patients in the group received music therapy and the emergence of new pathways that redirected patients by empowering them to cope with the disease can be observed.

Pimentel (2009), conducted a survey of music therapy intervention in the waiting room at a Basic Health Unit in Nova Iguaçu, Baixada Fluminense State of Rio de Janeiro. Research aimed to evaluate the Music therapy practice as possible in the operationalization of National Humanization Policy, in relation to the host in the waiting room. Revealed that activities with music therapy provided the creation of a favorable environment for conversation between professionals, users and managers, bringing the service provided by the unit as subject matter. In addition, to promote integration, valuing people, the expression and exchange of knowledge, could help users assess the care provided, leading to the public that the delay of the arrival of the medical workplace, was taken by the patients, as responsible for delays in care.

General Hospital Guarus (O Hospital Geral de Guarus – HGG), in Campos dos Goytacazes, Rio de Janeiro State, has two music therapists serving from newborns to the elderly as part of the implementation of the humanization of HGG. Farnettane and Mussalém, (2014), aims to improve the doctor x patient relationship, decreased length of hospital stay and increased quality humane care relationship as the strongest points made in work.

These were some examples of studies conducted around the Humanization of Health. Despite all the findings in research on the role of the profession in health, we still rare tenders, or contracts that allow the performance of professional music therapist in the Public Health Network in our Country. The music therapy projects have relied on agreements between universities and municipalities, also with the possibility of volunteering.

3.3 – Music Therapy Integrated to the Implementation of National Humanization Policy

Performance possibilities of the integrated Music therapy to National Humanization Policy, according to what has been laid are vast. Get up now, some more direct reflections, around subject:

In the management work, the music therapist can make use of the ability to stimulate and mediate communication and expression, valuing employees, strengthening their attitudes, encouraging their participation in the discussion and decision. Based on Craveiro de Sá (2004), health professionals who are in direct contact with the pain, suffering and death, for example, generally have a high "psychological toxicity" due to the combination of responsibility and pressure experienced daily. These individuals eventually develop defense mechanisms that directly affect the relationship with the other professional and the patient. This toxicity commented by Craveiro is aggravated by the work organization, reaching produce the "psychological distress" which according Filho and Jardim (1997) is the main cause of sick leave because of mental disorders. Through music therapy it is possible to promote an environment where psychic energy is channeled; thoughts and feelings expressed and elaborated. The act of caring for the caregiver is needed for which the trader is able to act humanely and that their participation in the discussion and decision is possible in fully assuming its role as a transforming agent, able to build consensus and formulate policies.

For users, the health music therapy can be used to assist in their clinical practice, both in promotion and prevention, treatment and rehabilitation of health of the individual. It is possible through music therapy in valuing the person she has more special, their differences: the cultural richness, unique experiences, way of being, feeling, thinking, well, value their individuality, developing thoughts that arouse their ability to star in your own life. Have the managers working to integrate all stakeholders in health setting, music therapy in group activities, can act uniting people from different sectors and positions.

Based on Craveiro de Sá (2004), and Pimentel (2009), the music therapy activity is able to open channels of communication through non-verbal language, breaking psychological barriers, facilitating the development of interpersonal relationships and raising sensitivity to a broader look at the subject, seeking to respect it in its entirety bio-psycho-social and spiritual, encouraging the exchange of knowledge and group work / team. Besides work mediated by music therapist facilitate discussion and elaboration of difficult issues to be discussed manifesting through music. The music therapy provides the opportunity for expression and elaboration of the content displayed through music, so it is possible to reflect on behaviors, ways of thinking and acting, enabling changes, encouraging initiative and co-responsibility of music making, instigating protagonism. Segundo Pimentel (2011), in group activities it is possible to foster discussion, get opinions on many subjects, in a quiet environment using music as a major facilitator of human expression.

3.4- Objectives of Music therapy in National Humanization Policy

According to documents submitted can mention a few possible goals of music therapy in the humanization of work, besides the already known by the clinical performance of the profession:

- ♪ Increase dialogue between professionals and communication between the various sectors.
- ♪ Offer music therapeutics care to their employees (doctors, therapists and technical-administrative), promoting a safe environment for channeling psychic energy, the development and expression of thoughts and feelings with the aim of reducing stress, better quality in intra and interpersonal relationships and consequently a more humane work environment.
- ♪ Facilitate the process of humanization in care environments such as outpatient clinics, wards and ICUs through music therapeutics sessions that aim to meet the patient in its current state, thus contributing to a more welcoming, attentive and dignified treatment.
- ♪ Develop care music therapeutics, group, seeking to improve the intra-and interpersonal relationships and develop a focused vision for the human being as a whole
- ♪ Redeem the meaning and value of working in a hospital public health.
- ♪ Tailor services to the environment and local culture, while respecting the privacy and fostering welcoming and comfortable ambience.
- ♪ Promoting change through expression and elaboration of thoughts, and mobilizing joint actions arousing social co-responsibility to the health.
- ♪ Valuing employees and users, strengthening their attitudes, encouraging their autonomy and ability to formulate policies and their participation in the discussion and decision.
- ♪ Implement a system of communication and information that instigates self-development and expand the social commitment of health workers.
- ♪ Making the most conducive environment to the particular activity, contributing to building a more welcoming and comfortable atmosphere.

Through the diagnosis of each health institution, the music therapist will be able to draw the appropriate goals for each project building a reality molded to each situation.

4. Final Thoughts

The concern for improving the quality of services dedicated to health care is a gift in the life of Brazilian citizens. Indeed, the need for attention to the transformation of health care that is effective model is very urgent. But every change in depth should be slow, cautious, for it to flourish, but needs to be progressive. National Humanization Policy (Política Nacional de Humanização) proposes this process, change process, calling everyone: managers, health professionals, Brazilian citizens, to assume their role as change agents and come together to discuss, decide and take responsibility for health.

The formation of interdisciplinary and transdisciplinary team amplifies the challenges that present themselves in modernity, requiring people to develop the ability to build consensus, formulate policies, exchange knowledge, interact increasingly seeking to perceive the other as a whole being, thus offer comprehensive care. Music therapy can be a strong ally in the humanization process, making, or rather redeeming human action from the man himself. Through music therapy is possible to create more welcoming and comfortable environments, adding sound to specific rooms, bringing the music therapeutic to patients and their families and / or cares service, allowing the expression of these so that they can express their feelings and emotions, developing their internal contents to assist them in the treatment and monitoring of sick.

Through music therapy it is possible to bring the nurses and doctors of their patients, who come to share the same music, experiencing moments of approach, exercising subjective closer relationship.

The music therapeutic work with professionals and managers provides moments of relaxation, expression of feelings such as fear, anguish, tension and joys experienced during the work, and join the team, strengthening the bonds of harmony and fellowship, encouraging self-development, the taste for working in a public institution and willingness to participate politically. Towards integration, improved communication and interpersonal relations between managers, professionals, employees and users of public health. The patient care beds in the wards and ICUs through Music Therapy can reduce stress, help to treat, host and therefore humanize the day-to-day patient in the hospital. The work performed music therapeutics within the humanization of public health are few given the large field that appears, requiring greater investment of professional music therapists, the government tendering and contracts providing greater professional input in this Public Health.

Referrals

- AGÊNCIA GOIANA DE COMUNICAÇÃO - Caderno de Notícias/saúde Hospital de Urgências é reconhecido como referência em humanização. Disponível em <http://www.noticias.goias.gov.br/index.php?vpagina=noticiasgo2&vid=27298&vdata=&leia=1> Acessado em 26/6/2006.
- BAUMAN, Z. Comunidade: a busca por segurança no mundo atual. Rio de Janeiro: Jorge Zahar, 2003.
- BARCELLOS, Lia Rejane Mendes Cadernos de Musicoterapia 1. Rio de Janeiro: Enelivros, 1992.
- _____. Musicoterapia Alguns Escritos Rio de Janeiro: Enelivros, 2004.
- BENZON, Rolando O. Manual de Musicoterapia. Rio de Janeiro: Enelivros, 1985.
- BRUSCIA, Kenneth. Definindo Musicoterapia – segunda edição. Port. Rio de Janeiro: Enelivros, 2000.
- CHAGAS, Marly. Musicoterapia: Desafios da Interdisciplinaridade entre a Modernidade e a Contemporaneidade. 2001. 84 f. Dissertação (Mestrado em Ciências Humanas) Estudos Interdisciplinares em Comunidades e Ecologia Social - EICOS/UFRJ. Rio de Janeiro, 2001
- CRAVEIRO DE SÁ, Leomara. Implantação da Musicoterapia no Hospital de Urgências de Goiânia: contribuindo para a Humanização na Saúde Pública. Projeto de Extensão do Núcleo de Estudos, Pesquisas e Atendimentos em Musicoterapia - NEPAM - Escola de Música e Artes Cênicas da UFG. Goiânia, _____. Projeto Encanto: Avaliando a Implantação de uma Proposta na Humanização Hospitalar. In: Anais do V Encontro Nacional de Pesquisa em Musicoterapia, Rio de Janeiro: Conservatório Brasileiro de Música – Centro Universitário. 2004 2004.
- DESLANDES, Suely F. Análise do discurso oficial sobre a humanização da assistência hospitalar. *Ciência e Saúde Coletiva*, 9 (1): 7-14, 2004.
- FARNETTANE, Andréa; MUSSALÉM, Ana Cristina - Musicoterapia e Clínica Pediátrica na Fundação Municipal de Saúde em Campos dos Goytacazes. In: Anais do 19º Fórum Estadual de Musicoterapia e 11º Jornada Científica do Rio de Janeiro, Rio de Janeiro: Centro Psiquiátrico do Rio de Janeiro. 2014.
- FILHO, João F. de A.; JARDIM, Sílvia A Danação do trabalho – organização do Trabalho e Sofrimento Psíquico. Rio de Janeiro: Te Corá editora, 1997.
- FERREIRA, Eliamar; KARST, Lara. A Musicoterapia no Serviço de Pediatria do Hospital Araújo Jorge: um histórico de implantação, manutenção e ampliação. In: Anais XII Simpósio Brasileiro de Musicoterapia, VI Encontro Nacional de Pesquisa em Musicoterapia e II Encontro Nacional de Docência em Musicoterapia. Goiânia. 2006.
- FROHNE, Isabelle. Musicoterapia na educação social e na psiquiatria. In: *Música e Saúde*. São Paulo: Summus, 1991.
- MINISTÉRIO DA SAÚDE. HUMANIZASUS. Disponível em <http://www.saude.gov.br>. Acessado em 23/08/2004.
- PIMENTEL, Adriana de Freitas, Barbosa, Ruth Machado, & Chagas, Marly. (2011). A Musicoterapia na sala de espera de uma unidade básica de saúde: assistência, autonomia e protagonismo. *Interface - Comunicação, Saúde, Educação*, 15(38), 741-754. Retrieved April 16, 2014, from http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832011000300010&lng=en&tlng=pt. 10.1590/S1414-32832011000300010.
- _____. A Musicoterapia na sala de espera em uma unidade básica de saúde: os usuários rompem o silêncio. 2009. Dissertação (Mestrado) - Programa EICOS, Universidade Federal do Rio de Janeiro, Rio de Janeiro. 2009.
- _____. Convergências entre a Política Nacional de Humanização e a Musicoterapia. 2005. 40 f. Monografia (Especialização em Saúde Pública). ENSP/FIOCRUZ 2005.
- PUCCINI, Paulo de Tarso e CECILIO, Luiz Carlos de Oliveira. A humanização dos serviços e o direito à saúde. *Cadernos de Saúde Pública*. 20 (5):1342-1353, 2004.
- SANTOS, Marco Antonio Carvalho, Musicoterapia – aspectos da construção de uma carreira. *Revista Brasileira de Musicoterapia*, R.J. 1 (2):43 - 47, 1996.
- VIANNA, S. N. Martha. Musicoterapia e Aleitamento Materno. 2008. 120 f. Dissertação. (Mestrado em Clínica Médica – Saúde da Criança e do Adolescente) Faculdade de Medicina da Universidade Federal do Rio de Janeiro – UFRJ. Rio de Janeiro, 2008.
- VOLPI, Sheila Beggato, A Formação do musicoterapeuta brasileiro *Revista Brasileira de Musicoterapia*, R.J. 1 (2): p. 53-57, 1996.
- WORLD FEDERATION OF MUSIC THERAPY. Retrieved April 16, 2014, from <http://www.musictherapyworld.net/>, 2011.