

PERCEPTION OF USERS IN RELATION TO INTEGRATIVE AND COMPLEMENTARY PRACTICES IN MENTAL HEALTH: MUSIC THERAPY

PERCEPÇÃO DE USUÁRIOS EM RELAÇÃO ÀS PRÁTICAS INTEGRATIVAS E COMPLEMENTARES NA SAÚDE MENTAL: MUSICOTERAPIA

PERCEPCIÓN DE LOS USUARIOS DE LAS PRÁCTICAS INTEGRATIVAS Y COMPLEMENTARIAS EN LA SALUD MENTAL: MUSICOTERAPIA

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Objective: to identify the perception of the people assisted in the *Associação Voluntários em Luta* regarding the use of music in activities and other complementary therapeutic strategies. Method: descriptive, exploratory research, with qualitative approach. The participants were 15 people assisted by the association. Data collection occurred through recorded and transcribed interviews. The thematic content analysis proposed by Bardin was used to analyze the data. Results: two thematic categories emerged from the discourses: the influence of music therapy on the treatment of people assisted in the *Associação Voluntários em Luta* and aspects of mental health care identified in the participants of the *Associação Voluntários em Luta*. Activities with music showed to be beneficial to motor coordination, memory, affectivity and expression of feelings. Final considerations: in participants' perception, music therapy is able to alter the behavior and cognitive and relational development, showing to be a possible therapeutic strategy for use by nursing professionals, enhancing a humanized care.

Descriptors: Music Therapy. Music. Complementary Therapies. Mental Health. Psychiatric Nursing.

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Objetivo: identificar a percepção das pessoas atendidas na Associação Voluntários em Luta a respeito do uso da música nas atividades e outras estratégias terapêuticas complementares. Método: pesquisa descritiva, exploratória, de abordagem qualitativa. Participaram 15 pessoas atendidas na associação. A coleta de dados ocorreu por meio de entrevistas gravadas e transcritas. Utilizou-se a análise de conteúdo temático, proposta por Bardin, para analisar os dados. Resultados: dos discursos emergiram duas categorias temáticas: influência da musicoterapia no tratamento das pessoas atendidas na Associação Voluntários em Luta e aspectos do cuidado em saúde mental identificados nos participantes da Associação Voluntários em Luta. As atividades com música mostraram ser benéficas à coordenação motora, memória, afetividade e expressão de sentimentos. Considerações finais: na percepção dos participantes, a musicoterapia é capaz de alterar o comportamento e o desenvolvimento cognitivo e relacional, mostrando ser uma estratégia terapêutica possível para a utilização por profissionais de enfermagem, potencializando um cuidado humanizado.

Descritores: Musicoterapia. Música. Terapias Complementares. Saúde Mental. Enfermagem Psiquiátrica.

Objetivo: identificar la percepción de las personas atendidas en la Asociación Voluntários em Luta en relación al uso de la música en las actividades y otras estrategias terapéuticas complementarias. Método: investigación descriptiva, exploratoria, de abordaje cualitativo. Participaron 15 personas atendidas en la asociación. La recogida de datos se realizó a través de entrevistas grabadas y transcritas. Se utilizó el análisis de contenido temático, propuesto por Bardin, para analizar los datos. Resultados: de los discursos surgieron dos categorías temáticas: influencia de la musicoterapia en el tratamiento de las personas atendidas en la Associação Voluntários em Luta y aspectos del cuidado en salud mental identificados en los participantes de la Associação Voluntários em Luta. Las actividades con música han demostrado ser beneficiosas para la coordinación motora, memoria, afectividad y expresión de sentimientos. Consideraciones finales: en la percepción de los participantes, la musicoterapia es capaz de alterar el comportamiento y el desarrollo cognitivo y relacional, mostrando ser una estrategia terapéutica posible para la utilización por profesionales de enfermería, potenciando un cuidado humanizado.

Descriptorios: Musicoterapia. Música. Terapias Complementarias. Salud Mental. Enfermería Psiquiátrica.

Introduction

Music, through its nuances – sound, rhythm, harmony, melody and musical instruments – acts as an additional form of treatment for various psychological dysfunctions, by being able to produce changes in the cognitive and physiological state of any individual. These changes include control of blood pressure and cardiorespiratory frequency, pain, stress and anxiety management, sleep quality, externalizations of emotions, elevation of mood and social inclusion. Thinking about this power of the effects of music, music therapy has been increasingly used in the aid of the treatment of various pathologies, in the intention of a more humanized and integral care, associated with drug reduction, increasing quality of life⁽¹⁾.

Through Ordinance N. 145/2017, the music therapy technique was offered by the Unified Health System (UHS), as part of the National Policy of Integrative and Complementary Practices (PNPIC), created in 2006. It is one of the UHS's interventions, from the perspective of

health promotion and recovery, with emphasis on Primary Health Care (PHC), focused on continued, humanized and integral health care. Initially, services and products of homeopathy, acupuncture, medicinal plants and phytotherapy were offered, but with the success and need to expand these services, the UHS currently offers the population, integrally and free of charge, 29 procedures for Integrative and Complementary Practices in Health (PICS)⁽²⁾.

Such practices are present in 54% of Brazilian cities, distributed in all states. Totalling two million visits in the Basic Health Units, they make Brazil a world reference in the area. These practices include the services of art therapy, biodance, meditation, osteopathy, chiropractic, Reiki, yoga and music therapy⁽³⁾.

This strategy of the UHS, with the support of PHC, met the objectives of the Psychiatric Reform to improve the treatment conditions of people in mental distress, enabling them to social reintegration and strengthening of

affective bonds. To this end, there are Health Care Networks (RAS), which integrate technical, logistical and management support systems, ensuring the integrality of care⁽⁴⁾.

Among the priority thematic networks is the Psychosocial Care Network (RAPS), which consists of several points of attention, according to the complexity of assistance to the person in psychological distress, including users of psychoactive substances, in order to favor access to health services and ensure citizenship in the environment in which they operate. This network includes: Primary Care, Strategic Psychosocial Care, Urgency and Emergency Care, Transient Residential Care, Hospital Care, Deinstitutionalization Strategies and Psychosocial Rehabilitation Strategies⁽⁴⁾.

However, faced with the impotence of the State to meet all the social demands of people in psychological distress, among other measures, partnerships with non-governmental organizations (NGOs) are necessary, as they are non-profit entities whose objective is to generate social services, in order to promote the well-being of society⁽⁵⁾.

In the context of new health practices, nursing stands out in its various areas of action, through promotion, prevention and recovery. Especially in mental health, it helps reduce people's susceptibility to mental disorders, as well as contributes to coping with the disease, conflicting situations and psychosocial rehabilitation⁽⁶⁾.

For many years, people in psychic suffering was seen as a threat to the security of society and the model of psychiatric care contributed to their social exclusion. The Psychiatric Reform caused intense multisectoral changes and currently requires integral and humanized care. Therefore, nursing professionals, through active listening, embracement, bonding, autonomy and co-responsibility, contribute significantly to the therapeutic process, however, when they are not properly prepared, affect the evolution of the treatments of those people⁽⁷⁾.

The Code of Ethics of Nursing Professionals, in Chapter I, Art. 14, claims to be a duty of the nurse: "To improve technical, scientific,

ethical and cultural knowledge, for the benefit of the person, family and community and the development of the profession"^(8,3). To this end, concerning music therapy, the Regional Nursing Council of São Paulo makes use of Opinion N. 25/2010, which establishes the specialization of nurses (recognized by the Ministry of Education) for their quality and safe work in the care provided to the population⁽⁹⁾.

The study has the following research question: What is the perception of the people assisted by the *Associação Voluntários em Luta* about the use of music in therapeutic activities, as well as the use of other complementary treatment strategies?

Given the above, this study aims to identify the perception of people served by the *Associação Voluntária em Luta* about the use of music in activities and other complementary therapeutic strategies.

Method

This is an exploratory, descriptive study with a qualitative approach. It seeks to know more deeply the subject, in order to make it clearer, to build important questions to conduct the research, with the use of standardized techniques of data collection, describing characteristics of a certain population or phenomenon, as well as establishing relationships between variables, without the interference of the researcher⁽¹⁰⁾.

The subjects of this research were all people in psychological distress assisted by the *Associação Voluntários em Luta*, located in a small city in the state of São Paulo, Brazil, founded in 2015 by a person with a history of several hospitalizations in psychiatric hospitals. In these places, she received treatments through art therapy, and noticed, over time, a significant evolution in her mental and physical health condition. Therefore, after her deinstitutionalization, he managed to articulate voluntary partnerships with the municipal health service and founded the aforementioned association. The main objective of this service is to offer humanized and continued treatment, with alternative therapeutic activities, to people

diagnosed with mental disorders evaluated by psychiatrist and psychologist from the network.

Within the organization, those people perform various types of work, including handcrafts, capoeira, cooking, music therapy, in addition to individual and group psychological care, provided by volunteers. These activities occur once a week, for 5 hours, totaling 20 hours per month. This work is fundamental for the progression in the treatment of those patients, as well as for the local public health service, which only has NGOs as a point of support in the city, since the available services are often in larger and more distant cities. The entity is maintained by donations from the population, volunteers' work and support from the local City Hall.

Data were collected in the second half of 2019, along with 15 patients with mental disorder. The inclusion criteria were those who attended, for at least six months, the activities of the Association, agreed to participate in the research and signed the Informed Consent Form (ICF). Exclusion criteria were: underage and less than six months of participation in the Association.

Initially, during the data collection, an identification questionnaire was applied and, subsequently, the interviews were performed, recorded on a cellular device, using a pre-established guide. Subsequently, they were fully transcribed. The content analysis of the material followed the methodology developed by Bardin⁽¹¹⁾. In the pre-analysis, four fluctuating readings of all the collected material were performed to create familiarity with the subject and select the documents that would be part of the analysis, as well as the formulation of hypotheses and elaboration of possible indicators for categories of interpretation. The exploration phase of the material consisted of three more systematic readings, in order to establish groupings that were associated with the objective of the research and allowed building the categories of analysis. Finally, in the last phase, the data treatment, inference and interpretation of the results were carried out, which allowed discussing them with the help of the literature already published.

The research project was analyzed and approved by the Research Ethics Committee of the Health Sciences Sector of the *Universidade do Oeste Paulista* (UNOESTE), under the Certificate of Presentation of Ethical Assessment N. 20265819.3.0000.5515, according to Resolution N. 510, of 2016, of the National Health Council.

Results and Discussion

The data collected to identify the participants' profile showed the age group between 34 and 75 years, with a predominance of females (14 participants) and an average length of stay of 3 years in the institution. Regarding hospitalizations in psychiatric hospitals, 9 participants reported having experienced this situation. Among the interviewees, all were using psychotropic drugs and 59% were married. The most reported mental diseases were depression (11), bipolar affective disorder (2) and anxiety (3). Three participants associated mental illness with physical diseases such as cancer, pain and metabolic syndromes.

According to the World Health Organization (WHO), one in four people will develop some mental disorder during their lifetime. The greater female vulnerability to mental disorders may be due to changes in the endocrine system that occur in the premenstrual, postpartum and menopause periods. Moreover, factors of the life cycle, such as age, genetics, marital status, high rates of violence, number of children, family leadership and leisure, as well as the double working hours associated with emotional components, can intensify the psychic suffering among the female population⁽¹²⁾.

The great use of psychotropic drugs can be justified to control and decrease symptoms, especially in those manifested by psychosis and depressed mood. The use of these drugs is predominant in women, because they live in a context of psychological and social dependence very large, still struggle for employment, education, housing, fair salary, recognition, maintenance of the family's affective ties, among others⁽¹³⁾. In this study, it prevails mainly in married women, mothers, housekeepers and

with low schooling, according to the profile of the interviewees.

Regarding the most mentioned mental disorders, data from the Pan American Health Organization (PAHO) show that the most common mental illnesses in the world are: depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disability and developmental disorders, including autism⁽¹⁴⁾. This information coincides with the data of this research.

The interviews were conducted individually in the Association itself, in a reserved place. In the transcription of the statements, the following conventions were adopted: interviewed, indicated by the letter I, followed by sequential cardinal number indicating the order of interviews, age and length of stay in the Association. Next, the thematic categories identified in the analysis are presented.

The influence of music therapy on the treatment of people assisted in the Associação Voluntários em Luta

Music therapy is the set of actions that provides the individual to achieve well-being and solutions to their internal conflicts, through musical elements such as melody, harmony and rhythm, since they have action in brain activity⁽¹⁵⁾. The use of this non-pharmacological method has a very satisfactory response in the therapeutic treatment of various pathologies, such as anxiety and depression control. In this study, the analysis of the discourses showed that music, present in the services, presented its importance and influence for motor coordination, memory, affectivity and expression of feelings.

The participants reported the influence and various feelings aroused by music therapy activities in their treatment:

Oh, I like it! It helps me a lot, psychologically. So... also in motor coordination. So, I like participating. It is a very important thing for me and I miss it when we don't have it. (I1, 49 years, 3 years of permanence).

Oh, I learned a lot from music therapy! I learned that when I'm sad or happier and you identify with some music, I can transpose what I'm feeling in the instruments

you bring here. (I2, 46 years, 1 year and 4 months of permanence).

These participants described the particular way music therapy worked, emphasizing the influence on motor coordination and expression of feelings. Music therapy promotes and facilitates communication, learning, interaction, mobility, expression, and assists in the physical, emotional, social and cognitive needs of people⁽¹⁶⁾.

Music therapy was also mentioned as an adjunct for personal reflection of deep feelings, providing relaxation:

I also really like music. It gets inside us, it messes with feelings inside, which we are often unable to manifest by talking, and also moves a little bit in those pains you have from the past. But it has helped me a lot and I have removed a lot of drugs with these activities. (I3, 34 years, 2 years and 6 months of permanence).

I like the music with exercises. Exercises are good for us, so I feel good, I feel lighter. Then we become more relaxed, distract the mind. (I4, 39 years, 4 years of permanence).

The speeches reveal that the interviewees took great advantage from the activities of music therapy, either by reflecting on stored feelings, or by promoting the feeling of lightness and relaxation. The music was also placed as responsible for decreasing psychotropic medication. A study states that, when working in places of the nervous system, music therapy promotes a sense of joy, relief, peace, relaxation and well-being⁽¹⁷⁾.

Music was associated with improved cognitive and affective conditions, as shown in the following reports:

I think it's very important... We pay attention to the songs, listening and trying to record in the mind. Today we record a song and tomorrow or later it will appear in my brain again [...] today I'm already much better [...] I think I've had a big improvement, 50% more. (I5, 75 years, 5 years of permanence).

So, because of the depression problem I have, I'm not that excited for music and dance. It's beautiful, I like listening, seeing, but I do not have that desire to attend [...] Even if people are just listening and do not participate there, we get a bit excited, right? (I6, 58 years, 5 years of permanence).

Music therapy here helps us have a good relationship with people. (I7, 47 years, 2 years of permanence).

These reports unveil the association of music with a form of aid of memorization and socialization, as well as a self-assessment of one's

own cognitive and social state. The first speech explains the participant's personal effort, so that the musical activity would reach its efficiency. The following reports explain the potential of the activities of music therapy, able to bring people together and improve relationships between them.

Listening, singing and remembering lyrics are actions that activate the hippocampus, one of the brain areas responsible for memory. In this study, the musical repertoire and the sonorities that were significant to the participants possibly stimulated the memory. The practical effectiveness of music therapy occurs in the encounter between the music-therapist professional, those who are disposed to this experience, and the musical practice in order to enhance the action of the participants⁽¹⁸⁾.

Among the most varied types of feelings aroused, some reports described that music and its nuances were able to refer to the memories of the past itself, making it a personal and individual experience. In the speeches, it is possible to perceive the power of music therapy to arouse positive or negative emotions:

Everybody participating in the activities, I like seeing, but I'm not participating in the choir, I don't like it. Those Christmas songs don't bring me good memories. (I8, 61 years, 3 years of permanence).

I think it's really cool. Everyone interacts, distracts us. Sometimes we come here sad and participate in the music therapy, we end up getting well, right? We interact and this is very good. It reminds me of my disco days. (I9, 46 years, 2 years of permanence).

In the first speech, it is noticeable the manifestation of ambiguous feelings about activities with music, since they offer distraction, but also refer to not very pleasant memories, perhaps because of family or even personal conflicts. On the other hand, the memories proved to be pleasant for the participant of the second report. Thus, it is necessary to emphasize that music therapy allows the behavioral analysis of the individual, working the sound anamnesis. Thus, the treatment becomes non-mechanized, because the professional works with the client spontaneously and, at that moment, the interaction between the professional and the patient occurs⁽¹⁷⁾.

This category highlight several possibilities for intra and extra-hospital services to use PICS to remove medications, reduce hospitalizations and minimize the suffering of the group, anchoring in practices that aim at a dignified and humanized care.

Aspects of mental health care identified in the participants of the Associação Voluntários em Luta

Mental health care in the context of primary, secondary and tertiary levels of health care should be planned through strategies based on the users' needs, to promote an efficient and quality assistance, which allows producing health in the spaces of everyday life, with reintegration of the user into social life⁽¹⁹⁾. Thus, the interviews presented different aspects of the trajectory of the participants in the treatment of their mental disorders, such as the lack of information on medical diagnoses, psychiatric hospitalizations and limitations caused by the disease, the lack of knowledge about other integrative practices for the treatment of mental disorders and the importance of care in the Association, to transform their own stories.

One of the relevant aspects raised in the reports concerned the psychiatric diagnoses to which the participants were submitted:

Now it's bipolarity and panic syndrome. He [the doctor] has also told me that I have chronic depression. Sometimes I hear voices to kill me. I have voice command which is for me to attempt suicide [...] (I4, 39 years, 4 years of permanence).

The doctor tells me it's depression and I have to fight it. Even when I was hospitalized and they asked me questions, they said it was depression, they found nothing else in me. (I1, 49 years, 3 years of permanence).

I came to treat anxiety disorder, fear, nervousness, a lot of things I have. (I10, 41 years, 1 year and 6 months of permanence).

It is worth mentioning that the interviewees of this study demonstrated a certain generalization of their diagnoses, summarizing them into depression, bipolarity and panic. This can lead to the patient's alienation in relation to their diagnosis and treatment. Depression is already considered a public health problem, affecting

considerably the quality of life of people. The problem is that the trivialization of the concept of depression, together with the performance of the pharmacological industry, which promotes at any cost the sale of its products, leads the professional to formulate early and superficial diagnosis, indiscriminately prescribing psychotropic drugs as a (often unique) cure proposal⁽²⁰⁾. When professionals help those patients to know more about their diagnosis and disease, and to deal with drugs and their effects, the reduction of the severity of psychiatric symptoms becomes notorious, as well as decreased hospitalizations, increased autonomy and adherence to treatments.

Sometimes, people are framed in a mental disorder, because they have similar symptoms, as in the case of depression, but caused by different situations, slow recovery process, such as those with severe pathologies and/or miscellaneous traumas, according to the following statements:

I'm a Cushing Syndrome patient and I came here referred from the health clinic by the psychologist. I only take medication so as not to get depressed, because my condition is very severe and leaves me with thin legs, legs drying as a child's, enlarges breasts, stomach and belly, neck and face. (I11, 56 years, 3 years stay).

I'm an oncological patient. After cancer, I had a depression, as I didn't accept the disease picture. And then, from that moment, I had to go through the psychologist, who sent me here. (E1, 47 years, 2 years of permanence).

In these reports, there is an emphasis on the fact that the diagnosis of depression is due to diseases in which drug treatment includes severe side effects. Participants reaffirmed the negative influence of these diseases on their social lives. Depression, often diagnosed in palliative patients, is associated with living with body changes, hair loss, longer hospitalization time, and the idea of pain and imminent death that those diseases can cause. Living constantly thinking about an uncertain future and an unknown prognosis further increases anxiety and mental suffering. Therefore, not only cancer, but all diseases that cause great physical damage have greater potential to awaken psychic suffering as well⁽²¹⁾.

The reports have shown the social damage caused by mental illness, more specifically related to the placing in the labor market:

Back at the clinic, I didn't stay long, because I had to work to take care of my children. Then I stopped the treatment. But I ended up losing my job because I had no mental conditions to work. That's where I tried, once again, suicide. (I4, 39 years, 4 years of permanence).

I was in therapy while I had [health insurance]. After I lost my job and my daughters cut it, then I went to the [psychiatric hospital] from where I collect bad memories. (I8, 61 years, 3 years of permanence).

These statements show the difficulty in reconciling the demands of social life with the symptoms themselves. As for the situation of people with mental disorders in the formal labor market, it is still guided by the stigmatization of incapacity and unproductivity. The chances of being employed are significantly lower for this group. In Brazil, according to Social Security data, between 2007 and 2009, 465,932 employees were on leave due to mental disorder diagnoses. In the period from 2010 to 2012, the figure decreased to 448,702 leaves. In both triennia, this diagnostic group occupied the second place in the ranking of active sick leaves⁽²²⁾.

Work is essential for psychosocial rehabilitation of the bearer of mental disorder, develops self-confidence, autonomy, and the feeling of belonging to society. To support this information, the following report shows satisfaction in returning to the labor market:

It helps a lot [the service in the Association]. Many medications have been removed, I feel happier and happier, I can expose myself with the people around me. I'm going back to work again and earning my money, something we have to stop because of the disease. I'm feeling very well with this treatment, improved a lot. Because before, my life was medication, lying down, locked in the house without leaving and is very good now. (I3, 34 years, 2 years and 6 months of permanence).

The report above shows pride in having returned to work and feeling productive before society. When the reason for leaving work is through mental pictures, reintegration becomes a challenging task, causing suffering. However, good organizational management practices, which value reintegration and embracement, together with a solid organizational culture, guarantee those people the opportunity to perform and exercise their activities in the workplace more efficiently, when they

realize that the company is committed to the inclusion process⁽²³⁾.

Some participants, who had already been admitted to psychiatric hospitals – a fact associated, in many situations, with numerous suicide attempts –, addressed this experience and the trajectory of treatment in health services:

Oh, I tried suicide several times. So, several hospitalizations. I was hospitalized in several hospitals, and some have even closed. They made me worse. (12, 46 years, 1 year and 6 months of permanence).

I was already hospitalized in a psychiatric hospital [...] where the first treatment occurred [...] And there I started therapies with a psychologist and didn't stop anymore. This treatment is 45 years old. I prefer psychologist to psychiatrist, because psychiatrist always likes to change medicine. But they don't give medicine to kill us, it is to improve. But we don't always accept changing the medicine. So, I decided, instead of changing the medicine, going to psychology [...] And then they are helping us, know my story, where she puts me in the situation that I can behave and live better every day. (15, 75 years, 4 years of permanence).

My diagnosis is about loss. It's just that I don't accept death. So, it's a very aggressive depression. The doctor says [...] Loss of family, because I lost my father, my mother. Then, when my mother died, I already got depressed, that's where I tried my first suicide. Then I lost my 5 sisters, practically one after another, 5 times, and that's why I tried suicide 5 times. I was hospitalized because of the suicide attempts. (16, 58 years, 5 years of stay).

These statements show that long and repeated hospitalizations constitute a scenario of great losses for them, such as breaking social and affective ties, child attitudes, alienation, trauma, widespread dependence on services and professionals, among others. They are losses that constitute living evidence of the failure of treatments of seclusion and medicalization for the person in mental suffering, because they do not always bring effectiveness, quality and humanized care.

The challenge after Psychiatric Reform is to assume the new paradigm of mental health based on the principle of Psychosocial Care, with the main objective of replacing the hospital-centered model of exclusion and isolation, still quite rooted in professional practices of health services, by new practices, techniques and creation of territorialized forms of care, aimed at rehabilitation and social reintegration, having as one of the basic principles deinstitutionalization. Therefore, this

challenge accompanies social, family, professional, community and cultural transformations⁽²⁴⁾.

In this context, participants commented that the care in the Association was important for people, especially those with a long history of mental treatment:

This space here, for me, is very important, because I need it too. I have to keep going, if I want to live one more year of my life and that's what I'm doing. (15, 75 years, 5 years of permanence).

The discourse shows that participation in the Association is practically vital and justified by the well-being provided, after years of treatment, hospitalizations and mental suffering. In the same vein, other participants also reaffirmed the benefits for life, with participation in the Association and the activities proposed by it:

I found strength here and I got up here. Today I don't depend on any medicine to live. I live by the grace of God and the willpower I have to overcome in life and to be a better person. (112, 64 years, 4 years of permanence).

I think it's very good, because, while we're here, we don't think outside. We go in here and leave all the problems out there. Here we live another life, with friends. (113, 63 years, 2 years of permanence).

It helps [to do the activities] because, when I get it, I don't feel like stopping, even at home, here I do it too, and when I get it I go until 10 or 11 o'clock. It's like this. I paint a little, do does my girl, leave it a little and do the house chores. (114, 67 years, 2 years of permanence).

Participants revealed that attending the Association caused changes in personal and home life as well. Their social networks, which were not restricted to the family, became extremely important, offering emotional support. In the current Brazilian social context, NGOs promote social welfare, representing an alternative to users. Their contribution has been important because they contemplate political articulation, innovation, as well as improve the potential of society to deal with the diversity and complexity of the needs of social services of education and health⁽⁵⁾.

Finally, considering that the Association offered various therapeutic activities, the participants were questioned about knowledge and access to other integrative and complementary health practices. The following statements are illustrative:

But it [the psychiatric hospital] has only therapy with a psychologist and had no activity to do. Only magazine to read, these things [...] In the other one I was hospitalized, I had those embroidery, collage, drawings, crosswords, but nothing compares to what you have here in the Association. (12, 46 years, 1 year and 6 months of permanence).

I had never participated in anything like it. I didn't even know that those things existed. Here I met capoterapy, music therapy, making bread and pizza, paintings, crochet, those things. WE have many things to do here. (111, 56 years, 3 years of permanence).

The first report highlights the absence of complementary therapies in the hospital environment. In the second, there was surprise with the amount of therapeutic alternatives offered by the Association, when compared to other health services. However, most respondents could not recognize them as PICS, usually associating only physical exercise as therapy.

PICS play an important role in people's health, being part of all types of the UHS's actions: promotion, prevention, treatment and rehabilitation. After their inclusion in the system, there was an increase in the offer of access to them, however, much still needs to be done, especially on vocational training. Nurses are professionals who can stand out in the implementation and use of PICS, since the principles of their training are congruent with the paradigms of this science. In addition, there is legal support for this performance in both public and private services, but there is still a gap in the knowledge of those professionals to work in the area and to refer users to this service⁽²⁵⁾.

Thus, this category of analysis revealed the common aspects of the trajectory of people in psychological distress within the health, social and family systems, as well as the use of an extra-hospital device, offering alternative treatment practices, with the potential to modify such trajectories and promote life and health.

The limitation of this study refers to the fact that it was performed in only one non-hospital institution, with few male participants. Thus, for future studies, the research in health services with diversified characteristics should be repeated, in addition to the analysis of activities performed by

nurses, in view of the low number of scientific publications on the subject.

This study shows its importance, by contributing to the scientific environment as one more research on the subject, and arouse the interest of nursing professionals for the specialization in music therapy, especially those active in RAPS.

Final Considerations

This research identified the perception of the participants from the *Associação Voluntários em Luta* regarding music therapy and other non-drug activities as adjuvants in their treatment. It demonstrated and discussed the influence of music therapy to improve quality of life, social interaction, communication, demedicalization and rescue of autonomy of participants.

Music therapy is able to alter behavior and cognitive and relational development, showing to be a possible therapeutic strategy for use by nursing professionals, enhancing a humanized care. Nursing and music therapy have interfaces that relate to the integral vision of the people under their care. Thus, music is an important tool to improve nurses' care practice, by stimulating the expression of feelings, subjectivities and the exercise of citizenship.

Collaborations:

1 – conception and planning of the project: Raquel Mori Pires de Camargo and Aline Aparecida Buriola;

2 – analysis and interpretation of data: Michele Martins Lopes and Mariana Carolina Vastag Ribeiro de Oliveira;

3 – writing and/or critical review: Amanda Stefani Torquato da Silva, Juliana Possa and Karis Santos da Rocha;

4 – approval of the final version: Amanda Stefani Torquato da Silva and Michele Martins Lopes.

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