

 <https://doi.org/10.56238/alookdevelopv1-127>

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ABSTRACT

The music educator has a wide possibility of acting in different realities, from basic education schools to private music education, as well as social projects and environments that care for health, such as

hospitals. Due to this wide demand for teaching and learning spaces, the teacher must have the possibility to experience different fields during training. In addition, studies are based on the human relationship that is interested in music has with the resource that stimulates the stimulus, through the search for a resource that can assist in health care. Based on practical experience in the hospital context and the writing of class diaries, analyzed according to Zabalza (2004), this excerpt from research carried out to understand the contributions of this practice to the training of music teachers, shows how the music educator becomes an improvising teacher in the hospital context. The analysis showed that these experiences of improvising on the constructed planning contribute to broadening the teacher's view of their practice and their students in any teaching context, contributing to the construction of a more humanized and integrative education.

Keywords: Music, Hospital, Music education, Class diaries.

1 INTRODUCTION

The Degree in Music enables the graduate to act at various school levels of basic education, from early childhood education to high school, including in the Teaching of Youth and Adults (EJA), with the music educator having a wide possibility of acting, whether in school or non-school spaces, formal or informal education. That is why he must have the possibility to experience different realities and ways of teaching during his training. The present report was based on the experience of the author, a student with a Degree in Music in the South of Brazil, in the extension project CAACTO – Care and Attention to Children and Adolescents in Oncological Treatment – in a hospital context, between 2018 and 2019 and the subsequent elaboration and defense of the course conclusion work presented to the same undergraduate course. It is worth mentioning the presence of the second author, an advisor of the TCC, in the elaboration and reflection of the ideas presented here.

CAACTO is an interdisciplinary project promoted by the Occupational Therapy course of the same university, which involves students from various courses in the area of health and other areas. This project has been promoting actions since 2011 in the hematological and oncological care and treatment services of children and adolescents at the University Hospital of Santa Maria (HUSM), to

humanize health care, promote comprehensive care and adaptation of patients and their caregivers to hospitalization, reduce the negative impacts of the illness process and assist in the resignification of the hospital space (BATTISTEL, 2018). The actions of CAACTO are planned according to the objectives to be achieved with each public and in line with the specific knowledge of each area, seeking to break with the atmosphere and hospital routine, an environment that focuses on the disease, its treatment, and the search for a cure.

Among the most usual activities and much appreciated by patients are the Musical Interventions, which have been taking place since 2018, which seek to articulate the teaching of music to health promotion, seeking to know the daily life and musical tastes of the participants, to reconcile activities that enable musical learning and instrumental and vocal expression, starting from the active and autonomous participation of these subjects and stimulating communication among the participants. However, the great challenge of this practice is the preparation to insert oneself in this environment, since in the Music course we do not address this reality, being all the preparation carried out through the meetings of the CAACTO project, studies, and reflections of the group that proposes the musical interventions and, mainly, learnings from the practice. This insertion is challenging, unsettling, and stimulating for the music teacher, since it excels in constant improvement, provides an enrichment of the professional and humanized look, and enables learning about their profession, which will be valuable in the most diverse contexts of insertion and teaching practice.

Given this, my practice in the hospital context began with the writing of class diaries at each weekly meeting, from September 2018 to October 2019, reflecting on the dilemmas encountered and analyzed according to authors who work with the diaries of teachers. This report, therefore, will address the challenges of this environment and the contributions of this practice to my training as a music teacher, especially in the experience of improvisations in the planning of Musical Interventions.

2 LITERATURE REVIEW

The music that inhabits our daily lives has a function that is not limited only to leisure, because it can bring together and unite people, communities, and social groups (SILVA, 2008), building and affirming individual and collective identities, adapting to emotions and influencing present feelings, stimulating pleasurable moments, as well as evoking memories of times lived, people and places that were marked by their characteristic sounds. That is, music, and also art in general, has a central function in the life of the human being, by creating relationships and subjective ties that go beyond rational understanding and explanation. Consequently, in each context in which music education is inserted, music will assume a different function, according to the daily life of the environment and the purposes to be achieved in the teaching action.

In environments that take care of health and well-being, such as hospitals and shelters, music has been increasingly present, being motivated mainly by several studies on the positive effects that it can promote to people (CAMPOS and NAKASU, 2016; NOBRE et al, 2012), especially in situations of fragility. In hospital environments, the music assumes the role of humanizing health care and treatment, promoting moments of well-being, and stimulating the improvement of self-esteem and the approximation between patients, their caregivers, and health professionals. In addition, music also contributes to the physical, mental, and emotional development of children and young people who remain in the hospital for a long period, by stimulating physical and mental responses, as well as helping to express the feelings and emotions that permeate this phase of growth and hospitalization. In this sense, understanding the musical daily life of the other and seeking to relate to it becomes fundamental, so that the musical experience is meaningful, and pleasurable and contributes to the development of this subject, as well as to achieve the purposes of both musical learning and recovery and health promotion.

Many researchers seek to understand the effects that music causes on the human body, but also, many studies are interested in perceiving the emotional, affective, and psychological effects of the use of music as a therapeutic resource in environments that take care of health. The studies conducted by Bergold et al (2012) and Silva Júnior (2012) sought to understand how musical encounters could benefit patients undergoing treatment in a hospital in Rio de Janeiro (RJ) and one in Belo Jardim (PE), respectively, through interviews with them. Both studies concluded that these meetings contributed to the integration between the patients, as well as between them and the professional team, by intensifying the expression of feelings, mutual welcoming, the exchange of experiences, and reflection on the anguish and coping with the disease. Likewise, they contributed to the patients' approach to their reality outside the hospital, by evoking memories and qualifying socialization with the group from the choice of meaningful songs by each subject.

In the hospital context, the music educator puts into practice what Passarini (2012 apud ALMEIDA and CAMPOS, 2013) calls Therapeutic Music Education, when musical learning and the therapeutic process go together, with the same importance, with integral human development being the main objective, considering the uniqueness of each subject, regardless of whether or not they have some type of disability, and guiding learning through affection. In addition, Almeida and Campos (2013) use the term Educator-Therapist to address the music teacher who seeks a therapeutic look to meet the specific and individual needs of each student, aiming at care and human development through musical learning. Thus, the professional acts in the promotion of the health of the student, in the case of hospital contexts, or in a preventive way, in contexts beyond the hospital.

Because of the great challenge that the music educator faces when inserting himself in the hospital environment, authors such as Torres and Leal (2014), Reggiori (2017), and Lima et al (2010) report experiences of the practice of music educators in the hospital context, narrating the challenges about the public involved, the preparation and planning to insert themselves in this context, the space not designed for the educational purpose and all the necessary care on the part of the teachers, as well as the positive results observed in patients, companions, and health professionals. It is quite challenging to rethink a musical education directed to the public of the hospital, an environment that values silence very much, that often has an atmosphere of apprehension and that welcomes people of the most diverse age groups, health pictures, and cultures, consequently sheltering the most varied musical universes.

This context provokes constant reflections on one's own performance and professional preparation: what songs and activities can be worked on to achieve the proposed objectives, what strategies to use to instigate the participation of patients, what adaptations need to be made taking into account the needs and capacities of each subject. They are reflections that accompany all education professionals because when working with and for human beings, strategies and flexibility are necessary to develop to the maximum the potentialities of each individual from the sharing of teaching and learning. In addition, the experience in this environment provokes a reflection on what it is to be a teacher and how to teach in a more humanized way, far beyond the doors of the hospital, expanding the vision about the student and the teaching of music in any context:

I think that the experience in a hospital environment provides the future educator with an awareness of the necessary preparation to face the educational routine. Although acting has many aspects that differ from the school routine, the ability to improvise and the attentive look at the whole, which is around us, teaches and prepares for unexpected situations that, for sure, will appear in our professional walk (REGGIORI, 2017, p. 106).

Therefore, the performance of the educator in the hospital environment provides an opportunity for both professional and personal growth, because each experience awakens reflections and promotes learning that goes far beyond what it is to be a teacher, but how we can build a more human education, which respects individualities, which thinks about needs and develops the human being beyond any ability, paying attention to the development of sensitivity and emotional preparation in life.

3 METHODOLOGY

According to Sousa and Cabral (2015), in the area of education, the narrative text has been valued as a research method that can stimulate dialogues, approximations, and reflections on reality through narration. Among the various forms of narrative writing, the class diary was used in this research, the object of research by authors such as Zabalza (2004), being a resource that serves as a

record of experiences, but in a reflective way, when thinking about the positive and negative points, what the difficulties and possible solutions, becoming a process of internal research of the teacher. According to Reck et al (2014), in the diary we have the freedom to express our difficulties, limitations, and anxieties, being a sensitive instrument capable of dealing with the subjectivity of teachers in their most diverse contexts. By writing about their confrontations and reflections, the teacher can make decisions more consciously, and, by writing their achievements, they can perceive their professional development more clearly, observing how they dealt with the dilemmas along their path, configuring a process of maturation and professional growth.

Thus, class diaries were produced that reflect on the main dilemmas encountered in musical interventions in the hospital and ideas that arise from this distance, reflection, and writing about what has already been experienced to circumvent these challenges. This research took place through the writing and analysis of 17 class diaries, produced from September 2018 to October 2019, from which three main categories of dilemmas that permeated my practice in the hospital context were found, namely: improvisation in planning according to what patients ask; the perception of health, mood, and disposition of patients; and the perception of patient feedback and the positive points. The present report will be presented reflections about the first category, the improvisation in the planning.

4 DISCUSSION: IMPROVISATION IN PLANNING

During this period in which I was working in the hospital, one of the biggest challenges encountered was the turnover of the public participating in the musical interventions. These being weekly, at each meeting there were new patients and others we expected to meet again, often even planning to play some music specifically for him/her, and who, however, had already been discharged. Thus, the group that would participate in the intervention was unknown, due to the common turnover of the hospital and also depending on the health condition of the patients or the procedures they needed to undergo on the day, often making it impossible for some people to participate.

Due to this fickle audience, the planning of the repertoire to be taken was always thought to cover all ages, from young children and adolescents to their caregivers, as well as to encompass different musical genres, involving songs that we consider interesting, belonging to the context of the media and the daily life of the participants. However, in the face of this ever-changing audience, we can't always bring music that is relevant and promotes everyone's participation. Thus, requests often arose for songs that we had not planned to play and that, many times, we did not know about or had never played, as also occurred in the experience reported by Torres and Leal (2013). In this way, improvisation began to be part of our actions in the hospital, as we accepted the requests and sought alternatives to execute them, becoming a constant element of our practice and being, in a certain way,

part of our planning, because we began to always leave a moment of intervention open to musical requests. Thus, throughout the practice we realize the importance of giving voice to the preferences of each patient, to get closer to them, communicate better, and provide moments of well-being, learning, and significant experiences, as attested by Passeggi et al (2018):

It is undeniable that listening to children, their desires, desires, and possibilities favors a meaningful, collaborative, and reflective practice, in which everyone can express themselves and act as protagonists of educational practice. This finding becomes even more relevant when it comes to hospitalized children (PASSEGGI et al, 2018, p. 136).

In addition, listening to patients provides a moment of autonomy and free expression in a context in which they are deprived of many choices (PASSEGGI et al, 2018), being a difficult situation to deal with, especially for children who can not often play what they want, eat what they like and need to undergo uncomfortable and painful treatments. Therefore, we seek to return the possibility of choice and expression of what is desired in our actions. Also, valuing the experience of each patient is fundamental for him to feel welcomed, and cared for and to recognize himself as a subject, when approaching who he is "outside the hospital", through the songs that are part of his daily life, because:

The suffering to which the patient is subjected during a hospitalization causes trauma and resistance to the hospital environment. This can even lead to the loss of the individual's identity due to the isolation in which they are in the midst of treatment (BIRTH; CREPALDE, 2015, p. 26).

Therefore, providing this space for choices and expression of opinions, experiences, and preferences is very important to humanize health care, to help the patient to face the illness and to recognize their identity, to promote moments of joy amid so many concerns, and to stimulate socialization and communication among all the people involved. Given this, our interventions were always open to the musical requests of the participants, which required of us a constant improvisation, both on the songs that we did not know or never played, as well as on the dynamics that could be carried out at that moment, to involve the patients more.

Then the mother said that he liked the song "He Man", I remembered that I knew a part of this song when she sang it, so I went to look for the cipher and the lyrics [...]. When I found the lyrics I realized that I would not know how to sing it all, so I put the audio to play, soon my colleague saw the cipher and began to accompany on the guitar and I began to sing along with the audio (Diary 13, 2019).

On that day, to meet the request of the boy, who was quite shy to participate, as none of us knew how to sing the whole song, the solution was to put the audio and sing along with him. This gesture of effort in approaching him, even using a recording, proved to be efficient and beneficial, because the boy identified with the music and showed joy in seeing us singing to him. However, we

do not always have the resources to improvise in this way, which involves a computer or cell phone, the internet, and the intensity of sound that everyone can hear. So, often, we have to negotiate with patients the songs that we don't know how to play at that moment:

We asked for song suggestions for the mothers who were there with us. They asked for some songs we didn't know, from Zezé di Camargo and Luciano and the band Malta, showing us the recording on our cell phone, so we negotiated to sing songs by these same artists we knew. On "It's Love" everyone sang and got excited in the chorus. [...] Although we had few participants that day, we could see that it was a pleasurable moment, in which we sang, laughed, and danced. It was also challenging, for the various requests for songs that we did not know and for the "negotiation" of songs that they liked and that we knew (Diary 8, 2019).

This improvisation, in addition to encompassing the repertoire unknown to us, also occurs in the dynamics that we always seek to do with the songs we play, so that it is not only a moment of appreciation but that it has the active participation of patients and caregivers.

As the children were very excited we asked for suggestions of songs and the repertoire we played was: Borboletinha, O Sapo Não Lava o Pé, Escravos de Jó, Dona Aranha and Sítio do Seu Lobato. As they were songs well known to them, we propose choreography with their hands, changes of tempo and dynamics to vary the songs and play them more than once, at their request (Diary 5, 2019).

Often the requested repertoire is repeated in almost all interventions, especially the most popular children's songs among children, such as those quoted in this excerpt from the diary, which is known and the taste of practically all of them. So, in order not to get repetitive and tiring, we try to suggest activities with instruments, hand games, body percussion, choreography, movement around the room, or variations of musical elements, such as intensity and tempo, with each repetition so as not to get monotonous and to promote experiences and musical learning, even on those songs already well known. And, most of the time, these ideas need to emerge at the time of the intervention, without planning time, being part of this challenge of improvising.

Therefore, working in a group in the hospital is very valuable because each teacher-musician who is present has a different musical-pedagogical background, and has different musical repertoires, suggesting activities that he knew at some point in his training or teaching practice in these moments of improvisation. In this way, a colleague helps the other to expand their knowledge and teaching experiences, providing a good continuity of intervention in the hospital and learning, through practice, strategies to deal with improvisation in other contexts of teaching and learning, from the exercise of creativity and the constant search for new knowledge.

To be a teacher, regardless of the context, is to be creative, to constantly think of strategies to enhance the learning of your students, to provide autonomy in the construction of their knowledge, to stimulate the pleasure in learning, and, in our case, in making music. In this way, the practice in the

hospital environment provides the constant exercise of creativity and improvisation, situations that will certainly happen in any teaching context when we seek to get closer to our students, value their experiences and musical experiences, stimulate their autonomy in musical enjoyment and take advantage of the opportunities that arise at the time of the teaching action to create new ways of teaching and involving the student.

Today it was very noticeable the difference in acceptance and participation in the songs that we chose to sing, which are not very well known or are not to the taste of the children, and in the known children's songs that we took and the ones that they asked for. The musical preferences of the participants always generate a greater approximation and communication between the patients/companions and us musicians, so that working the improvisation in the planning, bringing the songs that are requested at the moment, is inevitable when seeking to achieve the objectives of approaching these subjects and providing moments of well-being, pleasure, and joy (Diary 17, 2019).

5 FINAL CONSIDERATIONS

During this period of musical interventions in the hospital environment, several dilemmas arose that are also present in other realities of music teaching, such as the need for improvisation and flexibility in what was planned when patients/students ask for a song at the time of the meeting or when we need to change the dynamics so that everyone can get involved in the practice, according to its possibilities, requiring improvisation and constant creativity of the teacher. The question is important when we seek to get closer to patients/students, communicate better, promote a safe space of expression, and value the experiences and experiences of each subject, so that they feel welcomed and close to their reality, in addition to stimulating autonomy in the construction of knowledge and in making music, objectives that are present both in the music class in the hospital, as in other spaces.

In addition, the writing of class diaries about the actions in the hospital context allowed a reflection on this space and made it possible to rethink my practice as a music educator. The dilemmas faced, although specific to this environment, also generated learning for my teaching performance in the most diverse spaces and contexts, promoting both personal and professional growth. This experience with the CAACTO project and the colleagues in training who accompanied me taught me not only to act with the improvement of patients but how to be a better person and music educator. Finally, we highlight the relevance of the issue of humanization within hospitals, and the role of music in this context, for the reflection that we live in this moment in times of Pandemic.

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