

### Music as a mental health resource in therapeutic monitoring in CAPS II

#### *Música como recurso em saúde mental no acompanhamento terapêutico em CAPS II*

#### *La música como recurso en salud mental en el acompañamiento terapéutico en un CAPS II*

#### *La musique comme outil en santé mentale dans l'accompagnement thérapeutique au sein d'un CAPS II*

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#### Abstract

To understand how the musical experience in Therapeutic Monitoring (AT) relates to the mental health of a Psychosocial Care Center II user, this research covers a descriptive and exploratory case study. The AT was carried out using music as the principal tool, lasting 13 meetings. As data collection, the researcher recorded the meetings in field diaries, which were analyzed and discussed using Thematic Analysis. The report of the meetings was divided into eight categories, which propose reflections on the patient's subjectivation process as: "artistic creation as a manifestation of desire", "music as a tool for establishing links and meeting demands," and "transforming sounds into material". It is understood that it was possible to contribute to the development of the patient, expressing themselves emotionally, interacting with service professionals, as well as with the participation of other users in the different activities.

**Keywords:** music, therapeutic accompaniment, mental health, subjectivity.

#### Resumo

Com o intuito compreender como a experiência musical no Acompanhamento Terapêutico (AT) se relaciona com a saúde mental de um usuário de um Centro de Atenção Psicossocial II, esta pesquisa abrange um estudo de caso descritivo e exploratório. Foi realizado o AT, utilizando como principal ferramenta a música, com duração de 13 encontros. Como coleta de dados, a pesquisadora registrou os encontros em diários de campo que foram analisados e discutidos a partir da Análise Temática. O relato dos encontros foi dividido em oito categorias, que propõem reflexões sobre o processo de subjetivação do paciente como em: "criação artística como manifestação do desejo", "música como ferramenta para estabelecer vínculos e conhecer demandas" e "transformando sons em material". Entende-se que foi possível contribuir para que o acompanhado se desenvolvesse, expressando-se emocionalmente, interagindo com profissionais do serviço, bem com a participação de outros usuários nas distintas atividades.

**Palavras-chave:** música, acompanhamento terapêutico, saúde mental, subjetividade.

## Resumen

Con el objetivo de comprender cómo la experiencia musical en el Acompañamiento Terapéutico (AT) se relaciona con la salud mental de un usuario de un Centro de Atención Psicosocial II, esta investigación abarca un estudio de caso descriptivo y exploratorio. Se llevó a cabo el AT, utilizando la música como herramienta principal, con una duración de 13 encuentros. Para la recolección de datos, la investigadora registró los encuentros en diarios de campo, los cuales fueron analizados y discutidos a partir del Análisis Temático. El relato de los encuentros se dividió en ocho categorías, que proponen reflexiones sobre el proceso de subjetivación del paciente, tales como: “creación artística como manifestación del deseo”, “la música como herramienta para establecer vínculos y conocer demandas” y “transformando sonidos en material”. Se entiende que fue posible contribuir al desarrollo del acompañado, permitiéndole expresarse emocionalmente, interactuar con los profesionales del servicio, así como participar junto a otros usuarios en distintas actividades.

**Palabras clave:** música, acompañamiento terapéutico, salud mental, subjetividad.

## Resumé

Afin de comprendre comment l'expérience musicale en Accompagnement Thérapeutique (AT) est liée à la santé mentale d'un usager d'un Centre d'Attention Psychosociale II, cette recherche englobe une étude de cas descriptive et exploratoire. L'AT a été réalisée, en utilisant la musique comme outil principal, sur une durée de 13 séances. Dans le cadre de la collecte de données, la chercheuse a consigné les rencontres dans des journaux de terrain, lesquels ont été analysés et discutés à partir de l'Analyse Thématique. Le rapport des rencontres a été divisé en huit catégories, qui proposent des réflexions sur le processus de subjectivation du patient, telles que : « création artistique comme manifestation du désir », « musique comme outil pour établir des liens et connaître les demandes » et « transformer les sons en matériau ». Il est entendu qu'il a été possible de contribuer au développement de la personne accompagnée, en lui permettant de s'exprimer émotionnellement, d'interagir avec les professionnels du service, ainsi qu'à la participation d'autres utilisateurs aux différentes activités.

**Mots-clés:** musique, accompagnement thérapeutique, santé mentale, subjectivité.

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Therapeutic accompaniment (TA), known as the clinic action that emerged in the late 1960s as an alternative to the traditional clinical psychology models in force at the time, which were restricted to office-based care (Pelúcio et al., 2019). Despite its emergence in the 1960s, Lancetti (2016) states that the peripatetic clinic, which means “to walk, to come and go in conversation”, had already been around for several centuries, containing records of the use of various authors in their respective field, such as Aristotle to teach and Freud in the development of his psychoanalysis sessions, walking. Thus, there was an organization and systematization of this therapeutic modality that, over time, had already been built up.

Gonçalves and Barros (2013) state that the figure of TA was born out of political movements, traditional institutional psychotherapy, as mentioned, the anti-asylum struggle and psychiatric reform from the 1950s onwards in Europe and the United States. In the following decade, it arrived in Latin America, where roles were developed for mental health workers, known as therapeutic assistants. In Brazil, the TA clinic arrived around 1970, when the first three therapeutic communities appeared, one in Rio de Janeiro, one in São Paulo and the other in Porto Alegre. It's important to note that the Rio clinic, called Clínica de Vila Pinheiros, was the first to use the role of psychiatric assistant to care for patients with psychotic outbreaks, which opened the way for what we now call Therapeutic Accompaniment (Barreto, 2005). Thus, the clinic of action did not develop from a theory, but from political transformation, from the need for life in which the instruments of the clinic were not enough, in addition to the need to be close to the patient's daily life, promoting actions (Pelúcio et al., 2019).

Currently, TA is considered a therapeutic modality that passes through places without settling. In other words, it's always on the move together with the person being monitored, working on critical listening and enabling them to experience the world. Among those who are accompanied, the motivation for treatment using TA is quite variable, since it is a resource that is widely used with people with mild to severe mental disorders, people with physical or intellectual disabilities, autism spectrum disorder (ASD) and various phobias. Therefore, the target audience can be individuals who don't feel comfortable in a closed environment or can't adapt. TA can also be a way of exploring being in the world, developing belonging to physical and social spaces, and proposing interventions in places (Méllo, 2021).

The history and purpose of TA are directly related to the history of madness, since, according to Foucault (2019), illness starts from a context, that is, there is a social construction of madness, of what is considered normal and what deviates from this socially accepted path. This is why the history of madness is known as the history of deviance. People with mental disorders have always been on the margins of society and, from the 18th century onwards, hospitalization in psychiatric institutions became a universal and hegemonic form of care for mental disorders. Treatment in mental institutions was

common, with abuse and disrespect for patients' integrity. These were closed spaces like a prison, in which the inmate often did not improve, which may be related to the patient's inability to come and go.

At the end of the 1970s, psychiatric reform arose from the need to reverse the model of treating patients with psychiatric disorders. The aim was the right to freedom, respect and humane treatment. It was essential to change the way health professionals provided care. Thus, based on this reform and the health reform, the fight for a public health system that assumed health as a right was created. There was an opening for people with mental disorders to begin to occupy places of right (Paladino & Amarante, 2022).

In the 21st century, people with mental disorders are still struggling to be socially accepted and understood. With the Unified Health System (SUS) and the creation of the Psychosocial Care Center (CAPS), forms of treatment for people with severe mental disorders without imprisonment are now a possibility. In this way, it is possible to develop various activities with users at the CAPS, such as therapeutic workshops, follow-up with a psychologist, therapeutic groups and TA.

Thinking about the Singular Therapeutic Project (STP) of CAPS users, as well as the "open-air clinic" as a possibility of intervention, it is possible to think of the use of music as another tool that can help with treatment, a resource that is little explored by clinical practices in psychology. The introduction of music into the therapeutic process represents an opening into a differentiated clinical field, linked to health and subjectivity. It can be used therapeutically in moments of crisis and at other times, as well as helping individuals who are in situations of intense suffering to reconcile with their desires. In addition, Andrade (2018) discusses the benefits of musical exercise, which fosters cognitive processes, attention and memory processes, as well as unifying language, music and movement. With this, it is understood that music can be a powerful resource in care.

Art as a treatment tool is not restricted to aiding cognitive development but is a process of political subjectivation. Thus, art is political because it opens new worlds and is not confined to the particular environment of an individual who is in direct contact but opens a field of possibilities for any and all existence. Through artistic creation, people can access their imagination - the ability to create forms -. Politics, therefore, is a matter for the imagination, because for marginalized individuals, who suffer from social and racial prejudice, occupying the streets and universities is a challenge. Imagination is a bridge from the non-material to the concrete, making it possible to build, organize a space and create a rhythm for time (Ranci re & Moreno, 2018). Therefore, art is beyond the subject, as it reverberates and affects the environment and everyday life. Art is expansive and is not made in a solitary way, it reaches out to all individuals and marks the possibility of creation that is common to all (Arndt & Maheirie, 2021).

Music, as an art form, involves relational, cultural, social and cognitive aspects, among others that are directly related to subjectivity and the constitution of its history; from the perspective that making music is a capacity that all individuals have and that runs through the imaginary and the concrete (Arndt & Maheirie, 2021).

It is essential to present users and employees of the public mental health service with an opening up of the clinical field, linking health to individuals' own subjectivity. In other words, it is a matter of introducing the population to other therapeutic resources that are rooted in their daily lives, but are not seen as therapeutic enhancers, such as music, which is normally used as a form of entertainment and not as a treatment.

Knowing the impact of music on the companion's life, identifying whether these practices contribute therapeutically and characterizing the relationship between musical practices and the companion's mental health can be of great value to the singular therapeutic project. Thus, with a view to linking mental health in the public service and music as a treatment tool, we sought to understand how the musical experience in therapeutic accompaniment relates to the mental health of a CAPS II user.

## Method

This is a descriptive, exploratory, qualitative cross-sectional study. Case study research aims to intensively analyze a given situation, to explore a contemporary phenomenon in a specific context of reality (Yin, 2014). Thus, the methodological choice was designed to complement and dialog between the data collected, to provide greater abundance in the discussion of scientific findings from a case study (Stake, 2016).

The case study was carried out with a patient attending a CAPS II, on an individual basis, whose singular therapeutic project (PTS) includes therapeutic follow-up as a form of treatment. The patient, Mateus (fictitious name), 24, from the city where the research was carried out, has been in CAPS since the first half of 2014. The TA was carried out in 13 meetings, using music as the main therapeutic resource. The research was submitted to and approved by UEMG's Human Research Ethics Committee, under opinion number 5.830.083. With the appropriate authorizations, via Free and Informed Consent Form (TCLE) and Institutional Consent Form (ICF), the meetings began.

The researcher used field diaries to record the development of the research, as they enable a written account of what was experienced and to reflect on the data (Bogdan & Biklen, 1994), as well as analyzing the patient's medical records, which contained reports from the service's multidisciplinary team over the years since the start of his follow-up. The data was then organized, analyzed and discussed using the Thematic Analysis method (Braun & Clarke, 2006).

## Results

### Case description

The patient, 24 years old, black, male, started at CAPS II at the age of 16 with a diagnosis of schizophrenia. He currently lives only with his father, but a few years ago his younger sister also shared the house. His mother died when he was 11. As a teenager, he abused alcohol and marijuana and currently uses tobacco regularly. Mateus has been admitted to sanatoriums and therapeutic communities several times since 2014. He has a history of aggression towards his father, neighbors and CAPS patients. He has auditory hallucinations, with commanding voices, which have persisted since the beginning of his treatment. He has attempted self-extermination several times. His last attempt was in 2019 when, after trying to kill his father, he tried to commit suicide by throwing himself off a bridge, fracturing his foot and then being admitted to the sanatorium once again. This attempt also appears to be his last hospitalization. Now, Mateus is more open to socializing, is not aggressive and is taking his medication correctly.

Accompanying Mateus' evolutionary process involved different moments, stages and synthesizing the results obtained, so that appreciating them was a very dedicated reflective exercise. The field diary entries involved content supported by the clinical progress described in the medical records by the service's technical team. Thematic analysis facilitated the gathering of ideas, systematizing the content obtained and organizing it into the following categories: a) music as a tool for establishing bonds and meeting demands; b) artistic creation as a manifestation of desire; c) transforming sounds into material; d) music in crisis management; e) when voices speak louder? f) dehospitalization versus deinstitutionalization; and g) shared subjectivity.

Before discussing the results obtained, I should mention a few details of the therapeutic itinerary. First, the Technical Reference (TR) of the service proposed that the TA should focus on autonomy strategies for the patient's daily life. However, in the practice of follow-up, the implicit demand was in a layer prior to practical autonomy. However, over the years, the patient has lost or perhaps never fostered subjectivity. We therefore opted for a dialogical narrative of the meetings, appreciating and basing the results on the specific literature, to explain them according to the categories constructed from the data obtained.

## Discussion

### Music as a tool for establishing bonds and meeting demands

At the first meeting, sitting outside the CAPS, Mateus was given a guitar and explained the TA proposal involving music. He had already played the guitar in the Musical Therapeutic Workshop (MTW) developed by the researcher. He was asked to play songs of his choice and, at the same time, we talked about his routine, leisure activities and hobbies. Through the dialog, the patient showed that he did very few activities over the weeks, with very little cognitive and motor stimulation. His choice of music was always country music, known as "sertanejo raiz", and he always played and sang by memory.

When asked what he felt when he played, Mateus replied: "Nothing, but I like playing. My father says that he believes that music soothes, calms and does you good", he says he agrees with his father and adds: "I think it's good". The answers were always short and to the point. However, Mateus showed an interest in talking, returning the question about what the researcher does. The researcher recounts a musical involvement in a music conservatory with the violin and creating music. Based on this account, Matthew points out that he has never seen a violin before. The researcher asks him if he would like to hear one at the next meeting. Matthew was excited and asked for the songs Titanic by James Horner and Ode to Joy by Ludwig Van Beethoven.

With the shy affirmation that he also composes music, the researcher asks him to present his songs. Asking if the researcher was really interested in hearing him, he presented a composition entitled "Só sei te amar" and then "Pedrinha". Mateus wrote these songs for girls he fell in love with. However, without going into details, he diverts the subject by asking about his MTW friends, and mentions missing three members. It is important to note that, according to Mateus' medical records from 2014 to 2018, there is a history of aggression and relationship difficulties with patients in the workshops, especially with black participants, such as the utterance of prejudiced religious speech towards black people. On the other hand, the three friends mentioned by Mateus are black.

The start of the TA was aimed at establishing a bond with the patient and getting to know his interests. Mateus has a guardian, i.e. his father is responsible for his interests and monthly interviews are held with his father. The TA proposes greater participation by the patient in the therapeutic project, in a horizontal way, as recommended by the Federal Council of Psychology, Regional Councils of Psychology and the Technical Reference Center for Psychology and Public Policy (2022). Thus, in the first meeting, it is already possible to observe this space for speech, for manifestation that he seems not very used to, but there are also some moments in which there is difficulty in verbalization, presenting himself more monosyllabic and with objective answers.

For the second meeting, Mateus, who was drawing inside the service, quickly appeared outside when he noticed the researcher had arrived, seeing the violin and asking her to play. After playing the songs requested earlier, the researcher asks Matthew about the feelings he feels when he hears them. He replied that Titanic was his favorite and that “it’s sad, but very beautiful”, but he also liked the second song. He also tells us about his routine, saying that his days are always the same, reporting on day-to-day tasks. The only activity he does outside the home is to go to CAPS and to a river near the city on Saturdays, and even the food that is prepared at his grandmother’s house, who lives in his street, is brought to him. Mateus recounts, for the first time, experiences of his last hospitalization, in which he assaulted his father and later attempted suicide by throwing himself off a bridge. Soon after this incident, he was hospitalized. As an escape from the subject, he asks if he can play the guitar and starts singing country songs. The researcher plays and sings a song at Mateus’ request.

Music presents itself as a common denominator and, from the very first meeting, all the conversations, the intervention proposals and the music itself became a form of intervention, acting as a bridge between the subjective, the imaginary and the real. Thus, the meetings were mediated by elements such as melodies, songs, rhymes, rhythms and timbres, which provided support for sharing actions. Lappicy (2017) points out that the possibility of musical communication produces sonority and musicality, which underpin relationships between people. With this, it is understood that musicality is the possibility of creating sounds, expressing oneself through them. The result is sonority, since the musical space is formed by the fact that people make music and not the opposite. In other words, from musicality and the encounter with the music in focus, a musical space is created.

Musical space opens the possibility of reflecting on everyday life, an environment in which individuals understand their development as they experience it. Reflections center on the individual and the plot of everyday life, together with the field of feeling, relating and thinking scenarios in which existence takes place (Heller, 2016). It can be seen, then, that the implicit demand - that is, subjectivity - could be worked on through music and the reflections based on it, to find opportunities to access the being, the present individual, who exists beyond the condition of a subject with a psychiatric disorder. However, after multiple hospitalizations, he presents himself as an institutionalized subject.

### **Artistic creation as a manifestation of desire**

Mateus presents his compositions again in the third meeting, but slowly, so that the researcher can write down the lyrics, as he has no record of these songs, they are just memorized. He says that each of the songs was created at different times and for different passions, but without specifying the year of the event, as he has difficulty situating himself in space-time. For him, some events that happened many years ago appear to be more recent, and vice versa. During this meeting, the patient was asked to create a song with the researcher, but he refused and said he preferred to create it at home to “make the notes fit, test the chords”.

When asked what he would like to compose, he mentions that it would be about love, like the songs by Zezé Di Camargo and Luciano. The researcher asks him if he believes that all the duo’s songs are inspired by passions and he replies: “no, they make music for people, the songs are general, for the public and not for someone specific, even if they talk about love”. With the presence of other patients outside, close to him, he says he feels uncomfortable and ashamed to speak. He is then asked to sing a song of his choice, which he does.

Without people present, he asks to talk again, says he remembers when the band Falamansa played, and starts singing parts of a song, saying he looked it up on his cell phone. He asks the researcher to play one of his compositions for him next week. This was the first different activity of his week and he hadn’t realized that it was something different from his usual routine. He tells us that he used to work fixing trucks with his father, but that, after his last suicide attempt, his foot always hurts and it’s the voice inside his head that has the power to make it hurt, so he doesn’t work anymore.

In songs by other artists or in his own compositions, the patient expresses a romantic desire to have a relationship. He started treatment at CAPS when he was still a teenager, which means that for almost 10 years he has been dealing with hospitalizations, stigmatization and his illness, while going through puberty, the moment when he discovers his desires.

The fourth meeting begins with Mateus asking the researcher to play some of her compositions for him, and he says that since the last meeting, he has composed a new song, that is, within a week. A new member of the CAPS professional group sits down next to Mateus and asks to accompany the meeting, but he says he doesn’t mind. She will be responsible for the musical circle with the patients and says she wants to hear him play. Mateus presents his composition while the researcher writes down the lyrics and chords. At first, he says he wasn’t inspired by anyone to compose it, but then he tells us that it was written for a girl who lives in his street and that she sometimes came to his door. He says that he used to play the guitar outside his house, waiting for her to pass by, but that now he doesn’t play anymore because his neighbor complains.

Mateus changes the subject and asks to play songs. He then sings and performs various country songs, accompanied by a rattle by the researcher and the employee. On discovering that he is a fan of Zezé Di Camargo and Luciano, the researcher asks him to play some of the duo’s songs. Mateus then plays them, all from memory. He is happy to sing songs by the duo

he likes - an authorial composition that, for him, talks about a reflection on life - and to introduce himself to someone other than the researcher. He says he likes the song, that “it’s sad, but it’s beautiful” and that he understood that the song “talks about a person who has seen something good in life, despite everything”. When asked if each person could have an individual interpretation, because the way we feel is unique to each person, Mateus agrees and says that “everyone feels in their own way”.

He asks the employee to play some music on the guitar, and she introduces a national pop rock song, handing him a rattle so that he can accompany her. After playing, Mateus tells her that he made up with the man he assaulted, but that it was the voices in his head called “father” that talked to the boy. At this point, he shows how the voices dominate his behavior, such as having stopped playing video games because he believed that his “father” was cheating and beating him.

In these encounters it is possible to see how the voices influence his decisions. At times, he shows that he knows these voices are just voices and, at other times, he sees them as the masters of his life. In the sessions, we try to propose reflections on how the voices act on him and how to increase his self-management.

In this case, music presents itself as an opening to access his desires. Through singing and the guitar, Mateus resonates with feelings that are difficult to verbalize in conversation. He composed a new song in just one week with a new melody, lyrics and harmony. Thus, when creating a song, technical knowledge is retrieved and, simultaneously, feelings and emotions are re-elaborated. From this process, these feelings and emotions take on a new meaning which, through spontaneous reflection and imagination, are overcome, resulting in new music that is made from the sound and silence that exist in the world (Maheirie, 2003).

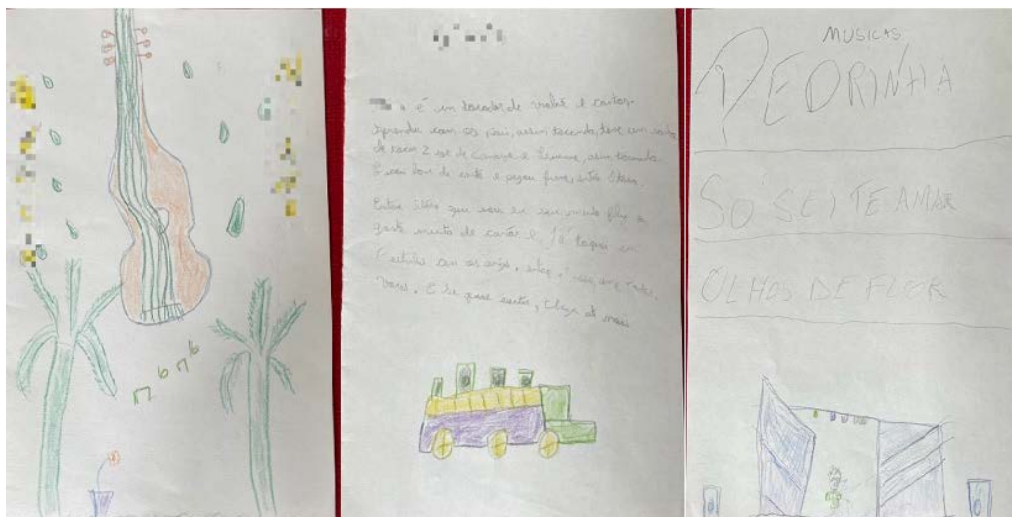
### Turning sounds into material

At the fifth meeting held in the CAPS workshop room, it was proposed that Mateus create a musical notebook, in which he could materialize, through writing and illustration, his authorial compositions and his history as an artist, and he immediately accepted the proposal. As inspiration, some flyers were presented with information about the artist and the repertoire to be played at a concert, but without a model to follow. After being asked about his preference for what to listen to in the process of creating the notebook, he chooses the band ABBA. The employee who had taken part in the previous meeting asked him to accompany him and he agreed. He returns to the subject of the band and says he was brought up listening to them, ever since his mother died, his father listening to them and playing them on the keyboard.

First, he creates the cover and a presentation of himself (Figure 1), where he was free to write whatever he wanted about himself, allowing people to get to know him and understand his history with music. He asked to hear some country music and, while Zezé Di Camargo and Luciano were playing, he hummed along and was excited. Mateus asks to hear the song “Sinônimos” by Chitãozinho and Xororó, and they all sing along and have fun. He creates the index with the names of his compositions (Figure 1) and draws a picture underneath, saying that he doubts the researcher would know what that picture meant. It was a person on stage. He replied that he thought it was him on stage, introducing himself, which surprised him because it was exactly that.

Figure 1

*Musical notebook cover, presentation and table of contents.*



At this meeting, music began to be used in a different way. The melodies and harmonies he created began to manifest themselves in the form of drawings and writing, allowing him to take a new look at his work and who he is. Apart from his father, Mateus had never shared his music with anyone. The materialization of his creations is a way of showing people what he thinks and feels, given that the stigmatization and infantilization of people with mental disorders places them in a non-space. Thus, artistic expression presents the subject beyond labels.

At the next meeting, the creation of the musical notebook continues in the workshop room. Mateus chooses to listen to country music. He writes the lyrics to the song “Pedrinha” (Figure 2) on a sheet of paper and then some country songs: he puts a playlist on random to play genres other than country music. He goes on to illustrate the song, saying that he would draw a cupid as a representation. With the songs in the background, when they played something they knew, they sang excerpts and imitated instruments. The atmosphere was relaxed and fun.

**Figure 2**

The song “Pedrinha”.



From this, they set out to reflect on some of the characteristics of the music, based on their experience, problematizing the senses beyond the auditory (Figure 2). Firstly, what color should the song be represented in? Mateus laughs, saying that music doesn't have a color, but then says it's “peace green”. Then, what smell, and he says it smells like cupid's red, but changes and says it smells like the sea. As a third item, he is asked to think of what other instruments would fit into the song apart from his voice and the guitar, and he says: keyboard. When it comes to writing down what he's thought of, Matthew changes some elements, such as the smell, which becomes that of love and of the waters over the earth.

Finally, he is asked to write down the message he wants to convey with the music, to which he replies: love. They are then free to create another category or add something, like the one at the bottom of the page “Música Sertaneja” and “É o amor”. During this meeting, Mateus was asked to perform in an artistic soiree, created by the researcher, together with other students from the university and a TR from the service. The objective revolved around an artistic presentation with music, poems, paintings, etc. It was suggested that Mateus present his own songs and his musical notebook. In this way, even though he felt embarrassed, he agreed to sing for other people at the event.

### Music in crisis management

At the seventh meeting, Mateus was already taking part in another workshop. When asked how he was, he said he was fine but cried while coloring. He talks to his TR and goes outside to smoke. When the researcher comes to talk to him, he tells her that his suicidal thoughts have returned and that he hears the sound of doves in his head all day. He says that he tries to think about it and that this alone makes him sad. There was a conversation about what counteracts this, i.e. what makes him happy, and he said drawing, coloring, going to CAPS, talking and music. He hadn't told the researcher that he was planning to leave early, but he interrupts the conversation and tells his TR that he won't be going home anymore, as he'll be staying for the TA.

The therapeutic accompaniment, using music as a resource, was a form of crisis management proposed to Mateus and, in this meeting, they both learned a new song together, suggesting the song “Tocando em frente” by Almir Sater, which is popularly known, but which he had never played or sung. After studying the chords of each part and the metric of the lyrics, and after repeating it several times, they learned it. Mateus replied that the song conveyed “happiness, affection and not being in a hurry to do things”. He asks to print out the lyrics with the cipher so that he can study them at home.

The song “Tocando em frente” was chosen because, as well as being popular, there was a high chance that the patient would know the lyrics, and it reflects on life’s adversities as a cycle. As in the passage “Everyone loves one day, everyone cries. One day we arrive and the next we leave”. As he played and sang, Mateus stopped crying, concentrating on the chords and the melody, and also said that he felt good playing, suspending thoughts and intrusive voices.

### **And when do the voices speak louder?**

At the eighth meeting, upon arriving at CAPS, the researcher found Mateus taking part in a musical circle in which he sang and played memorized songs, along with four other service users and two employees, who were playing with rattles. He takes part in the circle for around 20 minutes and then gets up and goes inside the service. After a few minutes, Mateus goes to the bathroom and talks to the researcher, asking her if she wouldn’t like to take part. However, she told him that it would be good if he took part on his own, keeping his mind off the fact that, after the circle, they would do the TA. Amarante (2013) explains that psychosocial care aims to create a network of relationships between individuals. They are the ones who provide care and the ones who experience the problems. That said, the TA acts as a strategy to promote the integration of this patient with a history of conflicts in interpersonal relationships in the CAPS and other spaces, but without fostering dependency, presenting him with the TA as a path and not a destination.

When she finished, the researcher went to Mateus and he asked again why he hadn’t taken part. She explains that she believed he was already integrated and participative and that, at that moment, her presence wasn’t necessary, as every day he showed more interaction with other professionals and patients, which was a positive thing. He said he felt happy playing. When asked about the thoughts mentioned the previous week, he says that “dad” keeps talking in his head and that speech only stops when he plays the guitar because he thinks about the music, or when he colors. Mateus says “I’m not like you people who think all the time with a full head”, reporting that some of the time he doesn’t think about anything and his mind “stays empty”. However, at other times, voices appear and disappear when he plays the guitar, because only the music exists in his head now. He also talks about the voices again, saying that Jesus and Satan speak in his head, but he doesn’t know who they really are.

When asked about the soiree, he says that he is shy but is shown that he has performed for six people with confidence. He agrees, saying that when he starts singing, he doesn’t feel shy. However, he says he has been to the State University of Minas Gerais (UEMG) and heard “bad things” from some people, but he doesn’t know if it’s something that really happened or was created in his head. He points out that some people might have been bad, but that there were also kind people at the university who wanted to listen to him.

Mateus changes the subject and tells us about being in love with a girl, but he feels he’s cheating on her because he’s in love with the researcher and a TR from the service too, as well as believing that this TR is jealous of the researcher with him when she sees them doing therapeutic follow-up. They talk about the professional work carried out with him, that no sentimental involvement is possible. He says he knows, but that “it just happened”. He is asked if he believes it is possible to have a friendly relationship with a woman he considers beautiful, but without involving romantic feelings. He says he believes it is possible. The conversation about falling in love was a very important moment, given that several of the service’s professionals had already told him that they were in love with him.

It’s understood that he wasn’t actually in love with these women, but what is at issue is what the female body represents to him. As already mentioned, his illness began in adolescence, during puberty, and his medical records report unsuccessful attempts at dating. CAPS is currently the only place where he interacts with women. It is therefore understood that it is a place where this desire to have relationships can appear. It’s important to listen to him in a way that doesn’t disqualify his desires but allows him to reflect on his relationships with women.

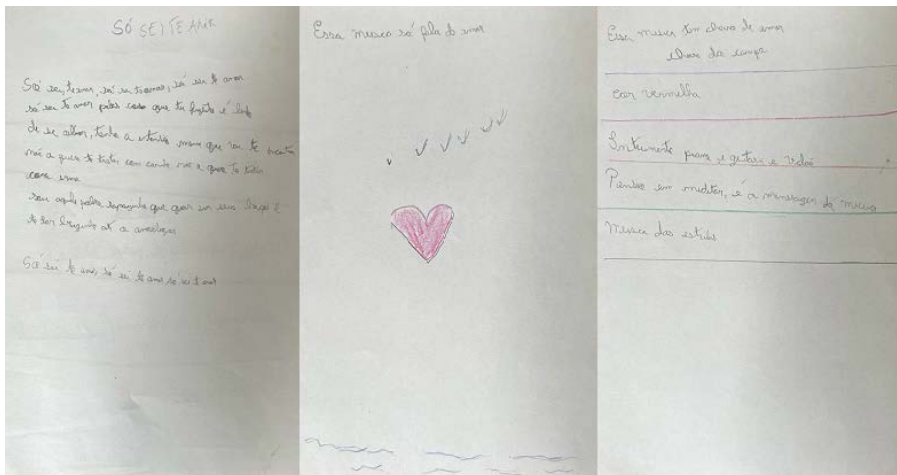
Mateus comments again on his voices and says that he is currently stuck at home because he has committed many sins. He says he has already assaulted and killed a man. Then he says it’s just something in his head. His medical records show that since 2019, he hasn’t had voices that have guided him so vehemently. However, since the seventh meeting, his participation in the dialogues has increased. He reports that the voices always accompany him, although he can’t always identify them. By following his discourse and experiencing this relationship with him, we seek to understand his experiential field and, based on what he expresses, expand his self-mastery, negotiating with the voices he mentions.

**Dehospitalization versus deinstitutionalization**

The ninth meeting took place in the workshop room. Mateus continued with his musical notebook and wrote the lyrics to his song “Só sei te amar” (Figure 3). There were other people in the room, professionals from the service, talking. Mateus was less interactive in the presence of other people. That day, he said he wasn’t feeling well because he was tired, and it was suggested that he do another activity. However, he maintained his desire to write music. It was emphasized in the conversation that the creation was not an obligation and the meeting ended so that he could rest.

**Figure 3**

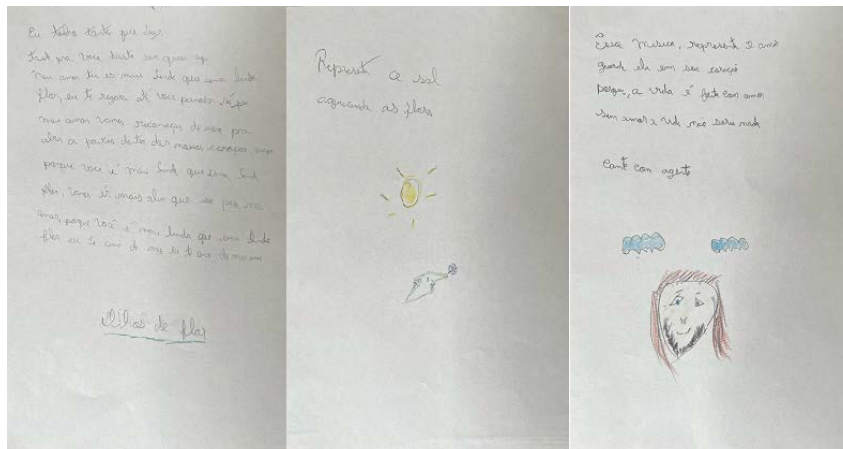
Song “Só sei te amar”.



The tenth meeting began outside the CAPS, during a moment of conversation while smoking a cigarette. Mateus asks if the researcher watched the soccer match the night before and asks her to tell him about the score. He continues to dictate the subject by telling her about talking to his sister via video call and seeing his one-year-old niece. He even talks about politics. It’s remarkable how, over the course of the meetings, the level of verbal interaction has evolved. In the workshop room, the creation of the musical notebook and reflections on the song “Só sei te amar” (I only know how to love you) and then “Olhos de Flor” (Flower Eyes) continued (Figure 4). This moment ends at the next meeting, with the construction of the musical notebook with the drawing of Jesus. He says that the image represents love and corresponds to his real appearance. The notebook was designed to be used at the soiree, the aim of which is to bring together his creations and those of other patients to be given to the participants.

**Figure 4**

Flower eyes” song.



CAPS is an “open-door service” that aims to give individuals autonomy. However, deinstitutionalization is not just about space, i.e. it’s not enough that a patient is no longer hospitalized. It is a paradigmatic shift that requires transformations in several dimensions: epistemic, care, cultural and legal (Amarante, 2013). Thus, deinstitutionalization goes beyond dehospitalization, aiming to break the traditional treatment of madness (Nicácio, 1990).

Although Mateus is no longer hospitalized, at various times he presents himself as an institutionalized person waiting for commands. In the first meeting, when asked what he would like to do, he replied “I don’t know” or “whatever”, but gradually he was encouraged to choose. The creation of the musical notebook shows the choices he has made. However, at times he kept asking “what do I have to do?” and “what do I have to do now?”. We always emphasized his autonomy in choosing and not just doing it as an obligation. Reflections and writing were thus proposed, but he chose what to write and when to close the notebook. Alverga and Dimenstein (2006) discuss the direction of care in services, which can be crossed by “madhouse desires”, presenting practices of domination, oppression and classification. It is therefore necessary to continually analyze what kind of care is being provided to these individuals and to ensure that deinstitutionalization happens, so that subjective care that is attentive to the uniqueness of each individual ensures the right to life in society, which is one of the main guiding principles of CAPS work.

### Shared Subjectivity

At the penultimate meeting there was a rehearsal with Mateus and the other patients who were going to perform in the “Shared Subjectivity Sarau”, with the aim of preparing them and making them feel more comfortable. Each of the participants explained what they would like to present at the soiree, as well as the reasons for their choice. Mateus chose to perform his three original compositions.

The last meeting was held at UEMG. The soiree was a way for Mateus to access a space other than CAPS. Although it is a public university, it is an act of resistance to enter its physical space. The soiree had 20 participants, including CAPS staff, patients and psychology interns, in a classroom organized in a circle. Before the start, the patients got to know the course block and talked about how they felt. Everyone present introduced themselves, thus promoting mutual acceptance, a space for care and artistic expression. Mateus presented his compositions and what they meant to him. He also showed everyone in the circle the creation of his musical notebook. He said he felt comfortable and was very happy to be taking part.

Through imagination and art, it was possible to materialize access to a new space. A patient who previously only stayed at home is now part of a musical group at CAPS, learning to express his feelings through compositions and performances. The soiree, therefore, was an important milestone in this opening up.

### Final considerations

The musical experience in therapeutic support provided an opportunity to discuss various aspects of the patient’s life, such as the manifestation of romantic desire and music in crisis management. It is understood that it was possible to help the patient develop, interacting with service professionals and other users, as well as taking part in other activities, in addition to access to a new space, which occurred at the end of the therapeutic project, demonstrating a significant advance for his trajectory. Therefore, music was a tool for political subjectivation, as it opened new worlds for Mateus.

In the expanded clinic, movement is one of the pillars, but with the understanding that it needs to be adapted to the patient’s reality. In this case, it wasn’t possible to accompany the patient from the start in other spaces. However, through therapeutic support, the patient’s perception of the world was broadened, with a focus on deinstitutionalization. Thus, despite the creation of a therapeutic project, the horizontal conduction of OT does not foresee the continuation of an exact path, that is, the discovery takes place together with the patient, what appears in the meetings and in his own choices, something that is constantly encouraged.

Finally, it is understood that the project contributes to the development of the database, since there is little literature relating to the triad of severe mental health, therapeutic accompaniment and music. Also, as this is a case study, the project provides an opportunity to delve into various aspects, but these can be further scrutinized in future studies, focusing on the themes presented, as well as the possibility of developing the project with more patients, resulting in a larger sample, including individuals who have a less close relationship with music.

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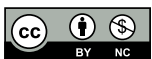
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