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Participatory music workshop for the Subjective and Psychological Well-being of users in psychiatric hospitalization

Oficina musical participativa para o Bem-Estar Subjetivo e Psicológico de usuários em internação psiquiátrica

Taller musical participativo para el Bienestar Subjetivo y Psicológico de usuarios en hospitalización psiquiátrica

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Abstract

Objective: to identify the contributions of a participatory musical intervention on Psychological and Subjective Well-Being in nursing care for users with severe and persistent mental disorder during hospitalization. **Method:** this is a quasi-experimental before-and-after research, carried out in a hospital in the state of São Paulo. Ten users in psychiatric hospitalization participated in the four music workshops. The repertoire catered to their preferences and musical instruments were distributed to promote participation. Psychological Well-Being and the Positive and Negative Affect Schedule were applied at the beginning and at the end of each workshop. Data were analyzed considering a confidence interval of 95%. **Results:** no statistical differences were identified between the values found before and after the music workshops for the variables Well-Being and Positive and Negative Affects. The outcomes of Subjective Well-Being behaved more linear when compared to Psychological Well-Being, with an increase in positive affects and a decrease in negative affects. **Conclusion and implications for practice:** participatory music workshops favor the subjective well-being of users with severe and persistent mental disorders. This intervention corresponded to a potential light technology for nursing to act autonomously and qualified in the psycho-emotional care of users in psychiatric hospitalization.

Keywords: Psychiatric Nursing; Music; Mental Health; Complementary Therapies; Mental Disorders.

Resumo

Objetivo: identificar as contribuições de uma intervenção musical participativa sobre o Bem-Estar Psicológico e Subjetivo na assistência da enfermagem de usuários com transtorno mental grave e persistente durante a internação. **Método:** pesquisa quase-experimental, do tipo antes e depois, realizada em uma instituição hospitalar do estado de São Paulo. Dez usuários em internação psiquiátrica participaram das quatro oficinas musicais. O repertório atendeu às suas preferências e foram distribuídos instrumentos musicais para promover a participação. Aplicou-se a escala de Bem-Estar Psicológico e dos Afetos Positivos e Negativos ao início e ao término de cada oficina. Os dados foram analisados considerando Intervalo de Confiança de 95%. **Resultados:** não foram identificadas diferenças estatísticas entre os valores encontrados antes e depois das oficinas musicais para as variáveis do Bem-Estar e Afetos Positivos e Negativos. Os desfechos do Bem-Estar Subjetivo foram mais lineares quando comparados ao Bem-Estar Psicológico, observando-se aumento nos afetos positivos e diminuição dos afetos negativos. **Conclusão e implicações para a prática:** a oficina musical participativa favorece o bem-estar subjetivo de usuários com transtornos mentais graves e persistentes. Essa intervenção correspondeu a uma tecnologia leve potencial para a enfermagem atuar de modo autônomo e qualificado no cuidado psicoemocional do usuário na internação psiquiátrica.

Descritores: Enfermagem Psiquiátrica; Música; Saúde Mental; Terapias Complementares; Transtornos Mentais.

Resumen

Objetivo: identificar los aportes de una intervención musical participativa sobre el Bienestar Psicológico y Afectos Positivos y Negativos en el cuidado de enfermería de usuarios con trastorno mental severo y persistente durante la hospitalización. **Método:** investigación cuasi experimental, del tipo antes y después, realizada en un hospital del estado de São Paulo. Diez usuarios en hospitalización psiquiátrica participaron en los cuatro talleres de música. El repertorio cumplió con sus preferencias y se distribuyeron instrumentos musicales para promover la participación. La escala de Bienestar Psicológico y Afectos Positivos y Negativos se aplicó al inicio y al final de cada taller. Los datos se analizaron considerando un intervalo de confianza del 95%. **Resultados:** no se identificaron diferencias estadísticas entre los valores encontrados antes y después de los talleres musicales para las variables de bienestar y afectos positivos y negativos. Los resultados del Bienestar Subjetivo se comportaron de forma más lineal en comparación con el Bienestar Psicológico, con un aumento de los afectos positivos y una disminución de los afectos negativos. **Conclusión e implicaciones para la práctica:** el taller de música participativa favorece el bienestar subjetivo de los usuarios con trastornos mentales graves y persistentes. Esta intervención correspondió a una potencial tecnología de luz para que Enfermería actuara de manera autónoma y calificada en la atención psicoemocional del usuario durante la hospitalización psiquiátrica.

Descriptores: Enfermería Psiquiátrica; Música; Salud Mental; Terapias Complementarias; Transtornos Mentales.

INTRODUCTION

Complementary therapies involve approaches, practices and knowledge that seek to encourage, through the application of safe and effective technologies, the natural mechanisms of disease prevention and health recovery, and receive this classification when integrated with biomedical rationality[1]. In the field of mental health, it has manifested itself as opposition to the asylum model, still rooted in the field of care. Among the complementary practices, this study prioritized music in the context of hospital care as it represents a mode of expression intrinsic to the human being, which makes it possible to share affections and emotions and strengthen human interactions and relationships[2].

The use of music, in addition to having a positive impact on biological mechanisms, acts on other spheres that allow improving quality of life, physical, social, emotional, spiritual conditions, comprising a way for subjects' expression. As a non-pharmacological resource, this technology provides several benefits and is characterized as a therapy with favorable cost-effectiveness[3-5].

The set of motor and cognitive activities involved in music processing is called brain function. For musical and melodic interpretation to occur, this function requires a complex formation of mental operations, such as the interpretation of timbres, harmonies, rhythms, cognitive and emotional processes. Moreover, music is capable of inciting non-verbal memory through secondary associative areas. These allow access to the system of integrated perceptions, responsible for the union of different sensations – olfactory, proprioception, taste and visual. This integration causes, for example, recall of an image after hearing a certain sound[6].

Biological rhythms are influenced by rhythmic manifestations that occur in the environment itself. These biological rhythms are dictated by the brain's natural "clocks", represented by the epithalamus and the hypothalamus, respectively, responsible for the circannual and circadian rhythms, coordinating the endogenous temporal activities. The environment causes constant oscillations, making a species need to vary in a way that allows for a temporal adaptation, that is, there is a harmonization between biological rhythmicity and environmental cycles[6].

Music contributes to the development of subjective contents of users with severe and persistent mental disorder, producing new meanings, recovering self-confidence, self-image and creativity[7]. The most relevant theoretical frameworks on well-being are in Psychological Well-Being (PWB), which investigates human potential and Subjective Well-Being (SWB), which refers to the subjective state of happiness[2,8].

SWB consists of assessments of subjects' satisfaction with their life and the balance between negative and positive affects, which demonstrate how often happy or distressing events are experienced. Subjects with high scores of negative affects perceive themselves as discouraged, sad and worried, while those with high scores of positive affect perceive themselves as happy, confident and enthusiastic[9].

In order for the SWB level to be considered adequate, subjects must recognize the maintenance of a high level of their satisfaction with life, with more regularity in positive emotional experiences and lower frequency of negative experiences. Obtaining these data requires self-assessment, which can only be reported and observed by themselves[8,10].

Regarding PWB, the scientific literature relates it to the subject's ability to face the challenges of life, linking the psychological formulation to human development, such as employment pattern, education level, urbanization, among others. This category of well-being has a construct configured by six elements: positive relationship with other people, self-acceptance, autonomy, mastery of environment, personal growth, and purpose in life[8].

In 2006, the Brazilian National Policy on Integrative and Complementary Practices (*Política Nacional de Práticas Integrativas e Complementares*) was instituted with the Unified Health System (SUS – *Sistema Único de Saúde*)[11]. From that date, there were two expansions with the inclusion of new therapeutic resources and, among them, music therapy[12-14]. This technique is characterized by using music and its elements as a care intervention aiming at a better quality of life for subjects[15].

Aiming at the performance of nursing professionals, Resolution 581/2018 of the Federal Nursing Council guarantees and recognizes Integrative and Complementary Practices (ICP) as a professional specialty[16]. Both nursing and ICP focus their actions on the subject as a whole, seeking to broadly consider the process of falling ill, not reducing the pathology itself. Music combined with the affective dimension of nursing care represents a therapeutic tool with a wide scope of action, especially for prevention and promotion of mental health[17,18].

Mental healthcare does not only involve the control of symptoms and minimization of hospitalization risks, but also includes social, financial, emotional and personal issues associated with coexistence with mental illness[19]. Thus, this study aimed to identify the contributions of a participatory musical intervention on PWB and SWB in the nursing care of users with severe and persistent mental disorder during hospitalization.

METHOD

This is a quantitative research, delineated by a quasi-experimental before-and-after intervention[20], focusing on the PWB and SWB outcomes, more specifically the Positive and Negative Affects.

The present study was carried out in a psychiatric inpatient unit linked to a Comprehensive Healthcare Center in the countryside of the state of São Paulo. The structure consists of

26 beds distributed, according to demand, between the male and female wards. The team is composed of nurses, occupational therapists, social workers, psychologists, administrative and nursing assistants, clinical physicians and psychiatrists.

For the constitution of the sample, the following inclusion criteria were listed: being 18 years or older, being in the hospitalization period, participation in the four meetings planned for the music workshop. Clinical and psychiatric impairment that prevented participation in the workshops and completion of data collection instruments was considered the only exclusion criterion. Thus, four meetings were held during the first week of November 2019. There were 30 users in hospital. After a personal invitation, 24 accepted to participate in the workshops. Of these, two participants were excluded because one was not being able to answer the data collection questionnaires and the other did not have consent of a relative. More than 11 participants were excluded; from these, ten dropped out and one participant did not answer the second application of the questionnaire. Therefore, the intervention was completed with ten participants.

The first contact took place in the wards with the intermediary of the reference teams of male and female wards. On that occasion, there was a presentation and invitation to participate in the music workshop. The family member and the research participant signed, respectively, informed consent terms.

The participatory music workshop consisted of four meetings spread over two weeks with two weekly meetings, lasting 45 minutes. The experiment was conducted by the four first authors of the research in a reserved room in a space outside the wards. The planning of each of the workshops consisted of: (1) welcoming each of the ten participants; (2) explaining about the workshop, clarifying its functioning and function; (3) applying data collection instruments; (4) presenting and distributing musical instruments according to participants' preference; (5) encouraging the choice of songs and the participation of each during the performance of the songs; (6) applying data collection instruments; (7) closing and finishing. The researchers were distributed among the activities, repeating the same assignments in the four meetings.

Before starting the music workshop's activities, the data collection instruments were distributed and answered by participants. After this introductory stage, percussion instruments were distributed, such as tambourine, triangle, crescent, rattle, which participants could choose the preferred instrument. The musical repertoire consisted of songs selected by participants as a strategy for integration into the workshop. During the musical performance, the researchers' performance was characterized by encouraging participants to sing and play; whenever necessary, they helped by singing along with participants. The main rhythms selected were *Baião*, Gospel, Rock and *Bossa Nova*.

Regarding the data collection instruments, an instrument for surveying sociodemographic and clinical data was applied, answered by participants with the support of the respective family member and information contained in the medical record. At the beginning and at the end of each of the four musical meetings, the instruments referring to SWB and PWB outcomes were applied, both validated for Brazil. The spontaneous observations made by inpatient unit professionals and by users themselves, and participants' behaviors during the workshops were recorded by the researchers in order to verify their emotional behavior.

Regarding SWB, the Positive and Negative Affect Schedule was used. It is a self-administered instrument composed of ten adjectives that represent positive affective states and ten adjectives that represent negative affective states, whose answers are organized according to a five-point Likert scale. For both positive and negative affective states, higher scores indicate more intense affective states[21].

The PWB Scale, in turn, consists of 36 items distributed in six dimensions (self-acceptance, positive relationship with others, autonomy, environmental domain, life purpose and personal growth), where each item can be answered according to a six-point Likert scale. Higher scores correspond to higher levels of PWB, reaching 216 points in the entire scale[22].

Initially, a normality test was performed to verify the distribution of domain data and the score of the collection instruments. For the data that presented a symmetrical distribution, a mixed model in repeated measures followed by Tukey was adjusted, for multiple comparisons, to analyze the outcomes in the moments before and after the intervention in its four moments. For those who presented an asymmetric distribution, a generalized linear model in repeated measures, with gamma distribution, was fitted, followed by multiple comparisons. $P<0.05$ was considered as a level of significance. The program used to perform the analyzes was the SAS program, version 9.4.

Pursuant to Resolution 466/2012[23], the research was assessed by the Institutional Review Board of the *Faculdade de Medicina de Botucatu*, receiving a favorable opinion number 3,634,420.

RESULTS

Among the study population, there was a slight predominance of females, without partners, with elementary education and without children. The average age among females was 41.8 years (19-60 years), while the male population was 29.5 (18-50 years old). Among the clinical characteristics, participants received diagnoses related to thought disorders and mood disorders, and all of them used antipsychotics. The average length of stay is 30 days. It was identified that 40% of the sample used three classes of psychotropic drugs. Table 1 illustrates the distribution of participants.

Table 1. Sociodemographic and clinical characterization of participants. Botucatu, SP, Brazil

Variables	Participants	
	n	%
Sex		
Male	4	40
Female	6	60
Age group		
18 - 31 years old	4	40
32 - 45 years old	2	20
46 - 60 years old	4	40
Marital status		
No partner	8	80
With partner	2	20
Education level		
Complete elementary school	1	10
Incomplete elementary school	5	50
Complete high school	3	30
Incomplete higher education	1	10
Children		
No children	6	60
1-3	4	40
Medical diagnosis (ICD-10)		
F20	5	50
F30	5	50
Mental disorder in the family		
Yes	2	20
No	8	80
Alcoholic		
Yes	1	10
No	9	90
Illicit drugs		
Yes	1	10
No	9	90
Antipsychotics		
No	0	0
Yes	10	100
Antidepressants		
No	4	40
Yes	6	60
Benzodiazepines		
No	1	10
Yes	9	90
Anticonvulsants		
No	6	60
Yes	4	40

Source: research data.

Table 2 presents the results obtained between the four meetings of the music workshop as a function of the six dimensions and the overall score of the PWB scale. In detail, it can be affirmed that there was no linear behavior between each of the dimensions comparing them to the four meetings of the music workshop. It was observed that there was no statistical difference between the moments before and after each meeting, as well as in the comparison between the final moments of each workshop.

Outcomes related to positive and negative affects are also shown in Table 2. Similarly, no statistical differences were observed between the moments before and after in each of the four meetings. The behavior of these outcomes, however, was more linear when compared with PWB and its dimensions, i.e., in each of the meetings of the participatory music workshop there was an increase in the score of positive affects, with concomitant reduction of negative affects.

DISCUSSION

Participatory musical intervention did not show to favor the perception of PWB among users with severe and persistent mental disorders in the context of psychiatric hospitalization. The results, however, are promising for the perception of positive and negative affects, since, respectively, an increase and decrease in the scores of these outcomes was observed.

Due to the moment in which participants were, psychological crisis and symptomatic sharpness, there is a fragility in access to their psychological dimensions. In this respect, the non-effective results of PWB after the musical intervention should be discussed. The crisis and the consequent cognitive impairment that participants experienced may have affected the understanding and criticism of themselves.

The experience of a crisis is subject to various influences such as factors related to sociodemographic conditions, disease, therapy, relationship of healthcare professionals and users themselves with severe and persistent mental disorder. In these moments, the crisis is accompanied by losses and limitations in the various dimensions of everyday life, which can be affective and cognitive losses, limitations in the sphere of studies, work and leisure[24].

The commitment of cognition encompasses several aspects, such as social issues, memory, attention, processing speed and reasoning, understanding, flow and association of thought and variations of judgments[25].

On the other hand, with regard to the results of negative and positive affects, obtained through the intervention, the data showed that music favors the increase in the score on positive affects and a decrease in negative affects. As already demonstrated in previous studies, music can be used in the process of restoring the health of users with severe and persistent mental disorders, since it acts to improve SWB, general functional level and clinical manifestations[3,7].

Table 2. Statistical analysis of the scores obtained in the Positive and Negative Affect Schedule, and in the dimensions and overall score of the Psychological Well-Being Scale before and after the meetings of the participatory music workshop. Botucatu, SP, Brazil

Outcomes	Moment 1					Moment 2					Moment 3					Moment 4				
	Before		After		p-value	Before		After		p-value	Before		After		p-value	Before		After		p-value
	M	SD	M	SD		M	SD	M	SD		M	SD	M	SD		M	SD	M	SD	
Psychological Well-Being Scale																				
Positive relationships	3.67	0.51	3.68	0.55	1.000	3.97	0.46	3.43	0.80	0.496	3.85	0.62	3.78	0.33	1.000	4.00	0.74	3.50	0.61	0.575
Autonomy	3.28	0.51	3.33	0.65	1.000	3.68	37.00	3.65	0.80	1.000	3.25	0.71	3.35	0.72	1.000	3.75	0.99	4.12	0.60	0.943
Environment	3.68	0.68	4.12	0.79	0.973	4.37	0.90	4.28	1.05	1.000	4.20	0.83	3.85	0.84	0.992	3.72	1.32	4.08	1.29	0.990
Personal growth	4.27	1.33	4.33	1.22	0.913	5.02	0.75	4.53	1.56	0.425	5.08	0.49	4.50	0.97	0.129	4.22	1.29	4.57	1.22	0.535
Purpose in life	4.25	0.95	4.52	1.00	0.579	4.78	1.17	4.60	1.18	0.763	4.75	0.68	4.60	1.06	0.682	4.08	1.00	4.17	1.18	0.859
Self-acceptance	4.07	0.76	4.45	0.85	0.959	4.77	0.69	4.30	1.02	0.893	4.52	0.37	4.48	0.90	1.000	4.10	0.69	4.37	0.97	0.995
Overall score	23.22	2.97	24.43	3.25	0.996	26.58	3.39	24.80	4.82	0.960	25.65	2.07	24.57	3.10	0.998	23.87	4.52	24.80	5.04	0.999
Positive and Negative Affect Schedule																				
Positive affects	26.10	9.57	31.40	12.94	0.957	30.80	10.41	35.40	7.93	0.980	29.20	13.47	32.10	11.78	0.999	24.80	7.71	29.90	12.94	0.965
Negative affects	18.90	7.19	15.50	9.22	0.343	15.20	4.13	13.50	4.25	0.446	16.70	8.98	12.90	4.77	0.217	14.90	4.91	15.20	5.79	0.888

Source: research data.

Music is a form of language that highlights emotional meaning. First, it touches us in the affective sphere and then we apprehend its content and lyrics. In the communicative dimension, music represents a channel that first favors exchanges by exploring the psychobiological language and then psycholinguistic. When intentionally used, it expands and qualifies the communication channels, favoring relational aspects between nurses and users. Over time, exposure to music favors subjects becoming aware of who and where they are, transforming their perception of reality and promoting the expansion of their exchanges with the world[26,27].

The use of music helps users with severe and persistent mental disorder to acquire emotional modulation techniques through their individual personality, where, without this intervention, they would simply end up channeling their negative emotions in other situations. Therefore, musical intervention manages to reach the affective sphere of users with severe and persistent mental disorder, enabling their participation and engagement during the intervention[28].

This phenomenon became evident with the research participants, in which even those who were more withdrawn showed greater integration, picking up the instruments to play, participating in the choirs, choosing the music that has the greatest affection, smiling and getting up to dance. These attitudes show the improvement in the affective dimension, where the statistical results strengthen this argument. Previous studies support this result[27-29].

A study carried out in a public school aimed to analyze the influence of music on student behavior. From a group that always appeared disinterested, dissatisfied, lack of motivation and other negative affects, after the musical interventions, they revealed positive affects, such as satisfaction, appreciation, motivation, which enabled the establishment of a strong relationship between teachers and students based on these affections. It was also identified that music allows the expression of individuals, demonstrate their knowledge and worldview[27].

In another study also carried out with children and adolescents, with emotional and behavioral problems, it was observed an improvement in the levels of depression and self-esteem, in addition to an improvement in communicative and interactive skills. These effects, however, were only seen in the short term, leading to questioning how the intervention with music therapy can be designed to favor its effectiveness, considering the characteristics of the target audience and the context[30]. Although participants and context are different, it is observed that the musical intervention presented similar results to those found in this research.

Music, as a nursing care technology, is present in the Nursing Intervention Classification (NIC), presented as an intervention to be used in a complementary, judicious manner, seeking the restoration of well-being, specific change in behavior, feelings and engaging subjects in the perception of their own health-disease process. However, there are few studies on the use of music as an intervention in care, which may be related to the limited knowledge of this technology as a therapeutic resource[30,31].

The use of music by nurses, found in the NIC, are identified in most spheres of the human being. Some of the interventions aimed at the mental health context are: cognitive stimulation, promoting the perception and understanding of the environment through music; distraction, using music as a purposeful focus to keep attention away from unwanted sensations; and memory therapy, using music as a trigger, facilitating pleasure and quality of life[31].

In addition to the lack of studies on the subject, these professionals end up focusing on the most advanced technologies and drug treatment, due to the biomedical model ingrained in professional training and in hospital environments, the blocking of nurses from sensitively approaching users with acute and persistent mental disorder, and the lack of search on the part of professionals to become familiar with the use of music in care[32].

Regardless of all the evolution and expansion of ICPs in Brazil, their use is still quite limited, being used almost exclusively in Primary Healthcare, where practically 80% of these resources are offered[33]. This is due to the fact that, at secondary and tertiary levels, the biomedical model is still strongly rooted in the professionals' vision of care. Although this model brings unquestionable technical-scientific advances, it does not include all subjects, ignoring all the complexity of this as a biopsychosocial-spiritual-cultural being[34].

Another characteristic of ICPs in Brazil refers to their distribution. An analysis of the national territory allows us to observe that people with a high level of education, over 50 years of age, female, with two or more chronic diseases and living in the northern region comprise the predominant profile that uses ICPs. In relation to the most used resources are medicinal plants/phytotherapy, acupuncture and homeopathy. This analysis indicates the importance of democratizing ICPs by expanding access to other parts of society, as well as to other therapeutic resources that make up Brazilian policy[35].

This biomedical view on the part of healthcare professionals occurs due to the existence of hegemonies associated with ideologies, practices and the medical-hospital complex. In addition to the biological bias, this hegemony has a mercantilist and corporatist character, containing practices of controlling, medicalizing and authoritarian propensity, which can be strongly observed in psychiatric hospital care, where the asylum model persists[36].

It is from this context that the importance of moving with ICPs to hospital care is observed. The use of these in these environments constitutes a counter-hegemonic character by focusing care on users with severe and persistent mental disorders and in their context, integrating prevention and health promotion, serving as an intervention to the medicalization ideology, shifting it to the role of their care, in addition to several other affinities that complementary practices share with psychosocial care[36]. In this way, the offer of the participative music workshop represented a resource exploring socializing and integrative meanings, to the detriment of actions linked to biomedical hegemony.

The use of these practices in these sectors beyond primary care will allow the focus to no longer be exclusively centered on

the disease, with the fragmented view of users with acute and persistent mental disorder, but for care to be comprehensive, deconstructing the asylum practice, changing this model for psychosocial mode[33-36]. This positive tension caused by the participatory music workshop in the context of psychiatric hospitalization has a clear theoretical alignment with the Psychiatric Reform assumptions. ICPs operationalized in mental health services concretely represent a practice that converges to the technical-assistance, theoretical-conceptual and sociocultural dimensions; hence its power to implement the psychosocial care mode[36,37].

In an American study, music therapy was compared to standard group therapy at the psychiatric hospital in question. The results indicated that the group that received musical intervention showed an increase in quality of life compared to the standard group. The fact that music therapy groups are started in the hospital environment without the need for additional professionals or funding suggests that the creation of musical intervention groups is feasible in the psychiatric inpatient setting[38].

The implementation of music therapy complements the other therapies offered in these environments, providing a variety of care proposals that meet users' interests as well as a complementary means of expression and emotional exploration[38]. Similarly, participants in this research were interested in the intervention, seeking to participate each in their own way, whether singing, dancing, playing an instrument, clapping and even praying. It is said that music made the environment conducive for participants to express their emotions, provided the exercise of autonomy, in the selection of music, the musical instrument and whether they wanted to participate or not.

With regard to the sociodemographic characteristics of the study population, the majority of people are female, without a partner, without children and with up to eight years of education. Regarding the clinical characteristics, there were no occurrences for the consumption of alcohol or illicit substances, diagnoses of thought and affective disorders were identified, both with drug treatment, whose predominance was for antipsychotics, benzodiazepines and antidepressants. A study in southeastern Brazil indicates male predominance, psychotic disorders and an average length of stay of 31 days; of these characteristics, only sex differs from the sample in the present study[39].

Users with severe and persistent mental disorder should not be understood as an organic set of physiological processes, but as a being, with their desires, dreams and emotions, who is inserted in a historical, social and cultural context. They are not an object that must be manipulated, but someone capable of acting in their own health-disease process.

Thus, mental healthcare should aim to promote the autonomy and emancipation of users through therapeutic resources that pluralize care and expand the clinic, at the same time causing changes in the healthcare model and breaking the persistence of the biomedical model and of medicalization.

Therefore, musical intervention is a resource for care that helps nurses in their care plans and interventions to act in an integral and integrated way in the dimensions that constitute the subjects. The use of music therapy is a valuable tool for non-pharmacological support, however undervalued, to qualify the care of users with severe and persistent mental disorders[30,40].

Nurses are healthcare professionals qualified to always be in relationship with users, a factor that makes them central in terms of managing and providing more effective care. The effects of music therapy and its contribution to psychiatric nursing care and mental health is fundamental for its integrative, rehabilitative and socializing qualities, favoring users' health, quality of care and cost reduction[41].

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

Based on the above, it was possible to identify the contributions of a participatory musical intervention in the field of SWB, more precisely in positive and negative affects dimensions, in psychiatric inpatient unit users. The effects of music on this aspect have already been discussed and confirmed in the scientific literature, as can be seen in several articles.

In the PWB outcome, the results did not show statistical significance. This fact can be explained by the moment participants were, characterized by crisis and emotional lability, an element that acted as a limiting factor in the study. Participants' emotional behavior during the workshops was substantially favorable, choosing the songs, helping in the execution of the melodies and lyrics, a situation that demonstrates satisfaction and positive feelings that reverberated during the hospitalization period. Thus, more studies on the influence of musical interventions on PWB should be carried out, especially in the context of mental health services.

Music as a light technology can be easily used by professionals who are in care, as it does not demand a whole high-tech and difficult apparatus, in addition to the clear cost-benefit for the institution and/or professionals. In this study, the number of workshops may have been a challenge for the composition of the sample of participants; however, the analysis of results allows us to infer that they could have been carried out independently, with favorable results already in the first offer. It is noteworthy that music therapy should not be an intervention imposed on users with severe and persistent mental disorder, but offered respecting users' musical desire and predilection.

It is very important to encourage nursing professionals to use this light technology in care, especially in mental health, among Psychosocial Care Network (RAPS – *Rede de Atenção Psicossocial*) devices. The biomedical way crosses the production of care in all these devices, where the search for the medicalization of distress is a permanent and multifaceted strategy. This encouragement can come through the experimentation of the potency of other ways of producing health, represented here in the participative

music workshop; sensitivity and awareness that the disease process goes beyond the health-disease dichotomy, among others.

AUTHORS' CONTRIBUTIONS

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