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## Therapeutic Choir - A Music Therapist Looks at the New Millenium Elderly

By Claudia Regina de Oliveira Zanini [|Author bio & contact info|](#) and Eliane Leao [|Author bio & contact info|](#)



### Abstract

This paper is the result of qualitative Music Therapy research in Gerontology. It introduces a new concept, – *the therapeutic choir* – a therapeutic activity conducted by music therapists for the elderly. Data collection was carried out through such instruments as music therapeutic forms, session reports, audio recordings of sessions (later transcribed), footage, final statements (by the majority of participants) and the transcribed and videotaped interviews of ten participants. A written consent was obtained from the group of participants for the entire process of data collection. Another object of analysis consisted of a video of the last session, which was later shown to three professionals pertaining to different areas. Data analysis was based on the phenomenological paradigm and the participants' profile was quantitatively treated. After the analysis process, three essences emerged from the studied element: *singing* is a means for both self-expression and self-fulfilment; songs reveal the *subjectivity/inner existentiality of the being*; and finally, the *being's* self-confidence instills in the participants of the therapeutic choir expectations about the future. Final considerations indicate that the concept of therapeutic choir may be enlarged and extended to other skilled areas. Finally, it was concluded that when dealing with the elderly, the music therapist should reflect deeply on themes related to life and death, in addition to rethinking his/her relationship with time's multiple faces.

### Introduction

A music therapist is a professional who appeared in the second half of the twentieth century and who has both musical and scientific education. She seeks to improve the quality of life and should therefore regard as the main focus of the study and research all that is related to praxis. Music therapy as a profession will be the recipient of more scientific recognition if clinical practice, research into such practice, and subsequent conclusions drawn mainly from theories and new questions arise from research. This will allow new ways to look at, listen to and think about the music therapeutic setting.

The theme proposed for this research paralleled one of the many possibilities for the application of music in our century, a century when music therapists turn their attention to a specific clientele, the so-called Third Age (with sixty-five and older people). These music therapists are changing an essentially socio-educational type of work, the *Choir Workshops*, carried out in the University Open to the Third Age (UNATI) into a therapeutic form of work. This is an experiment aimed at generating the necessary data required for the observations which were the object of this study. Since the beginning of choir workshops, about seven years ago, such questions as the following have emerged:

- By carrying out Choir Workshops for the third age, can the music therapist contribute to

the prevention of the mental illness in the elderly?

- When conducted by a music therapist, can Choir Workshops directed towards the third age produce therapeutic effects and/or actions?
- Which music therapeutic activities, techniques or methods are best suited for Choir Workshops for the third age?

Starting from a therapeutic education in music therapy and an existential theoretical humanistic reference, it is inevitable to regard each individual as someone who is full of possibilities to be developed, discovered or re-discovered. Within this approach, it is assumed that the integration of each participant of the group has indisputable importance and that the very *listening to* and the valuing of each opinion, be it about the choice of the repertoire, the selection of songs for a presentation or even about the discussion of the outfit to be worn, add to and enrich the execution of Choir Workshops.

Epidemiology regards aging and mental health as one of the most important fields of both study and discussion, with organic cerebral syndrome (OCS) and depression being two of the most important disorders observed among a community's third-aged individuals.

Veras (1997) draws attention to the fact that these diseases have an impact not only in the field of health, but they also bear important social consequences in a broad sense. They also have an impact on the life of each individual and his or her family. The author explains:

"OCS is understood as the compromising of such cortical functions as the memory, the ability to solve everyday problems, motor ability, speech and communication and the control over emotional reactions. There is no consciousness clouding [...] Depression includes the nosological categories major depression and dysthemia." (p. 17 - 18)

An increasing need for attention directed towards this age has been observed and actions have been taken to create conditions for the re-establishment of active citizenship. UNATI, one of such initiatives, is a program which has as one of its mottos to "privilege the elderly as the subject of the teaching-learning process, placing emphasis on contents that prioritize their interests, motivations, accumulated experiences, life stories and social context." (Lacerda e Silva, 1997, p. 12)

When this research was proposed, we considered the possibility of answering the questions mentioned earlier, as well as documenting the literature on music therapy. Such documentation took place through reflections on the therapeutic potential of a choir, an interdisciplinary study involving music therapy, phenomenology, social gerontology, among other areas, all aimed at reading this contemporaneous "music making" at the beginning of the new millennium.

## Methodology

The present existential/action research, with a qualitative approach, limited the subject of the study to the music therapists' contribution in carrying out Choir Workshops for the third age, changing it into a therapeutic activity, *therapeutic choir*.

Several pilot studies were carried out via the Choir Workshop of the University Open to the third age, having as a starting point a practice which had in its early days, around seven years ago, an essentially socio-educational character. Conducted by a music therapist with therapeutic objectives in his/her praxis, this experience allowed data generation, and the phenomena were then considered the object of the study.

A term was established as the period during which fieldwork was to be carried out. The data was collected from the sessions/classes held with a specific group of participants, as described below.

Fieldwork took place at UNATI, an extension program of the Catholic University of Goiás. The participant population was 50-year-old students or older. The sample was made up of 26 participants with an attending average of 20 students of the subject Choir Workshop. The mean age was 69 years old.

After an initial interview, regarded as the first session/class with the group, all the participants of the Choir Workshop expressed their desire to participate as volunteers in the research. This decision was adequately documented through a written consent signed by the participants in accord with the laws regulating research with human beings of the National Board of Health -

Twelve ninety-minute classes/sessions were held during the second term of 2000. The music therapist/conductor of the Choir Workshop was the author of this existential/action research.

Data collection was carried out through instruments such as music therapeutic forms, session reports, audio tape recordings of sessions, footage, final statements (by the majority of participants) and the transcribed and videotaped interviews of ten participants. Another object of analysis consisted of a video of the last session/class which was later shown to three professionals pertaining to different areas. Their task was to perform a phenomenological analysis by observing the essential elements of the phenomenon.

The following issues were considered as guidelines for the research: whether the participation in the activities proposed by the UNATI's Choir Workshop would allow the prevention of the mental illness of the elderly, who would feel more motivated to join a group, consequently improving their life quality in the society; and whether a choir workshop conducted by a music therapist would achieve therapeutic objectives and lead the participants towards the self-expression of their feelings through songs requested by the group; to the re-establishment of self-esteem and to foster greater acceptance of the difficulties naturally brought about by the aging process.

The research was based on the phenomenological paradigm, which attempts to describe the other and the world, starting from the principle that it is not possible to understand what the world is without simultaneously understanding what human existence is and understanding the phenomenon in which it is inserted and is part of it. The participant's profile was the only item defined from the quantification of information collected from music therapeutic forms.

According to Forghieri (2001, p. 48), in phenomenology, "reality for a human being is originally founded on his/her understanding of the situation he/she experiences, in which three temporal dimensions of his/her existence are implicit: how he/she has been (past), how he/she is being (present) and how he/she might be (future)."

Aimed at the transcendence of the phenomenon and in order to reach the understanding of the essences, the subjectivity of the participants/students, all collected data were considered for the analysis. Delabary (2001) claims that this research method leads to the "very movement of life, transcending the phenomenon as 'appearance.' As a dialectical and reflective process, it can change as the phenomenon reveals itself, and the essences are perceived through intuition and reflection, moving towards the understanding." (p. 34)

**Participants' Profile**

The research was undertaken with the group of participants/students of the Choir Workshop mentioned early. Twenty-six participants registered for the course; however, each session/class had an average number of twenty participants.

As observed in the music therapeutic forms, the participants' average age was sixty-nine years old; the younger one was 58 and the older 91. Of the 26 registered students, only one was a male. As for marital status, the majority, 58%, was widows; 19% was married; 15% was divorced or separated and only 8% was single.

The majority was born in the State of Goiás, but some participants were from such other states as Bahia, Minas Gerais, Rio Grande do Sul, Rio de Janeiro, São Paulo and Tocantins.

Most participants were retired. Among the professions, there were dressmakers, fashion stylist, teachers, secretaries, housewives, salesclerks, shop owners and nursing assistants.

The table below illustrates all collected data obtained from the participant data collection forms. The data allow the view of the musical profile of the participants, as they refer to how often they listen to music, and engage in musical activities, musical taste and others. For quantification purposes, only the non-discursive questions are part of the table. The percentages were the result of options chosen, which were implied in the possibility of answering one more alternatives per question.

**Table 1: Data from the Music Therapeutic Form**

Question	Answer	%
- Do you usually listen to music?	Yes	96

	No	4
- How often?	Very often	74
	Not often	26
- How do you usually listen to music?	Radio	78
	Tape recorder	30
	TV	35
	CD	39
	LP	30
	Live	26
- Do you listen to music?	While doing something else	78
	With full attention	39
	Just listening	30
	Dancing to it	39
	Singing along	52
	Whistling	13
	Accompanying it an instrument	4
- Have you ever had music lessons?	Yes	39
	No	61
- Do you usually go to parties?	Yes	78
	No	22
- Have you ever been to a concert?	Yes	91
	No	9
- What kind of music do you like to listen to?	Vocal	65
	Instrumental	78
- What kind of music do you prefer?	Classical	22
	Gospel	65
	Foreign	9
	Folk	35
	Brazilian Popular	35
	Brazilian Country	61
- Do you pay attention:	To the lyrics	78
	To the song	48

## Data Analysis

All the steps followed in the methodology were grounded on the phenomenological paradigm and aimed at understanding the reality experienced by the participants/students. Both the experience and the participants were described. The session/classes were analysed. The interviews/statements, the excerpts, the analysis of the excerpts were presented. A video was shown to three professionals not participating in the experiment and their observations were subjected to analysis. Finally, the units of significance were synthesised. Upon this analysis of the existential phenomenon, the apprehension of the essences and phenomenological dimensions was sought.

In order to better *comprehend* and *understand* the essences which emerged from the phenomenon, the basic concepts of analysis of the new social psychology will be used. Then the implications of the social nature of the elements will be made evident through the observed psychic phenomena. Such new social psychology seeks to capture the human in motion and puts forth as basic concepts of analysis – activity, consciousness and identity – which are considered to be essential properties or characteristics.

It is assumed that the social relations which established themselves in the group are relevant aspects for the individual subjectivity of each participant and for his/her inner world and expressions. The human is a social being, and as a *being* of social relations, is in permanent motion.

According to Bock, Furtado and Teixeira (1999), social psychology, as a field of knowledge, studies the human mental phenomena, "seeking to understand how the construction of this inner world from social relations experienced by man takes place. The objective world is no longer seen as a factor of influence for the development of subjectivity; rather, a constitutive factor." (p. 141)

This constitutive factor is related to the *first* apprehended essence – *singing* as a means for self-expression and self-fulfilment – which implies *doing*, the *activity* and the person's realization. Human activity is the basis of a person's knowledge and thought, that which builds

the inner world as one acts upon and changes one's outer world.

This first essence stemmed from the phenomenological dimensions that bear close relationship with the *doing*, with action or the *singing act*: *The importance of joint musical making*; *The pleasure and satisfaction which involve the singing act*; *The knowledge of the voice (the speech system) as a musical instrument*; and *The openness to a new means of communication – singing*.

When one of the participants (I.) says: "I was able to sing. Singing is my pleasure... at home I'm way too reserved, but I fulfil myself here," pleasure and self-realization are evident.

This knowledge/recognition of oneself and one's instrument is evident in statements by the participants of the therapeutic choir:

I think I have learned a lot, we have experienced a lot of growth, wisdom; I'll be in the choir as long as I'm here, because I think that we acquire more knowledge in the choir. (M. A.)

In order to exemplify another phenomenological dimension, the act of singing and being a participant in the group, another phenomenological dimension, is exemplified by these statements: "I've made new friends besides being able to sing in a group." (M. S.); "I'm always singing at home. I get up in the morning singing." (L.) Being part of a group where social interaction takes place, has changed, in this case, into a relevant element for the participants. For Bruscia (2000), the interaction carries a concern about engaging in the outer world, in the sense of a mutual influence.

The *second essence* stemming from the phenomenon – *The songs revealing the inner subjectivity/existentiality of the being* – is related to consciousness, the human thinking. Consciousness, as a subjective product, takes place through an active process, which has as its foundation the activity over the world, language and social relations; it is how the person relates to the objective world, how one understands, changes it into ideas and images and establishes relationships between these pieces of information. Consciousness is not limited to logical knowledge; it also includes the knowledge of a one's feelings and emotions, the knowledge of desire and the knowledge of unconsciousness.

This second essence stemmed from phenomenological dimensions which imply *thinking*. In the therapeutic choir, thinking became evident in the songs and their contents, which brought feelings, subjectivity and the affective universe of the participants. The phenomenological dimensions were as follows: the choice of the repertoire as the result of a joint effort; the songs carrying feelings and emotions; the affective universe of the songs making people open up and lose inhibition; and the desires and memories expressed in the words of the songs.

In the context of the therapeutic choir, we observed that by bringing songs, the participants' memories were valued and the re-establishment of the dignity of each and every memory was the focus.

The subjectivity that came from the choice of songs can be observed in some statements by the participants. To give an example:

"I've... always wanted to sing, but never had the chance. When I was a little girl, people used to laugh at me singing. That kept on building up. I never thought I would ever have the chance...The Choir Workshop really helped me to develop. (A.)

The *third essence* stemming from the phenomenon is *self-confidence of the being-ness of the participant in the therapeutic choir, making them have expectations towards the future*. This highlights *identity* as a basic concept of the new social psychology. Bock, Furtado and Teixeira (1999) comment that identity is the personal synthesis of oneself; it is the name given to the representations and feelings an individual builds of him/herself from his experiences. Identity is not static or finite, but rather an ongoing process of representations of *being* in the world.

The phenomenological dimensions found in the interviews and statements, from which the *third essence* stemmed, were the following: the ability to sing being inherent in everyone, at any age; the value placed on oneself which came from the "therapeutic listening"; singing as a means of instilling self confidence and allowing recognition by other people; the group's meeting the same ideal – to sing, to enchant and to find oneself; the autonomy of the decision about the ways towards the musical presentation; the wish and hope to move ahead, to go on singing; and the improvement of life quality and mental health as a result of the act of singing in a

group". Implicit in these dimensions are self-esteem, self-valuing and self-confidence, some of the elements that reveal the representation and the feeling that each individual has of him/herself from his or her existence. The participants also perceive a group identity.

Bruscia (2000, p. 90) mentions Aldridge (1996), when he refers to a view of modern health:

Individuals are accepting to become healthier, and in some cases, they declare themselves as followers of the activity of well being [...] it is a reflection of a modern trend, through which individuals get hold of the definition of themselves instead of allowing that an identity is imposed on them by others...

In several interviews and statements by participants of the therapeutic choir, this *looking at* health was perceived as a life style, in which a set of activities are incorporated into life so as to promote health and prevent diseases. The *being* that places value on him/herself is seen as someone who is self-confident, someone who trusts his/her group, someone who looks at him/herself with the hope of *being* in the future, for both the identity and the consciousness through activity are always in motion, in a *being*, just like in health, which exists along a multidimensional continuum.

The *prevention of problems of mental health* and the *improvement of life quality* of the participants constituted one of the research guidelines and were therapeutic objectives of the music therapist/conductor in this action research. In order to scope of these objectives, some participant comments are cited:

One feels really well; it is very good for the health, for the mind, for the heart. The choir is something wonderful for the third age, at least in my conception; it brings happiness, peace, it makes us extroverted. One feels peaceful, one feels happy; After I joined the choir, I fulfilled myself, I improved. [...] It was a magnificent experience, we integrate ourselves there; ... we forget the problems and sadness and pains of our age. It is wonderful and beautiful to sing, it feels as if we transport ourselves to the infinite. (Am.)

As for the research guidelines established during the development of the research, it is necessary to undertake some reflection about the phenomenological analysis of this action research. The former, commented on above, was confirmed as being one of the phenomenological dimensions that caused the third essence to stem from the phenomenon – the improvement of life quality and mental health as the result of the act of singing in a group. The second research guideline, also confirmed, regarded the music therapist conducting the Choir Workshop and reaching therapeutic objectives as: 1) leading participants towards self-expression of his/her feelings, through songs requested by the group; 2) re-establishing self-esteem; and, 3) enhancing, throughout the sessions, acceptance of the difficulties brought about by the natural process of ageing.

To exemplify the first therapeutic goal, related to self-expression, the following quote may be used:

you gave us the freedom to go back to past experiences – childhood, youth and middle age – I'm speaking for myself, in my 80s; with songs from the passionate times of those youth days. [...] To be lulled by the melody and songs of your class was for us a time of happiness, we didn't even feel the time go by here. (D.)

On self-esteem, approached in the second therapeutic goal, the following example, a statement given by one of the participants, can be used:

Singing is good for us and it is also therapy, that's why I enrolled myself in the Choir Workshop of the UNATI of the UCG; Singing increases self-esteem, it is good for the mind, body and soul. [...] By singing, we pass the love and affection on to the people who listen to us. (A.)

The third therapeutic goal, where the acceptance of the difficulties brought about by the natural aging process may be exemplified with the following statement:

Going on the *great journey* is not far from now. So we enjoy ourselves with the choir class. We take advantage of this time to do the things we didn't have the opportunity to do. Let's put it this way, we are going to multiply... well, exaggerations apart, we are going to add some more experience on to our lives, the hope to achieve more ahead, right? (M. R.)

The therapeutic choir for the third age aimed at offering the participants of the group a sense of

fulfilment, motivation to live, satisfaction/pleasure, the prevention of mental illness; the improvement of life quality; the improvement of intra and interpersonal relationships and social interaction; a stimulus to re-establish memories and value the dignity of each and every memory, the perception of others and their sound universe; and the understanding of subjectivity, of the inner existence of each individual.

Finally, it is worth pointing out the new concept which arose from this process of completed existential action: A Therapeutic Choir "consists of a group conducted by a music therapist, with therapeutic goals, in which the voice is used as a resource for communication, expression, satisfaction and social interaction. By singing, the participants express their subjectivity, thus letting out their inner existentiality" (Zanini, 2002, p. 128).

## Final Considerations

In life, every individual, whether a professional or not, has had, has or will have some kind of contact with the elderly. Therefore, knowledge of this phase in life has to be made available. We must prepare for a full quality of life experience with the universe of this age group.

Binswanger, quoted by Augras (1994), when commenting on the concept of existential horizon, clearly shows that, in each individual's life experience, there is no separation between the past and present. The future intertwines itself with past and present experiences. In this order of ideas, the past is not immutable, for the meaning of any event changes itself together with the history of the individual. The future also has its role as hope and fear. In the light of this view, the past is not the factor that determines the present, which in turn, does not determine the future either; rather, it is the sense of the being's route what changes the meaning of the past and the present.

We believe that it is possible to offer the elderly a feeling that is different from that which states he/she is only a survivor, so that he/she is also an agent who is able to carry out social and emotional actions/relations. Throughout this research, we observed through the examination of all of the collected data that this construction of the being is an ongoing process which takes place in all phases of life. Being aware of this process and its continuity may be a great advantage for the quality of life of each and every individual.

In phenomenology, the periods of time - *present*, *past* and *future* - are interconnected. When the past is thought back to, one is bringing it to the present, and when the future is thought of, the present takes place.

The music therapist should take all of these aspects into consideration, all of this subjectivity when he/she establishes his/her therapeutic goals. In the therapeutic choir, these aspects are directly connected to make the participants' communication, expression, satisfaction and social interaction available, with the voice being the main resource.

When one has the possibility to bring together the past, present and future, the integration of the being is achieved. Such integration may be brought about and facilitated by music, which adds the view not only of the person who ages, but that of the being he/she is, of his/her essence. When memories are brought into the present, through songs, a reflection of the past is also brought; and when an individual has expectations towards the future, such goals as singing and growing, the thought of the future in the realization of the present takes place. If the *being* does, he/she is, he/she has expectations towards the future, and such expectations make him/her be today. If he/she lives in the past, he/she is not, he/she was, he/she will not be. If he/she has no expectations towards *coming to be*, today he/she is no longer, he/she was!

As to the focus of the study, the voice work results of a set of organic-functional and emotional factors it is possible to offer vocal benefits and satisfaction; and therefore better life quality. Martinez (2000, p. 202) refers to this when he says that:

...the entire body is involved in vocal production, and much more than this, the entire life is, too. That the voice alters according to emotional states is clearly perceived [...] so, seeking good emotional health brings about vocal benefits.

The therapeutic choir may be related to the choir's major essence, when it appeared in Ancient Greece. The choir then had the role to symbolize and express the Dionysic feeling of the people who watched the tragedy and felt an emersion into subjectivity in that sound expression. Similarly, the therapeutic choir makes it possible for its participants to express themselves, this self-expression carrying their subjectivity and letting out their inner existence.

Chagas (2000), when commenting on the expectations for the professional of the new millennium, claims that he/she "will be engaged in situations that involve collective health, awareness of creating expression, artistic expression, or even social life through musical symbols. He/She might contribute to the effective analysis and intervention in local communities."

We believe that the music therapist may contribute to the establishment of another aspect in discourse analysis in psychosocial methodologies: the musical discourse analysis.

After this research experience, the therapeutic choir is believed to allow the engagement of the music therapist in fields we have previously mentioned. In addition, we propose that the role of this choir, this new concept, be extended to other areas of this professional's performance, motivating new *ways of thinking* that are based on praxis and creating new *ways of looking at* and *ways of listening to* to contribute, together with other professionals, with the search of a greater objective, which is the improvement here may serve as a contribution to other studies, mainly in the fields of Social Gerontology and Music Therapy. By examining the results of these analyses, new ways of instrument identification are expected to be generated, and they should aim at the grouping and/or identification of elderly people for future programmes and/or assistance projects.

As a partial and concrete result of this research, the term therapeutic choir was adopted as a substitution for the former Choir Workshops, one of the subjects offered by UNATI, an extension programme of the Catholic University of Goiás in the first semester of 2002. Such an achievement is definitely evidence of a qualitative change for the area of gerontology. Once the practice of the therapeutic choir has also become an academic activity, it might influence future work carried out in music therapy, as well as a contribution in the literature in its domain areas.

Finally, we agree with the claim made by Costa (1992) and quoted by Rodrigues (1999, p. 17):

...getting involved with the third age stands for or demands from the therapist at least a reassessment of his/her concepts and preconceptions related to ageing and other issues directly related to him/herself and death.

Therefore, in order to deal with all the essences stemming from the phenomenon, it will be necessary for the music therapist to deeply reflect on themes related to life and death, in addition to re-thinking *his/her* relationship with time's multiple dimensions.

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