

SOUTH AMERICA (Brazil)

Snapshot of Brazil and its People

Area

8,514,876 sq km

Population

183.987.291 (April 2007)

Children under 5

Approximately 10.841.990 (April 2007)

Source

Source: IBGE – Brazilian Institute of Geography and Statistics
www.ibge.gov.br



Renato Tocantins Sampaio Universidade de Ribeirão Preto (Ribeirão Preto–Brazil) Representative of South America

*“Há um menino, há um moleque, morando sempre no meu coração
Toda vez que o adulto balança ele vem pra me dar a mão
Há um passado no meu presente, o sol bem quente lá no meu quintal
Toda vez que a bruxa me assombra o menino me dá a mão
Ele fala de coisas bonitas que eu acredito que não deixarão de existir
Amizade, palavra, respeito, caráter, bondade, alegria e amor ...”*

*[There is a boy, there is a child, living forever in my heart.
Every time the grown up swing he came to give me a hand.
There is a past in my present, the sun shining in my backyard.
Every time the witch haunts me the child gives me a hand.
He talks about nice things I believe will forever exist.
Friendship, honor, respect, character, goodness, joy and love ...]*

Milton Nascimento and Fernando Brant

Demographics

There are no official statistics about music therapy practice in Brazil, although working with children is common and traditional practice. Music therapy with children is offered in many settings such as social settings (e.g., with homeless children) to general hospitals, clinics, schools, special education settings, psychiatric clinics among others.

Services are funded by the government, non-governmental agencies or by private pay from families. Clinical practice ranges from child-centered to family-centered or social-centered, from process-oriented to goal-oriented, from multidisciplinary approach to inter- or transdisciplinary approach and from individual to group or family sessions.

Background Information

According to Barcellos (in Costa, 2008) there are three complementary origins of music therapy practice: ritual music (used in religious settings), music education, and the use of music in hospitals to treat different illness.

For instance, one of the most famous Brazilian educators, Paulo Freire, mentions that the teacher has to establish a connection with their students that is based on respect to their past and present and the belief that they are able to learn; that the educational program has to be one that has a clear concept of who they are and what their place in culture is. This culture should be the base of their joint work. Music Therapy is not different from that as one may think when using the ISO Principle (defined by Rolando Benenzon) as the sound identity that characterizes the person at many levels, from individual through group and member of culture until a human being. As another example, music and movement are not seen as separated elements in Brazilian culture and they usually appear together in the music therapy practice.

There is a law underway in the Brazilian Senate that will regulate the profession of music therapy. It is expected that this law will be sanctioned in the next few months.

Common Approaches

Brazilian Music Therapy is strongly influenced by the Benenzon Model but a variety of approaches can be found in the work with children, ranging from more medical and behavioral perspectives to humanistic or psychodynamic ones. Most therapists use Active Music Therapy (mainly re-creation and improvisation) but Receptive Music Therapy can be found in some settings.

Case Vignette

When I worked in a pediatric unit of a hospital specialized in heart surgery, one day I noticed that the children and their escorts were too quiet and seemed with very little energy. I asked the nurse if I could use the corridors instead of the room I always used for the music therapy session and she gave me permission to do so. As I walked through the ward, I started to sing a greeting song and gathered the children as a group. I asked where they came from and then we sang children folk songs from their hometowns.

When I noticed that the energy level rose, I started a music play where we all pretended to be the tail of a serpent that was lost in the woods and the snake should get it all together again. We sang and danced through out the corridors and invited other children, escorts and other patients in the adult ward to join us. The tail became a long line of patients (both children and adults), their escorts and also nurses, physicians and other therapists that were working on that floor. Everybody was singing and dancing this folk song and there was no distinction between

children and adults, patients and health professionals, we were only people playing, singing and dancing. The clinical director of the hospital told me later that from that day on he changed his view of illness and wellness and that he would work hard so that the children would not forget that they were children, no matter what illness they had.

This is the story of the serpent
that came down the hill
to search for the little parts of its tail
You too are part of its long long tail
You too are part of its long long tail

Song/Activity

Menina que dança é essa que a cabeça fica mole
Menina que dança é essa que a cabeça fica mole
É uma dança nova, que mole mole, que mole mole
É uma dança nova, que mole mole, que mole mole
Mole mole mole mole, mole mole mole mole
Mole mole mole mole, mole mole mole mole

Hey child, which dance is this that the head become so limp
Hey child, which dance is this that the head become so limp
It's a new dance that we go limp, limp, limp
It's a new dance that we go limp, limp, limp
Limp limp limp limp, limp limp limp limp
Limp limp limp limp, limp limp limp limp



About the Panelist



Renato Tocantins Sampaio has a Bachelor degree in Music Therapy and Art Education. He holds a Master's degree in Communication and Semiotics. He is the Head of the Music Therapy Undergraduate Course at Universidade de Ribeirão Preto (Ribeirão Preto–Brazil) and also teaches in the Music Education and Pedagogy Programs. Renato has been working with children as music therapist since 1995 in a variety of settings (i.e., hospitals, private practice, clinics and schools for the developmentally disabled) and also has experiences as a music and art teacher with different developmental levels (i.e., nursery, primary, and secondary schools) as well as University programs. He has presented at conferences and hold workshops at national and international meetings in Brazil, Argentina, Uruguay, USA, and Australia. He has published art education books and music therapy books and articles. Renato has worked for more than ten years in Apemesp (Association of Music Therapy Students and Professionals from the State of São Paulo) as Secretary, Vice-President and President. He was the president of the Latin American Committee of Music Therapy from 2004 to 2007.

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Prominent Publications

This list includes only books and articles published over the past 10 years in Portuguese by Brazilian music therapists related to clinical practice, theory, and researches with children. It therefore does not include translations or papers presented in national or regional conferences, courses.

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- GALLICHO, M. E. (2001). Pedro e o Lobo: Musicoterapia com crianças em quimioterapia. [Peter and the wolf: Music Therapy with children in chemotherapy]. *Revista Brasileira de Musicoterapia*, Ano IV, n. 5.
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