Repercussions of the Interruption of a Community Choir in face of the COVID-19 Pandemic

Repercusiones de la Interrupción de un Coro Comunitario ante la Pandemia de COVID-19

Repercussões da Interrupção de um Coral Comunitário diante da Pandemia de Covid-19

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Abstract

Introduction: Music used as a tool in health care can be a powerful resource for humanized care in mental health. However, the interruption of groups due to the coronavirus pandemic brought challenges to public health practices. The aim of the study was to analyze the repercussions of the interruption of a community choir on the promotion of mental health in users of the Psychosocial Care Network. Network. Methods: With a qualitative approach, an intentional sample was carried out with all members of the community choir. Eight of the 12 members participated in semi-structured interviews, with the data submitted to thematic content analysis. Results: This article focuses on the thematic categories "Impacts of the COVID-19 pandemic on the interruption of the choir" and "Social distancing imposed by the COVID-19 pandemic: difficulties and suggestions". Discussions: Repercussions of the dismantling of the group on the lives and mental health of the participants were discussed. Suggestions for alternative activities during distancing were also addressed. Deprivation aroused fantasies associated with death, freedom, bonds and feelings of emptiness and lack of motivation. There were also suggestions for activities involving Information and Communication Technology.

Keywords: chant, COVID-19, complementary therapies, mental health, public health

Resumen

Introducción: La música utilizada como herramienta en el cuidado de la salud puede ser un poderoso recurso para la humanización en salud mental. Sin embargo, la interrupción de los grupos debido a la pandemia de coronavirus ha desafiado las prácticas de salud pública. El objetivo de este estudio fue analizar las repercusiones de la interrupción de un coro comunitario en la promoción de la salud mental de los usuarios de la Red de Atención Psicosocial. Métodos: Con un enfoque cualitativo, se realizó una muestra intencional con todos los integrantes del coro comunitario. Ocho de los 12 integrantes participaron en entrevistas semiestructuradas, con datos sujetos a análisis de contenido temático. Resultados: Este artículo se centra en las categorías temáticas "Impactos de la pandemia de COVID-19 en la interrupción del coro" y "Distanciamiento social impuesto por la pandemia de COVID-19: dificultades y sugerencias". Discusiones: Repercusiones del desmantelamiento del grupo en la vida y la salud mental de los participantes. También se abordaron sugerencias de actividades alternativas durante el distanciamiento. Las privaciones despertaban fantasías asociadas a la muerte, la libertad, los vínculos y sentimientos de vacío y desmotivación. También hubo sugerencias para actividades relacionadas con las Tecnologías de la Información y Comunicación.

Palabras clave: canto, COVID-19, terapias complementarias, salud mental, salud pública

Resumo

Introdução: A música utilizada como ferramenta no cuidado em saúde pode ser um poderoso recurso para o cuidado humanizado em saúde mental. Contudo, a interrupção dos grupos pela pandemia do coronavírus trouxe desafios às práticas de saúde pública. O objetivo do estudo foi analisar as repercussões da interrupção de um coral comunitário na promoção da saúde mental em usuários da Rede de Atenção Psicossocial. Métodos: Com abordagem qualitativa, foi realizada amostra intencional com todos os membros do coral comunitário. Oito dos 12 integrantes participaram de entrevistas semiestruturadas, com dados submetidos à análise de conteúdo temática. Resultados: Este artigo concentra-se nas categorias temáticas "Impactos da pandemia de covid-19 na interrupção do coral" e "Distanciamento social imposto pela pandemia de covid-19: dificuldades e sugestões". Discussões: Repercussões da desestruturação do grupo na vida e na saúde mental dos participantes. Também foram abordadas sugestões de atividades alternativas no distanciamento. A privação despertou fantasias associadas à morte, liberdade, vínculos e sentimentos de vazio e desmotivação. Também surgiram sugestões de atividades envolvendo Tecnologia da Informação e Comunicação.

Palavras-chave: canto, covid-19, terapias complementares, saúde mental, saúde pública

Introduction

The current approach to Mental Health and madness is largely based on various forms of knowledge of modernity. It is also based on the analysis of the history of society, considering the notion of historical production originating from objects of knowledge, power and work relations, institutions, sensibility, and communication. In this sense, it is permeated by the construction of subjectivity (Torre & Amarante, 2001). For a long time, the world around madness has been characterized as a world of exclusion, with hospitalizations alien to the right to humanized treatment and based on the disregard of citizenship and autonomy, since the people within this "world" were understood to lack reason and the ability to make choices; they should, therefore, remain on the margins of society (Silva et al., 2020b).

This assistance model started to be questioned in the world after the Mental Heath Reform Movement, in which two moments can be considered: the criticism of the asylum structure with the emergence of therapeutic communities (the United States and England) and the emergence of psychotherapy (France); and the community and preventive psychiatry (France and the United States), related to the prevention and promotion of Mental Health. In Brazil, even with the anti-mental health movement started in the 1970s, it was only in 2001 that the reformulations of assistance began (Silva et al., 2020b). The mental health care practices were re-signified with the coming of the Mental Health Reform assumptions with significant advances for the public health policies in Brazil. Since then, Psychosocial Care Centers (CAPS) have emerged, the main substitutive devices proposed by the Mental Health Reform (Ministério da Saúde, 2016).

In 2011, the Psychosocial Care Network (RAPS) was established through the decree GM/MS nº 3088, of December 23, 2011 (Ministério da Saúde, 2011). This ordinance brought another dimension in the context of the actions in Mental Health by the Unified Health System (SUS). Its objectives were to expand access to Mental Health services in its various levels of care, ensure the integration and articulation of the several points of care of the health networks, and promote the access of people with mental disorders and substance use, as well as their families, to the different access levels of the health networks (Amarante & Nunes, 2018). The multi-professional and interdisciplinary teams complement and act in an integrated manner with the Family Health Strategy (ESF) and AB teams (Ministério da Saúde, 2017). The different professionals that compose them should establish the sharing of practices, knowledge, and care management to maximize the potential of the subjects involved; thus, they enrich the construction and strengthening of the Health Care Network (RAS) in the context of Collective Health, contemplating the completeness, the resoluteness of health demands and the humanization of care.

The competencies of these teams aim at comprehensive care through the Expanded Clinic, which is based on listening to the meanings of what the subjects are experiencing and presupposes the existence of spaces for collectivity and intervention together, reflecting on the relationships among team members, users, and between users and the team itself. From this, deliberations occur collectively, contributing to the production of subjectivity (Campos, 2003). Therefore, here we are talking about territory interventions, such as intersectoral actions and disease prevention and health promotion practices with professionals from various backgrounds, considering the health of population groups and the collectivity. With the advent of the new Coronavirus pandemic in 2020, the municipalities underwent a restructuring

of services, which ended up hindering group health promotion practices. Collective interventions ceased indefinitely impacting many actions aimed at health promotion and prevention of its aggravations. One of the main devices of Mental Health Reform is the groups, which seek to strengthen the psychosocial care model by investing in the rescue of the uniqueness of the subjects, encouraging their protagonism. In this way, a rupture from the logic focused on the disease and the restricted drug cure is encouraged, favoring the construction of social bonds (Minozzo et al., 2012). Nogueira et al. (2016) refer to group practices as an opportunity to recognize the sociability and multiplicity of subjects, family members, and health professionals. Rézio et al. (2018) states that the groups are capable of favoring social reintegration by creating new bonds and strengthening existing ones.

Music as a Health Tool

Music has been used as an instrument for health practice since ancient times, dating back to ancient activities. In this sense, it is possible to find similarities between the ancient people of Greece, Egypt and Israel who used music as a therapeutic practice. Medicine and music were understood as complementary to each other. With the rise of Catholicism, music began to be produced mainly for the clergy. In the Baroque period, the search for aesthetic excellence associated some musical intervals with human emotions. Then, influenced by the positivist era, scientism and the devaluation of the natural disfavored musical practices as a therapeutic tool. Worldwide, music only reappeared on the scientific scene due to the need for treatment of World War II veterans. There was a redefinition of the therapeutic potential of music with the realization of its positive effects, culminating in the intensification of studies in the area and the emergence of practices such as music therapy (Teixeira, 2022). Music therapy corresponds to the professional use of music and its elements in medical, every day and educational environments. It can be applied to groups, communities and individuals aiming to improve emotional, social, physical and spiritual conditions, favoring quality of life. In the social, political and cultural context of Brazil, music therapy has been understood as the exclusive competence of the music therapist. It has its own specificities and technical and methodological standards, and must be performed by a professional who has a degree or postgraduate degree in the area (Teixeira, 2022). Although the therapeutic choir group touches the sphere of music therapy in that it uses music as a tool, we understand that the intervention on which this research is based does not correspond to a practice of music therapy in its proper terms. In this way, it is a group practice mediated by the multidisciplinary team within the scope of Primary Care with individuals from the community, users of the RAS. Just as in music therapy, when working with music in healthcare, the aspects involved in the constitution of subjectivity for therapeutic objectives must be taken into account. In relation to the therapeutic choir, these aspects are directly related to the communication, satisfaction, and social interaction of the participants, with the voice as the main resource of expression. This carries the subjectivity of each person, allowing the manifestation of their inner existence (Zanini & Leao, 2006).

Music used as a health therapy constitutes a light technology, which can favor the emotional sphere and increase the expression of subjectivity as well as adherence to treatment (Barcellos, 2016; Ministério da Saúde, 2017). It can be a powerful tool in the service of health promotion, transcending the simple experience of listening to music, which makes it,

therefore, a powerful strategy in Public Health. Therefore, considering the scarcity of spaces that promote the autonomy of RAS users, especially with the suspension of collective practices due to the Covid-19 pandemic, the objective of this research was to analyze the repercussions of the interruption of a community choir on health promotion mental health in RAPS users. In this way, the question arises: "What are the repercussions of interrupting the community choir for its participants?" What are your suggestions for dealing with social distancing?"

Method

The research is the result of a collective practice carried out in a Family Health Strategy (ESF) in a city in the interior of the state of São Paulo, Brazil. It is a community choir aimed at promoting mental health. Its members were community users and health professionals, group coordinators, who met every two weeks at a community center in the south of the municipality for three and a half years, until it was interrupted by the Covid-19 pandemic. One of the choir coordinators, part of the multidisciplinary team, was part of the group of researchers. The research was carried out with a qualitative approach (Minayo, 2008), with opinion from the Research Ethics Committee number 4.653.966. Users over the age of 18 represented the inclusion criteria, and the exclusion criteria were those with communication difficulties. Of the total of 12 choristers, three refused to participate in the study and one had significant communication limitations. Eight participants represented the total study sample. The professionals did not participate in the research. Taking into account the health measures resulting from the pandemic, both remote modes, digital platforms, and in-person were considered for the interviews, a choice agreed in advance with each interviewee. The requirements for face-to-face interviews were the use of disposable masks and minimal distancing. When they occurred, they were carried out in the homes of the interviewees. The remote interviews took place via the digital platform (*Google Meet*).

Initially, a semi-structured pilot interview was carried out to validate the instrument. Subsequently, the work continued with semi-structured interviews composed of a script that covered the group's experience of interruption in the face of the Covid-19 pandemic. The aim was to capture this experience in light of the meaning of the group for each user. With the consent of the interviewees obtained through the Free and Informed Consent Form (TCLE), the interviews were carried out and audio-recorded individually after the interviewer had completed the identification data. The interview period was between September 2021 and February 2022, during the coronavirus pandemic. They lasted an average of 49 minutes. Thematic Content Analysis (Bardin, 2011) was used for data processing. The validation of the analytical process was carried out by judges with expertise in the field of knowledge. The material was read, from which the main ideas were identified. Then, the meaning nuclei were derived from the encounter of similar ideas, emerging from them the thematic categories. This article is part of a larger study entitled "Repercussions of a community choir as a mental health promotion device" and focuses on the thematic categories "Impacts of the Covid-19 pandemic on the interruption of the choir" and "Social distancing imposed by the Pandemic of Covid-19: difficulties and suggestions". The themes will be presented with examples of statements by participants identified by the letter "P", followed by the corresponding number of the interview.

Results and Discussion

The eight research participants are characterized according to gender, marital status, education, occupation, religion, and time of participation, as described in Table 1:

Table 1

Participants' Characterization. Brazil, 2022

Participant.	P1	P2	P3	P4	P5	P6	P7	P8
Gender	Fem.	Fem.	Fem.	Fem.	Fem.	Fem.	Fem.	Fem.
Age (years)	73	65	74	78	76	73	63	61
Marital Status	Single	Divorced	Single	Widow	Married	Married	Married	Married
Education	I. Higher Educ.	High. Educ.	I. High. Educ.	I. Elem.	I. Elem.	Higher Educ.	High. Educ.	High. Educ.
Occupation	Retired	Retired	housekeeper	Seamstress	housekeeper	Retired.	Kitchen Staff	Retired
Religion	Catholic	Evangelical	Catholic	Catholic	Evangelical	Evangelical	Catholic	Evangelical
Time of Part. in the Group	3 years and 5 months	3 years and 5 months	3 years and 5 months	3 years and 5 months	3 years and 5 months	2 years and 5 months	1 year and 5 months	3 years and 5 months

Note. Data collected by the author from September 2021 to February 2022.

Impacts of the Covid-19 Pandemic on the Choir's Interruption

This theme contemplates the cores of meaning: Impacts of the Covid-19 pandemic; Feelings aroused by the interruption of the choir; Hopes with the return of the group; Mobilization for the return of the group. With the beginning of the Covid-19 pandemic and the progressive increase of infected people in the municipality, the Municipal Health Secretariat changed the strategies of the primary care network, and the groups in activity in the territory were suspended indefinitely. Thus, therapeutic groups, physical activity groups, test results groups, family planning groups, and the choir group itself were interrupted. There were extensive reports related especially to the impact of the Covid-19 pandemic and the feelings aroused by the interruption of the group. There were concerns about the loss of people, anguish related to the deprivation of social distance, the loss of routine, the difficulty of meeting with family members, and the difficulty of getting to places. Worries about group members and feelings of lack and emptiness also appeared in the statements:

> *Some we may not even be able to see anymore. Longing for the choir! After this pandemic, what will we have? But we miss it so much! Miss seeing people again... The ones we made friends with. . . (P7)*

> *We felt a lot with the pandemic, that everything was stopped. Well, in all areas there was... wear and tear, and heartbreak. (P6)*

The advent of the new Coronavirus pandemic demanded social distancing to face it, putting us in several situations of threats to routine activities (Ferrari et al., 2022). Although these recommendations constitute measures to promote the reduction of the contagion, they also promote consequences for the well-being and Mental Health of the individuals. According to the reports, the pandemic context brought suffering for the loss of loved ones,

besides the social distancing: "*A sister in the church died of this disease and we were very upset. Many people died. I know that it is not easy*" (P5)*.* The interviewees associate the pandemic with the possibility of death. Fear is understood as a healthy and natural reaction to a real threat, which calls for actions derived from rationality to face it based on concrete and realistic information. However, it is important to pay attention to the level of anxiety aroused, which can generate intense discomfort (Silva et al., 2020a). A recent study regarding the repercussions of the pandemic in China show an immediate impact related to increased anxiety and depression rates in the population. The research relates these effects to the imminent threat of contagion from the growth of suspected cases (Wang et al., 2020).

The participants also perceive the deprivations of distancing as also being restrictions to the practice of life. The following speech demonstrates that the pandemic brought states of confusion and insecurity: "*It's a lot of confusion that came with this time, so it gradually erases a lot of good memories for us. It has been more than a year and eight months since we have been in this situation*..." (P3). According to Lira et al. (2021), the changes in the routine of the population had consequently adaptive difficulties that are reflected in feelings of insecurity from mental and social disorganization, which sets up a favorable scenario for psychological illness. The deprivations of social distance caused uneasiness and feelings of disgust at not being able to travel, go places, and contact family and friends physically:

> *I felt bad not only because of the choir's stoppage. I didn't see my daughter for a long time! So, all of this affects us a lot. Those who didn't like to stay at home had to stay one way or another! Without being able to hug, without touching anyone... It is very hard, isn't it?* (P3).

Wilder-Smith and Freeman (2020) point out that in an attempt to contain the pandemic's progress and allow time for health services to organize themselves, measures have included closing schools, restricting public transport and travel, banning crowds and social events, and making people aware of the importance of staying at home. Besides making face-to-face contact between individuals impossible, the restrictions imposed limitations on the usual routine, the requirement of wearing a mask in public places, and the suppression of bodily acts of greeting, making it difficult to adapt to this new context. Thus, it is possible to perceive the loss of a sense of freedom and autonomy with the distancing measures (Lira et al., 2021). Concerns such as the lack of news from the participants during the pandemic were also highlighted:

> *A.* [participant], *before, he sent a lot of messages, those long messages... But he gave news! And nowadays he doesn't, and I get worried. I don't know how to find out about him. I get worried about him. Why isn't he sending those WhatsApp messages that he used to send? Ma* [another participant] *I exchange messages with her, but it's that thing: "Is everything ok?" And that's it.* (P1)

> *I didn't see the girls from the choir anymore! Because one lives in one place, the other lives in another place... So we don't communicate. . .* (P5)

According to Silva and Hatzenberger (2016), the groups are important tools that act to build support networks. These serve as support for overcoming obstacles and various situations that may be impacting human development through listening and sharing experiences. In this sense, the community group is capable of favoring support networks, which are valued

as strategies for psychosocial care (Prado & Cardoso, 2020). From the understanding of the webs of relationships that act as solidary support networks, one can understand that the reports about the concern with the participants' lack of news denounce the consolidation of care networks through the group. The interruption of the choir aroused nostalgia and the feeling of a lack of stimulus:

> *There are some that we send messages to once in a while. But like this... Just like that: "Hi, how are you? Everything is fine", and that's it! There are no more... I miss you very much, the choir methods and the participants.* (P1)

> *When the pandemic came, and we had to stop, we felt a lot. We felt it, a lot! Because you stop in time. We stop renewing our minds...* (P2)

> *It is missing, it is. We miss rehearsing and having the opportunity to take the choir to people to hear us sing.* (P7)

The therapeutic effects of practicing music can have an impact on the environment in general. The resonances awakened can transform social relationships between the people involved, including those who attend the sessions. Songs promote this reach, facilitating the formation of social bonds between those who relate to them, playing, singing or listening to each other (Teixeira, 2022). The repercussions of the group's stoppage also interfered with the rest of the participant's daily activities. They reported recurrent feelings of sadness, emptiness, discouragement, and lack of will to perform daily activities:

> *I was happier, I was more communicative... Now I don't feel like doing anything, because that was a commitment for us. Now I just come here from my house and stay here. When we played, we felt happy. To play with the other person. It was very good! So, I have nothing to cling to. It is very empty.* (P4)

Evidence indicates that group interactions, including social groups, have a positive impact on the Mental Health of the elderly, the predominant age group of the "Coral Saber Viver". There are positive physical and mental consequences in establishing meaningful social ties in this age group, being a protective resource against loneliness. This is possible, since in the group context there is contact with people of the same age group and who are experiencing the same stage of life (Carchioni et al., 2017; Pereira et al., 2015; Carmona et al., 2014). Human interactions are fundamental for psychosocial support, and their interruption can be a risk factor in the configuration of social and existential suffering. Among the most frequent reactions are feelings of sadness, anguish, irritation, and helplessness in the face of events (Lira et al., 2021), in addition to the difficulty in resuming work and routine activities (Ministério da Saúde, 2020b):

> *I was a person who got up at five-thirty in the morning. Five thirty in the morning I was already praying! At 6:00 a.m. I was already making coffee! And at 7 o'clock I was already coming here* [to work]. *Now, some days it is 9 o'clock, I am still at home and I don't feel like coming here. I don't know why. And before I was like: "No, I have to go to the choir, I have to get up early! Or: "I have to go to the gym!" and I would get up early!* (P4)

The impairment of the social rhythm by altering the routine generates depression, anxiety, increased stress, insomnia, compulsion, obsession, panic, anguish, loneliness, among

others, especially in people with chronic diseases and the elderly (Lira et al., 2021). Working with music in health with participants in situations of "emotional risk" also seeks to provide the patient with an incentive to trust, security and strengthening, aiming at the autonomy of those being cared for (Teixeira, 2022). One can see that the restrictions also intensified feelings of abandonment: "*I feel very much like that, how do you say? It feels abandoned! There is nothing, no one to participate together in anything*" (P4). A study carried out in China demonstrated that insecurity, fear of contagion and uncertainty due to the lack of clear information about returning to normal life have become part of people's routine. As a result of reduced possibilities for social interaction, people are also filled with thoughts of helplessness, experiencing feelings of loneliness and sadness (Qiu et al., 2020). Another study demonstrated that the practice of activities that generate pleasure and the high frequency of socialization, promoted by community groups, favor the prevention of depression. This is possible since interrelationships and pleasurable activities correspond to protective factors against depression in the elderly (Carchioni et al., 2017). The repercussions were not restricted only to the social and emotional spheres. The following reports attribute the emergence of physical problems to the suspension of the choir's activities:

> *It was pretty bad. I've even been a little sick lately. I had pain like this, in my lower abdomen. The doctors didn't diagnose it. I did several exams, one doctor sent me to another, and I was very discouraged... I also met some ladies there who are part of the choir and they told me: "After the choir stopped, I got a little sick". They said: "This choir has to come back, it is no longer possible! I don't have much stimulus, I don't feel like it!"* (P6)

The interviewee seems to perceive the relationship between body and mind, placing part of the responsibility for the physical pains on the interruption of the choir. According to Fundação Oswaldo Cruz (2020), prolonged suffering can express itself through bodily manifestations. From the reports, concerns arise about the possibility of the group not returning. However, the participants also show hope with the return of the activities, even after more than two years of the group's stoppage:

> *We are always there looking at the group and seeing if a little message comes... The hope that, who knows: "Next month it will come back!"* (P7)

> *Now they pass by and say: "So, when will the choir come back?", "Will it come back one day? Then I say: "I don't know, girl, let's wait, let's wait!* (P4)

Besides their hopes for the group's return, the participants were motivated for an eventual mobilization of the group:

> *I thought at one time when the story of this change came out, of doing... But it's just that I wouldn't know how to lead this thing... of a movement, petitions, and I don't know what else... Meetings, getting a group together and going after it... But this is something that does not belong to the municipality. It is from the central Government.* (P1)

> *If it's necessary, I don't know... We... I don't know if there is a little box where we can give our opinion so that we can go to the health center...* (P7)

Lira et al. (2021) state that, despite the efforts in contagion containment, there is a lack of effective actions in Mental Health associated with the central lines of the assistance policies

by the public authorities. The scenario of psychosocial practices in contemporary times is permeated by uncertainties, especially after the pandemic scenario. The political transformations evidenced by the recent setbacks have left doubts about the collective practices and the maintenance of multi-professional teams.

Social Distancing Imposed by the Covid-19 Pandemic: Difficulties and Suggestions

The theme in question contemplates the cores of meaning: Difficulties with the handling of technology for possible remote group activities; Difficulties in finding alternative activities in the face of the pandemic; Suggestions for activities with social distancing. The participants reported little familiarity with the handling of current technologies for remote meetings. Others found it difficult to suggest activities that could promote Mental Health, considering the social distancing. Even so, the interviewees considered the possibility of keeping in touch and promoting remote meetings using video calls and cell phone messages. They also suggested engaging in music and physical activities at home. The following reports show that the participants feel difficulties in adapting to technology for eventual remote activities:

The remote meeting... I don't adapt to that, no. I have my difficulties. Most people in my age group have these difficulties to be able to deal with it. (P1)

I don't use my cell phone much. Sometimes I am afraid to get into certain things. There are many things that my daughter does for me on the cell phone. She teaches me how to use it. Because we are laymen. (P7)

Several organizations and mental health professionals have created mental health care services via electronic platforms. However, one must consider the difficulties of access to the internet and resources such as computers and cell phones, especially for individuals with low income or limited knowledge about the technologies (Li et al., 2020). The limitations in handling the technology would not be the only ones to face the constraints of the pandemic. There were also difficulties in thinking of alternative activities to promote Mental Health: "*But how? Oh my God... Then, I can't find what... Because we get together to talk, we can't... We, the choir group*" (P4). The challenge of finding alternatives to face-to-face meetings is according to Fundação Oswaldo Cruz (2020), which points out that there is an impact on the adaptation to the recent biosecurity protocols. Although the practices of social distancing and containment measures are fundamental, it is necessary to look at the deprivation of freedom of the individuals, since psychic suffering tends to increase. This way, the sudden deprivation of important, pleasurable, and routine activities becomes a great challenge for Mental Health actions (Silva et al., 2020b). Even so, there were several suggestions, such as a virtual choir: "*And then the other day someone came to me talking about a virtual choir. I said: 'Ah, maybe it's an option, right?!'*" (P7). Considering a group like a choir, it is necessary to think about its viability. The particularities of this type of intervention depend on resources beyond verbal communication. Besides the factors already mentioned, for this type of group is necessary an alignment when it comes to synchronizing the audio that will depend on factors such as microphones, network signal, and connection, as well as speakers of several members in the same video call. However, Mental Health practices are possible via videoconference. Telehealth or telecare corresponds to Information and Communication Technologies (ICTs) applied to the health area, in situations where professionals and clients

are in different locations (World Federation of Occupational Therapists, 2014). It has been a resource used worldwide as a result of the pandemic (Ferrari et al., 2022).

The interviewees also brought suggestions for meetings by videoconference: "*It would be like an online lecture. Like making a room, like a room and you do a live interaction between people. Asking questions, encouraging people to give some answers, and interacting with each other*" (P2). Practices guided by groupality are also a possibility through videoconferencing. For this, according to Ferrari et al. (2022) Several obstacles such as digital inequality and possibilities of access by professionals and users need to be evaluated. The barriers felt by users, who will not always be digitally included, must be considered. However, these authors state that the difficulties of access can be reduced in the approach itself and by family and friends who have a greater familiarity with ICTs. Several studies carried out simultaneously with this research demonstrated the possibilities of group care combining music and health remotely. One of these studies was carried out with people with dementia and their companions (Molyneux et al., 2020). Rizkallah (2020) reports on remote group support aimed at professionals from the British National Health Service (NHS) during the pandemic. In Brazil, we can cite the report about group care for women carried out by Santana et al. (2021) and Pedrosa et al. (2021), about online monitoring of healthcare professionals. Another Brazilian study carried out during the pandemic showed that group work with music in healthcare carried out remotely favored the creation and maintenance of support and empathy networks aimed at self-care during social isolation. Furthermore, several events that caused psychological suffering for the members were given new meanings through the reproduction of songs and related creativity. Members were empowered to deal with unpredictable aspects of daily life, inherent to social isolation and potential suffering (Teixeira, 2022). The following account suggests that keeping in touch via phone calls, audio messages, and video calls can contribute to Mental Health during social distancing.

> *Now we are chatting and it is nice to talk to you. Even over the cell phone! Using the cell phone for these things! I have been calling, you know, sending audio messages, asking how some of my friends are doing, you know?!* (P3)

Several Institutions (Ministério da Saúde, 2020a; Organização Pan-Americana da Saúde, 2020) recommend that among the strategies for psychological care is the recognition and acceptance of one's fears and anxieties, keeping the social-affective network active, and seeking trusted people to establish conversations in pandemic situations. Alternatives other than remote encounters also emerged. P5 suggests that listening to music, or even singing or playing an instrument can contribute to Mental Health:

> *Ah, music also improves one's mind. There are some beautiful songs, like this... Catchy. So, it makes one's mind better! Singing at home, in fact! You can't sing there, so sing at home! And who knows how to play the guitar...* (P5)

In light of the suggestions that bring musicality, one study suggests that the rates of use of digital technologies by musicians and non-musicians for songs increased during the pandemic (Terasawa et al., 2021). Other studies point to the increased presence of musical expressions during the pandemic lockdown resulting from the Covid-19 outbreak, reflecting on the role of music in times of emotional stress. They state that music is a form of adaptation in times of social distress, helping to tolerate the risks of uncertainty, and may bring greater

comfort during social distancing. In addition, music is also a tool to compensate for the lack of interaction and to improve moods (Sarasso et al., 2021). However, other suggestions have also been contemplated. Physical activity in the home context emerged as an alternative to the restrictions imposed by:

> *So, even if we are inside the house, standing still like this... No need to go running outside! Just keep exercising like this, it will be good! It will be good for the head as well as for the body!* (P5)

The reports about doing physical activity at home are in line with what several studies on the pandemic have shown. A recent study show that stress levels were lower in elderly groups who exercised at home during the pandemic (Alcântara et al., 2021). Thus, individuals must learn simple physical exercises to perform during periods of isolation, in addition to creating new routines including cleaning the place, household chores, and artistic activities such as painting and singing (Organização Pan-Americana da Saúde, 2020). From the reports, the participants also proposed meetings with protective measures, in outdoor locations:

> *If we could get together in an open place, not in a closed environment, wouldn't it also be a chance to come back?* (P7)

> *We do [afromix] in [mentions the place] where there are more than a hundred and a few women! It is open there. We do it, still, with masks, everybody! Nobody goes in without a mask!* (P8)

P8 understands that it is also possible to consider alternatives such as taking a course: "*I like to read, so much that I am taking a course, I take an online course, I write... I am writing...*" (P8). Fundação Oswaldo Cruz (2020)recommends as a strategy investing in actions that help reduce acute stress such as reading, meditation, breathing exercises, and other activities. Given the context of social distancing, Silva et al. (2020a) suggest that people seek to establish a routine, invest in moments of reflection and self-knowledge, and practice work, leisure, and relaxation activities, always seeking to strengthen ties, even if remotely. The suggestions that bring musicality as a possibility are related to several authors who postulate that music is a viable low-cost possibility for the promotion of health. Souza, et al. (2020) and Teixeira (2022) says that initiatives such as a community choir, in addition to promoting health in its various dimensions, are also something creative and economically viable.

Final Considerations

As we can see, the repercussions of the group's interruption and the lack of news from the other participants gave rise to fantasies of death, loss of freedom, and insecurities about keeping the bonds and autonomy for daily activities. The feelings aroused were lack: loneliness, emptiness, demotivation, abandonment, sadness, discouragement, and lack of stimuli. However, there was hope for the group's return when faced with the significant reduction in usual group and community activities. The reports also showed that there were repercussions on the participants' physical health. Suggestions for activities were presented, related to the promotion of Mental Health considering social distancing and isolation. The alternatives associated with the use of ICTs emerged with reservations since the group feels difficulties with its handling due to the access and digital inclusion typical of the age group studied.

This suggests the need for more studies that consider the accessibility conditions of the different publics, including socioeconomic aspects. Some suggestions considered meetings respecting biosafety measures such as distance, the use of masks, and group meetings in outdoor places. The use of ICTs for audio contacts, messages, virtual meetings, and the proposal of a virtual choir was also present in the statements. They also mentioned the possibility of music in the home environment, whether handling instruments, singing alone or listening to music. Alternatives about the use of creativity to discover other activities such as reading, studying, and physical activities to be performed at home also appeared in the reports. The research that addresses music as a health promotion tool is mostly found in the hospital and music therapy context. However, despite being a lightweight and easily accessible technology, there are few studies relating music to care practices in the Psychosocial Care Network, especially in Primary Care. Therefore, other studies are necessary that investigate the use of art, especially music, as an instrument for promoting Mental Health in the community.

Given the need to implement this practice in a more grounded and strengthened way at the municipal level, this research gave rise to the manual entitled "The community choir as a mental health promotion device: manual for implementation", a technical product later published on the internet and presented at the Municipal Health Department (Barros, 2023).

References

Alcântara, C. H., Costa, R. M. da, Brito, E. de, Marques, M. M. dos S., Ribeiro, E. E., & Leon, E. B. de. (2021). Physical activity is associated with low-level stress among a sample of seniors during COVID-19 outbreak? *Revista Brasileira de Atividade Física & Saúde*, *26*, 1–9. https://doi.org/10.12820/rbafs.26e0226

Amarante, P., & Nunes, M. O. (2018). Psychiatric reform in the SUS and the struggle for a society without asylums. *Ciência & Saúde Coletiva*, *23*(6), 2067–2074. https://doi.org/10.1590/1413-81232018236.07082018

Barcellos, L. R. M. (2016). Musicoterapia em medicina: uma tecnologia leve na promoção da saúde – a dança nas poltronas!. *Música Hodie*, *15*(2). https://doi.org/10.5216/mh.v15i2.39679

Bardin, L. (2011). *Análise de conteúdo*. Edições 70.

Barros, L. H. da C., Pio, D. A. M., & Bettini, R. V. (2022). O Coral Comunitário como Dispositivo de Promoção da Saúde Mental: Manual para Implementação. Zenodo. https://doi.org/10.5281/zenodo.7274172

Cachioni, M., Delfino, L. L., Yassuda, M. S., Batistoni, S. S. T., Melo, R. C. d., & Domingues, M. A. R. d. C. (2017, May 12). Bem-estar subjetivo e psicológico de idosos participantes de uma Universidade Aberta à Terceira Idade. *Revista Brasileira de Geriatria e Gerontologia*, *20*(3), 340–352. https://doi.org/http://dx.doi.org/10.1590/1981-22562017020.160179

Campos, G. S. (2003). A clínica do sujeito: Por uma clínica reformulada e ampliada. In G. W. S. Campos (Ed.), *Saúde Paideia* 51-67. Hucitec.

Carmona, CF, Couto, VVD, & Scorsolini-Comin, F. (2014, November 17). A Experiência de solidão e a rede de apoio social a idosos. *Psicologia em Estudo*, *19*(4), 681–691.

Ferrari, S. M. L., Pywell, S. D., Costa, A. L. B., & Marcolino, T. Q. (2022). Occupational therapy telehealth groups in Covid-19 pandemic: Perspectives from a Mental Health Day Hospital. *Cadernos Brasileiros de Terapia Ocupacional*, *30*, e3019. https://doi.org/10.1590/2526-

8910.ctore22883019

Fundação Oswaldo Cruz. (2020a). *Saúde Mental e Atenção Psicossocial na Pandemia COVID-19 – Recomendações Gerais.* Fiocruz. https://www.fiocruzbrasilia.fiocruz.br/wp-content/uploads/2020/04/Saúde-Mental-e-Atenção-Psicossocial-na-Pandemia-Covid-19-recomendações-gerais.pdf

Li, W., Yang, Y., Liu, Z. H., Zhao, Y. J., Zhang, Q., Zhang, L., Cheung, T., & Xiang, Y. T. (2020). Progression of Mental Health Services during the COVID-19 Outbreak in China. *International Journal of Biological Sciences*, *16*(10), 1732–1738. https://www.ijbs.com/v16p1732.htm

Lira, A. V. A. A., Pereira, N. A., Ramos, L. A. I. A., & Pachú, C. O. (2021). Coronavirus pandemic and impacts on mental health: An integrative literature review. *Revista Psicologia, Diversidade e Saúde*, *10*(1), 168. https://doi.org/10.17267/2317-3394rpds.v10i1.3181

Minayo, M. C. (2008). *O desafio do conhecimento: Pesquisa qualitativa em saúde*. Hucitec.

Ministério da Saúde. (2011*). Portaria nº 3088, de 23 de dezembro de 2011*. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde.http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html

Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. (2016). Coordenação Geral de Saúde Mental, Álcool e Outras Drogas. *Saúde mental no SUS: Cuidado em Liberdade, Defesa de Direitos e Rede de Atenção Psicossocial*.

Ministério da Saúde. (2017). *Portaria n. 2436, de 21 de setembro de 2017*. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). https://bvsms.saude.gov.br/bvs/saudelegis/gm/2017/prt2436_22_09_2017.html

Minozzo, F., Kammzetser, C. S., Debastiani, C., Fait, C. S., & Paulon, S. M. (2012). Grupos de saúde mental na atenção primária à saúde. *Fractal: Revista de Psicologia*, *24*(2), 323–340. https://doi.org/10.1590/S1984-02922012000200008

Molyneux, C., Hardy, T., Lin, YC, McKinnon, K., & Odell-Miller, H. (2020, December19). Together in Sound: Grupos de musicoterapia para pessoas com demência e seus acompanhantes – Movendo-se online em resposta a uma pandemia. *Abordagens: um Jornal Interdisciplinar de Musicoterapia* , 65–81. https://approaches.gr/molyneux-r20201219/

Nogueira, A. L. G., Munari, D. B., Fortuna, C. M., & Santos, L. F. (2016). Leads for potentializing groups in Primary Health Care. *Revista Brasileira de Enfermagem*, *69*(5), 964–971. https://doi.org/10.1590/0034-7167-2015-0102

Organização Pan-Americana da Saúde. (2020). *Mental health and psychosocial considerations during the COVID-19 outbreak* (p. 6). OPAS/MS. https://www.paho.org/en/documentos/consideraciones-psicosociales-salud-mental-durante-brote-covid-19

Pedrosa, F., Freire, M. H., Macedo, M., & Magalhães, A. (2021, December9). Música para quem cuida: Um relato de experiência sobre uma ação musicoterapêutica virtual. *Revista Brasileira de Musicoterapia*, *2*(29), 53–69. https://doi.org/10.51914/brjmt.29.2020.19

Pereira, A. A. S., Couto, V. V. D., & Scorsolini-Comin, F. (2015). Motivações de idosos para participação no programa Universidade Aberta à Terceira Idade. *Revista Brasileira de Orientação Profissional*, *16*(2), 207–217. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1679-33902015000200011&lng=pt&tlng=pt

Prado, A. P. C., & Cardoso, C. L. (2020). Group coordination in a mental health care intervention: Community mental health group. *Psicologia em Estudo*, *25*, e42129. https://doi.org/10.4025/psicolestud.v25i0.42129

Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: Implications and policy recommendations. *General Psychiatry*, *33*(2), e100213. https://doi.org/10.1136/gpsych-2020-100213

Rézio, L. A., Moraes, P. D., & Fortuna, C. M. (2018). Resonances of a group in the lives of women in a mental health service. *Revista Enfermagem UERJ*, *26*, e11359. https://doi.org/10.12957/reuerj.2018.11359

Rizkallah, M. (2020, November 10). The North London Music Therapy Phone Support Service for NHS staff during the COVID-19 pandemic: A report about the service and its relevance for the music therapy profession. *Approaches: An Interdisciplinary Journal of Music Therapy*, 82–89. https://approaches.gr/rizkallah-r20201110/

Santana, D., Lelis, V., Tigre, W., & Candido, E. (2021, December 9). Teleatendimento de musicoterapia a um grupo de mulheres em distanciamento social. *Revista Brasileira de Musicoterapia*, *2*(29), 21–35. https://doi.org/10.51914/brjmt.29.2020.83

Sarasso, P., Ronga, I., Neppi-Modona, M., & Sacco, K. (2021). The Role of Musical Aesthetic Emotions in Social Adaptation to the Covid-19 Pandemic. *Frontiers in Psychology*, *12*, 611639. https://doi.org/10.3389/fpsyg.2021.611639

Silva, B. M., & Hatzenberger, D. H. (2016). A boca fala, os órgãos saram: Os temas mais discutidos em um grupo de saúde mental na Atenção Básica. *Saúde Redes*, *2*(3), 308–317. https://doi.org/10.18310/2446- 4813.2016v2n3p308-317

Silva, H. G. N., Santos, L. E. S., & Oliveira, A. K. S. (2020a). Effects of the new Coronavirus pandemic on the mental health of individuals and communities. *Journal of Nursing and Health*, *10*(4), e20104007. https://periodicos.ufpel.edu.br/ojs2/index.php/enfermagem/article/view/18677

Silva, J. S., Ribeiro, H. K. P., Fernandes, M. A., & Rocha, D. M. (2020b). O cuidar de enfermagem em saúde mental na perspectiva da reforma psiquiátrica. *Enfermagem em Foco*, *11*(1), 170–175. https://doi.org/10.21675/2357-707X.2020.v11.n1.2743

Souza, J. B., Barbosa, S. S. P., Urio, Â., Martins, E. L., Geremia, D. S., & Heidemann, I. T. S. B. (2020). A música como estratégia para promover a saúde do homem. *Revista de Enfermagem da UFPI*, *9*, e10294. https://ojs.ufpi.br/index.php/reufpi/article/view/10294/pdf

Teixeira, R. A. (2022). *A musicoterapia online em grupo e a saúde mental de jovens universitários no contexto pandêmico* [Master'sthesis, USP]. https://www.teses.usp.br/teses/disponiveis/6/6143/tde-30112022-135055/pt-br.php

Terasawa, H., Matsubara, M., Goudarzi, V., & Sadakata, M. (2021). Music in Quarantine: Connections Between Changes in Lifestyle, Psychological States, and Musical Behaviors During COVID-19 Pandemic. *Frontiers in Psychology*, *12*, 689505. https://doi.org/10.3389/fpsyg.2021.689505

Torre, E. H. G., & Amarante, P. (2001). Protagonismo e subjetividade: A construção coletiva no campo da saúde mental. *Ciência & Saúde Coletiva*, *6*(1), 73–85. https://doi.org/10.1590/S1413-81232001000100006

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate Psychological Responses and Associated Factors during the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic among the General Population in China. *International Journal of Environmental Research and Public Health*, *17*(5), 1729. https://doi.org/10.3390/ijerph17051729

Wilder-Smith, A., & Freedman, D. O. (2020). Isolation, quarantine, social distancing and community containment: Pivotal role for old-style public health measures in the novel coronavirus (2019-nCoV) outbreak. *Journal of Travel Medicine*, *27*(2), 1–4. https://doi.org/10.1093/jtm/taaa020

World Federation of Occupational Therapists. (2014). *Telehealth*. https://www.wfot.org/resources/telehealth

Zanini, C. R. de O., & Leao, E. (2006). Therapeutic Choir – A Music Therapist Looks at the New Millenium Elderly. *Voices: A World Forum for Music Therapy*, *6*(2). https://doi.org/10.15845/voices.v6i2.249

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