

MUSIC: THE BEST ANALGESIC FOR THE FEATHERS

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I have been working in the health area in the State of Florida for seven (7) years. My experience includes fifteen (15) hospital and day care centers, but I obtained the most significant experiences at Easter Seals South Florida Disability Center, Miami Jewish Hospital and Dade County Public Schools Adult Centers. My most effective mentors have been Angela Arcena, Lucille Abecassis, Melba Canales and Emilia Mas. In these centers, I gained valuable experience on the humanitarian mission of caring for people suffering from severe afflictions, among whose worst causes are loneliness and indifference from family and society. Each center has people suffering autism, down syndrome, retardation, schizophrenia, dementia, Parkinson's, Alzheimer's, addiction, all post-traumatic pathologies of war or natural disasters, mild and severe congenital deformities, blindness, deafness, mutilation and trauma for diseases or accidents of all kinds. My goal is to help my clients or patients make their days happier, distracting them from their emotional fears and discomforts through musical activities. My mission is to add minutes, hours, days of peace and well-being in a time of convalescence very probably irreversible for most of them.

Why music?

1. Personal reasons.

We are always where God needs us, and we cannot escape from it. We are millions of doctors, nurses, therapists, teachers, artists and volunteers around the world who feel this call to dedicate part of our life to underprivileged persons. In my case, I have an additional personal reason: music, which is a gift that God gave me. I feel I should make available for others, especially these people. I could dedicate more time to commercial music, because in fact hospitals have not the best environment to develop this kind of activity. The ideal way to make music is with healthy and enthusiastic people who having their full faculties, can enjoy the music in a physical environment with an appropriate decoration. How to maintain a good mood in a depressive, sad, full of tragedy and often unpleasant atmosphere? This mission started with two musicians more who were very close friends of mine. They deserted in the first six months. They reported me feeling depressed for several days after each activity in these centers. Now they have fun making music at restaurants and private parties. In my case, I learned to overcome this sequel through a mechanism of rationalization: "I am on a humanitarian mission, a professional philosopher and educator, a humanist capable of understand their existential conditions, then I should not run like a coward!". Any case, like a simple philosopher, this is one of the most enriching experience: face the concept of life, suffering and dead in a same

space and moment. I make too, like my friends, commercial music at restaurants and private parties to have some fun and combat depression! We need be more than a musician to develop this activity. You must understand the terrible existential reality of these people to keep in your mission, and at the same time consider that you don't know if you could be yourself in a vulnerable condition, and maybe you will need someone to make you forget at least during an hour your hardships: Simple empathy!

2. Scientific reasons.

Neurologists have demonstrated through electronic methods that musical memories are the most solid in human nervous system. CT scans record very intense neural activity in the limbic system and simultaneous connections with central and peripheral system. Music is the cultural activity that involves most intensely the whole nervous system: superior (memory and reasoning), limbic (emotions and deep memory) and reptilian (peripheral and kinesthetic nervous system) The limbic system is the protagonist that maintains musical memory tied to emotional and existential memories, and stimulates the peripheral system through rhythm and sound waves ("Music is also perceived through the skin" is an African music principle). For this reason, people memorize songs more effectively, as they can move our rational intelligence, our emotional life and our body simultaneously.

My method includes a triple therapeutic practice: "Dignification Therapy", "Validation Therapy" (a nationwide therapeutic practice), both linked in a cyclical practice with "Music Therapy".

A. "Dignification" Therapy

When we enter one of these hospitals, health, rehabilitation, disability or day care centers, residents know if we perceive them with mercy, contempt or disgust. They observe when visitors or workers will disinfect their hands after touching their shoulder or shaking hands. They feel when they focus on their body aspect, when they cover their noses or evade their looks with pity, horror or scorn. That is why aggression (physical or verbal) against the visitor is a very frequent defense mechanism used by patients. They do not need that visitors of staff make remember them their problems and limitations with body and facial language. The first opportunity of the therapist to have a positive transfer with them is to enter the institution with the only purpose to recognize persons, not sick bodies that only inspire mercy. Even when this feeling may seem spontaneous and humanitarian, it can be offensive to the residents.

The therapy of dignification consists in looking at patients directly to their eyes, but smiling or with a fresh facial expression, forgetting in this moment the condition of their body and mental health. In their eyes, we look at their essences, their souls and their personalities. Thus, the consciousness of the therapist eliminates too, in this moment, any social or aesthetic prejudice. There must be a conviction that there is an existential entity as dignified as ours, independent, that accumulates an enormous existential experience, although often they cannot communicate it. The first value that we must recognize in them is our common biological and

existential origin. Every grandfather or grandmother should be considered ours. Every father or mother, ours. Every brother or sisters, ours. For this, we try to use daily a tool from the “**phenomenological existentialism**” by philosopher Edmund Husserl, who took it back from the Greek philosophy “skepticism”: “**Transcendental Epoché**” or “**Phenomenological Reduction**”. In this approach our existential consciousness suspends all judgments about the external world and actions connected with them, to seek full consciousness about the essence of our existence and the one of the others. All prejudices are abolished.

Millions of human beings in the world have that innate ability to abolish all discrimination. Some people were born with this ability. We can find them in different cultures and times: Jesus Christ, Teresa of Calcutta, M. Gandhi, Martin Luther King, Jose Gregorio Hernandez. Instead, most of people we need to learn it as a technique. The first step is a moral and individual ethic decision of be a part of this mission. Then apply the **Phenomenological Reduction**". This consists in mentally placing in suspensions, between parenthesis, what is not essential, in this case, the physical aspect (including race and anthropological, anthropomorphic and anthropometric characteristics) and health conditions. Any previous psychiatric or medical diagnosis indicates the limitations of communication that we have face, the terrain that we are going to tread, but must be reduced phenomenologically and placed in suspension at the beginning of each session, since any diagnosis is a mere description of external appearance and physiological behavior, never a fair description of the existential and phenomenological essence of our clients. If the patient is blind, his or her eyes are his or her voice. Then, his or her voice are the reflection of their transcendental essence. In case of severe isolation, touch his or her shoulder. It could be the only way to transmit each other our existential essences. The therapist must be placed at the level of their faces to speak or sing to them, or make them speak or sing, as frequent as possible, setting a horizontal communication, avoiding any sensation of vertical superiority. We take their hands while talking or singing to them, which helps the therapist to recognize the human essence of their client.

You need be closer to the most isolated while any activity takes place. This approach requires some theatrical ability (do not confuse this ancient art with a hypocritical attitude): how to give an enthusiastic greeting to people who cry for pain or desolation, missing limbs, covered with lacerations, bedsores, scars, babble or cannot contain the saliva in their mouths, with a deformed face or who are in their last days? Only by reducing external phenomena, transcending external appearances, events and actions, looking at their human essence and placing in suspension their current physical condition. Insensitivity? No. It is clear the doctors cannot forget it, because it is their obligation to register and memorize it. Their mission is relieving the physical pain. Instead, we try to alleviate its existential and spiritual essence, so keeping their physical or psychiatric limitations in mind will not help you at all. On the contrary, as I said at the beginning, they perceive how you look at them (their illnesses do not take away how experienced they are!). If these external phenomena disappear from the therapist's mind, they will also disappear from gaze, attitude and facial and body language, and of course will help patients to foregot for the moment the suffering. These people will perceive the therapist as a decent and respectful person,

and they will trust that a dignified and pleasant moment will be guaranteed when the therapist arrives.

If instead of a look of mercy, we put music and good humor in the atmosphere, there will be relief, although there is not necessarily a definitive cure. The connection between therapist and patient must be essential and not superficial. It is mandatory to learn and call them by their names, to know their nationalities, languages and former professions, cultural tastes and ages, as this ethnographic data let us create a transcendental cultural approach of the activity, abstracting the spiritual and human values that keep them alive: love, faith and religion, moral, gratitude, happiness, joy, peace, family, community, celebrations and traditions of their countries and ethnical groups. This ethnographic record is essential to apply all other therapies effectively, because they are based on this task of raising self-esteem through a dignified communication with the patient about their transcendental values.

B. Validation therapy

It's a therapeutic routine I learned at Easter Seals South Florida and at Miami Jewish Hospital. It is a practice in which a authentication is given to the reasoning and feelings expressed by the patients and is complementary with the therapy of dignification. We generally undervalue the emotions, feelings, expressions or memories of the underprivileged. This is an ethic and private option, but is a therapeutic terrible mistake. The same terms "helpless", "disability", along with all the psychopathological and pathological labels we express in the introductory paragraph express existential disqualification (it is worth consulting the masters of "anti-psychiatry" Ronald Laing and Thomas Szasz to relax a little our tendency to disqualify people with mental diseases). The worst thing is that we see its psychic or physical disadvantage as a condition that diminishes its human value. To apply this therapy, we must subordinate in our thinking the prejudice of rational superiority proper to the autonomous existential and socially independent people. That is why Dignification Therapy is a complement to the Therapy of Validation, but this time the phenomenological reduction tries to put in parenthesis our own physical superiority and apparent existential superiority to reach the essence of our own human consciousness. Our physical and emotional advantage is a fortuitous and circumstantial tool given as a providence to execute a humanitarian mission, not a permanent, eternal and infallible state inherent in our existence. Somehow, we need to maintain a double perspective in our mind: knowing what our goal and our advantages are, and at the same time, validating what our patients feel, think or do. We are the leaders and guides at that moment, but with deep identification with their problems and their human wealth, without ending in a negative transfer that destroys the therapeutic opportunity. These patients need to be heard. They need to be given back the existential value of what they believe or feel. They need an empathic deal. What seems to us incoherent or fanciful, like seemingly and unfounded fears or sufferings, need a response of immediate recognition, which will produce the necessary transfer to distract that person from the situation of anguish that robs him or her time of well-being.

We cannot and do not have the moral right to undervalue or mock a ninety (90) years old who cries because they have just received the bad news that his mother died. Some incident occurring during the last hours or minutes, a face, a voice or a phrase led him to evoke that content in an emotional memory, so he lives it as something present and real. This situation exists in fact in its inner reality, although it is not related to the external reality or the facts recognized by those who hear him cry. When a young veteran war comments that his son is trying to steal his motorcycle and that his wife and her lover want to poison him, our response should never be: "those are your imaginations ... paranoias ..." Just listen to it seriously and convince him that you are identified with him, and that you respect his feeling. It is not a matter of agree or not with him. Never agree ... never do not agree. Just listen seriously and with respect to what he says, because that is his inner reality, not the external reality that must be placed in parentheses by your conscience. The patient is entrusting you with his emotion because he needs a friend. A friend to them are not permanent people in time and space, but who listens at that moment. Patients suffering Alzheimer and others memory disease cannot memorize new events, so maybe tomorrow they will not recognize you, but in this moment, you are capable of be a needed friend because you are validating his feelings. Patients are not served by a permanent confidante who deny them their feelings or mock them. In fact, many friends or relatives who visit them devalue their emotions, so we see how our patients receive them with aggression or with disdain.

When patients talk to you, they are doing therapy to relieve themselves of emotional pressure. The therapist is a vehicle of release. He or she transfers to you a complaint about an intolerable existential situation. Therefore, we have listen seriously, validating their emotions as real, because in fact, they are real. Show them that you are on their side. It's all they need in the moment: an ally to alleviate their emotional burden. When this happens, you can start a districting conversation, but connecting one of the last ideas with a questions about their teachers, their neighborhood, the house where they grew up, the things they did as a child or a young person; The characteristics of your motorcycle, engine type, color, lived adventures; congratulate them for the color of his eyes, his dresses, his hat. Show some pictures or magazines of mechanics or decoration, according their personal characteristics; make them sing or listen to a song. We have offer the answer they want to hear to keep them away from the disturbing emotional situation and be prepared to timely divert attention from the emotional memory that disturbs them in the moment.

C. Music Therapy

The previous therapies are the preparation of the communicational, existential and emotional terrain, without which the musical activity would be disjointed and would be unsuccessful. Rescuing the essence of these people through the "Transcendental Epoch" gives us the map of searching for the necessary materials and appropriate didactic strategies. Let's divide the ideas:

C1. Music therapy should be based on an ethnographic record. The repertoire should consider age, language, gender and sexual preference, country and regions of origin. South Florida,

especially Broward and Dade counties, is the Mecca of many cultures in the world because of its favorable weather conditions. There, in any rehabilitation or health center, you will find a great variety of ethnicities and languages. The therapist, teacher or musician must be prepared for this: sensitive with a humanitarian spirit; with open mind and critical thinking; bilingual or polyglot; experimented in professional music or a passive intense lover of music; lover of world history, collector of all genres of music; with skill in new technologies, sound and record systems and soft wares.

C2. Human beings can remember the songs that our mother sang to us, even being in her womb. These songs often come to mind spontaneously. When patients lose communication with the outside, they appeal to regression as defense mechanisms. That is why we say that a sick man, a helpless or an old man behave like children. I have had Latino patients, bilingual former professionals, diagnosed with Alzheimer's, who have been since childhood in the USA. Now, in their old age, they refuse to communicate in English, and begin to speak the local and childish Castilian that used to speak in their childhood, including inappropriate words. This surprises those who have always been considered them extremely decent and educated people. Those patients regrow, rescuing melodies, songs, poems, names, expressions and places associated with these memories. This is often surprising to those who know that they do not remember the names of their own children, but it is no more than an attempt by the psyche to find in the past an emotional refuge, escaping their socially and emotionally isolated existence. The children's repertoire, according their current ages, are very useful to provide moments of emotional well-being. In this pursuit of emotional haven in the past, the therapist must be an ally prepared technologically to rescue from the network the materials and digitized records that the therapeutic moment requires.

3. The musician-therapists seek as repertoire the music that their patients used to listen to between the ages of fifteen (15) and twenty (25) as the most effective to induce them to a state of collective celebration. In truth, these are the years of more intense emotional spontaneity, which is why music is associated with happiness, pleasure and enthusiasm proper to this hedonistic age of youth. I have proved that with this music, people who never got up from their chairs or their beds, before the astonished eyes of doctors and nurses, do it when they listen to their youthful music, while paralyzed people move their feet, their hands, Their eyelids and eyeballs. These are signs of being stimulated by music. In these intense moment, we request the support of the staff specialized in physiotherapy or of those who have the responsibility of moving or transferring them. Collective joy is powerfully effective in this goal of forgetting suffering, but there can be lamentable accidents if the staff is not on alert. Therefore, we try to involve the staff by inducing them to participate with some current issues of their choice. Generally, people in the health sector have a humanitarian vocation and are always willing to make them spend moments of joy during the day. When the staff moves and dances between them, the feeling of dynamism and enthusiasm increases, making deeper the atmosphere of celebration that we want to create periodically and at the same time guarantee the prevention of accidents. It is worth remembering that this atmosphere of party stimulates the secretion of endorphins (pituitary gland) that produce the feeling of well-being, distances pain and increases

immunology (other activities, in addition to music, stimulate endorphins are walks to Natural environments, massages, caresses, laughter, visual arts, games, crafts)

4. Use music with caution. Most cultured people believe that European classical music is always relaxing. In truth, there are many highly depressive classics that often cause inconvenient states of stress or melancholy in patients, especially the compositions in minor tonality. The therapist must first listen to the material and then select what is enthusiastic. That is why it is very important to be curious about world history. This tool helps us to understand the cultural context of any piece or musical movement. Just an example: The social context of Paganini was an Italy without control of the Pope. Italy is a new nation, then his music was irreverent and rebel. That is why the devil was for him a simple commercial tool. He creates the myth in which his music was inspired by the devil. There was no Inquisition that couldn't punish him. To reinforce his myth and make immortal his works, Paganini rejected the Extreme Unction in his deathbed. Results: a very dismal music. Instead of Paganini's "Capricci", often gloomy and depressing, it is better to listen to his "Campanella", which is an exception in his intention of challenge the catholic traditions. Although it is almost all in minor tonality, this work is very dynamic by its "staccato", its "crescendo" and the "virtuosismo" of the violin. It is also intense and imaginative, so it moves very well the mood of patients. Be carefully using Beethoven's symphonies and concerts. They are often violent and depressive, so it is best to "Song of Joy" or "Für Elisa". This emblematic theme of romantic love is very relaxing, although it leaves a lot of melancholic feeling, because it uses most of all minor melodic circle. In contrast, the work of Chopin "Nocturne, Opus 9, No.2" also has melodic beauty and much romanticism, but it is relaxing because of its cadence. Chopin uses a harmonic circle of E Flat Major with few turns to minor tones, which makes it, in the opinion of many, a perfect romantic work that leaves almost no space for melancholy. We use parts of "opera buffa" such as "Largo al Factótum" known as "Figaro" in "El Barbiere di Seviglia", the overture of "William Tell" (both by Gioachino Rossini) and "La Dona e 'Mobile" in "Rigoletto" by Giuseppe Verdi. The introduction of violins of the popular Neapolitan theme "Turna a Surriento" in the version of Luciano Pavarotti and the master Zubin Meta produces a gesture of spiritual elevation in patients clearly observable. The introductions of this theme begins in Major tonality with violins in crescendo. The voice begins "pianísimo" in minor tonality, but the second part entering in Major tonality with intensity, let a minor makes distress for a moment and prepare an explosive end with in a Major tune. At all times patients seem trapped by this immortal Neapolitan song that seems to provide them with relaxing, romantic emotions and at the same time evoking pleasant memories. Something similar happens with "O Sole Mio" and "Granada" by A. Lara. Never forget the song that makes people fly of any age and origin: "Vola re" by Domenico Modugno. Include always, for all ethnic group, "When the Saints Go Marching in", "Oh, Susanna!", "You are my Sunshine", "Over the Rainbow", "El Rancho Grande", "Cielito Lindo", "Gauntanamera" Boys "or" Alma Llanera ", songs that make all souls vibrate, without exception (I certify!). The concert videos make them feel the fantasy and the feeling of being in the theater. I recommend the concerts of André Rieu, because they are loaded with good humor and less formalism and rigidity than conventional orchestras, all within a great professionalism, virtuosity and technical rigor. Rieu is a phenomenon of classical music very criticized by the great directors of symphonic orchestras of the world, reproving him of the very serious "sin": vulgarize the classic genre for having commercial advantage. But this is far from the truth: The secret of its worldwide

success is to choose the classical music themes with more harmonic and melodic simplicity, comprehensible to most of audiences, generally full of positive emotions, combining in each show the Classical style with international themes and multicultural traditions (I have not listened to Wagner in his videos). Even in this perspective, the interpretation is strictly technical, but supplemented with pleasant special effects, colorful costumes and decorations, in open public spaces, the best lighting technology, giant screens, fireworks, theatrical techniques, and a connection with the Public with a refreshing humor that make classical music a genre for all ethnic groups.

5. Pay attention to the mood of the group and everyone, seeking a balance that does not sacrifice the whole or the parts. Among some staff members there is the belief that all musical activity should be joyful, happy and cheerful. Others believe that they should stay relaxed and calm all the time, perhaps the staff projects in their comments what they would like to hear or what would make them spend a better working day, and not what the patient needs. But never direct your activity to them. It is necessary to find a balance between the moments of peace and those of celebration, between the old and the modern, between the personal and the collective. It is necessary to measure the resistance and tolerance of some patients of the group that usually are altered with music very high or very rhythmic, reason why there must be space for the music gentle and at low volume. These patients usually cry or complain. Mozart is a good solution in these cases: "Little Night Serenade", "Turkish Dance". The first track is in Major tonality, does not use percussion and at the same time is rhythmic and full of enthusiasm. The second, is a piano theme that produces the sensation of a benevolent and intelligent goblin that walks in our imagination. Both keep us alert, and at the same time provides us with a great sense of tranquility and peace. "Balade for Adeline", "Memories of Ipacarai", in Arpa by Rolando Ortiz or in Piano by Raul de Blassio, is a relaxing and tranquilizing theme for all ethnic groups. Also, lullabies (lullaby by Brahams) or "Too-Ra-Loo-Ra-Loo-Ral (That's an Irish Lullaby)" by Bing Crosby, relax the group and get some sleep. Boleros and ballads often produce enthusiasm in customers for their romantic content, but we always select themes with positive messages, avoiding tragic or dramatic arguments. Lucho Gatica's boleros have been used in hospitals in South America with positive effects in cases of aggression and depression. Nat King Cole's boleros in Spanish and English Ballads achieve a silence and an extraordinary peace in the activities.

6. There are Classical European music classifications for therapy published on the network. My experience indicates that they are appropriate research for this cultures. However, I have tried the music by Teleman (concerts for harp or guitar and baroque music in Major tonality, used by some therapists in cases of digestion problems) at lunch or dinner with multicultural groups, obtaining a good result, because at the beginning of this music, a silence invades the room, turning it into a peaceful and respectable atmosphere, while practically everyone, and often all, eat well and with tranquility.

7. Description of activities: Cycle "listen-sing-play" music. For this, we use the following resources: acoustic or electronic piano, acoustic or electronic guitar or any harmonic instrument such as the accordion or harp; percussion instruments such as drums, tambourines and maracas; Music collection, music video collection and / or an effective Internet connection; a computer, a

projector or a television or monitor, depending on the group and the materials and spaces available in the institution.

7.1.1. Listen to piano music or live guitar instrumental or songs.

7.1.2. Listen to music in stereo or professional sound equipment.

7.1.3. Watch and listen to concert videos, artists of their young times, talented children and adults in television competitions, children and adults laughing or playing, trained animals, jugglers, among hundreds of options that distract them from their problems and illnesses. This activity is done to comment and do certain exercises of memory stimulation, but without making them feel that you are a doctor testing their mind or memory. We use an "andragogy / gerontogogy" educational approach that consists in open the opportunity to express spontaneously their personal experiences, rather than a mnemonic "pedagogy". We never use violent, tragic, horror or melancholic videos. To relax the group, we use videos available on the net that contain music and refreshing landscapes. To keep the group alert and focused, we use information about musical culture and its socio-historical context from different countries and connect them with their personal experiences through spontaneous conversation. We use videos of folkloric dances of the world, including "River Dance" from Ireland, Spanish zapateo, American tap, Latin American dances, according the groups we serve. We do not forget the tap dance musicals of Judy Garland, Sammy Davis Jr., Fred Astaire, Gene Kelly, Donald O'Connor, Debby Reynolds, Ginger Rogers, Nicholas Brothers, Cab Calloway and Shirley Temple. All of them catch the attention of the majority for its dynamism and freshness. In special, S. Temple is an artist indelibly present in the memory of our grandparents generation, but all ages and ethnicities also enjoy it, naturally because of the high artistic quality, talent and charisma of this child prodigy. Ray Charles, BB King, Liza Minelli, Dean Martin, Frank Sinatra, Tony Benet, Bobby Darin, Charles Trenet, Edith Piaf, Charles Aznavour, Doménico Modugno are idols for this generation.

7.1.4. Listen to the therapist, invited artists, someone from the talented staff, a colleague or a group singing favorite songs of their time. This activity is exciting for them. We can use karaoke or songbooks, guitar or piano, and if possible a voice amplification system. With the use of songbooks and karaoke, many of them have recovered their inhibited reading ability, amazing many managers and doctors who assessed that ability dead because the dementia or Alzheimer disease. The use of the microphone makes them have a sensation of success when they sing, being for many of them an activity that makes possible a dream of be an artist, while for others a recovery of an activity they used to do as young people. We stimulate them and compensate them with applause and emotional congratulations, inviting everyone and the staff to applaud and cheer. We also recognize them publicly with verbal caresses like "you are really a talented person!", "you finalize very well", "what a good sense of rhythm you have!", "you have a good memory for the music!", "you are a real artist", " were you in the past a professional musician?", "I suppose that you grow in a musical environment with musician".

7.1.5. Carry the rhythm with their palms or body movements, play piano, guitar or percussion instruments such as tambourines, drums and maracas. Patients enjoy participating actively. The

best and most stimulating themes for this activity, because its rhythmic nature, regardless of culture and origin, are: Mediterranean such Italian tarantelas, Greek music like "Zorba the Greek", "Hava Naguila" (in Hebrew or instrumental), pasodobles orchestrates such as "Los Churumbeles de España"; Caribbean music such mambos by Pérez Prado, the chachachá by Aragón Orchestra, the guarachas by Billo's Caracas Boys, salsa music (by Beny More, Celia Cruz, Tito Rodriguez), merengues, bachatas, calixo and Jamaican by Harry Belafonte and Bob Marley; American music such Elvis Presley Rock, Glen Miller's Big Band, James Brown, Louis Armstrong, traditional music from New Orleans, country music from the west (I suggest Charley Pride, Stanley Brothers, Willy Nelson); modern orchestra such Ray Coniff and Paul Muriat; tavern music (Irish, Scottish, Germanic) and polkas; happy Mexican music such "El Jarabe Tapatio", ("La Cucaracha could be offensive in some cases), "Serenata Guasteca", "Jesucita en Chiguagua", "Viva Mexico", "Jalisco" and others sones. Tangos must be instrumental because most of them have tragic contents, so I suggest "El Choclo", "La Comparsita", "Por Una Cabeza". However, they can listen to "Cambalache" and "Melody of Arrabal" sung by Carlos Gardel or Julio Sosa. When there are Haitians in the group we use the music of the singer Dorival, a tradition that they remember with emotion, and that the whole group, regardless of ethnic origin, enjoy.

7.1.6. Some centers prefer to schedule a musical presentation once a month. I use acoustic guitar, professional sound system, original professional tracks and a repertoire appropriate to their emotional memory, which includes instruments, boleros, tangos, sones, guarachas, jazz, rock, music in English, Spanish, Italian and Portuguese, but the latest in reggaetón or salsa too. We always seek the participation of some patients who spontaneously manifest the desire to sing, assisting them in remembering the lyrics of the songs.

Each therapist must research and accumulate his or her own experience, exploring with care artists and materials that provide joy, peace, and satisfaction to clients. There are no definitive formulas. It is original ethnographic work in a specific social and geographical context. In each region and in each country, the therapist must make his or her own adaptation. These lines are an attempt to describe an experience of an educator within a historical and geographical context to demonstrate that with some basic principles anybody can be launched a therapeutic music program in hospitals and health, disabilities, rehabilitation and care centers, performing a humanitarian mission.