

## SINGING FOR HEALING. INTERVENTION PROPOSAL TO COPE WITH BURNOUT SYNDROME



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### Abstract

This proposal is the result of fieldwork and research that takes as its starting point the study of the therapeutic uses of singing in different ancestral cultural traditions of America and the East. The concept of music medicine is delimited, and the relationships between singing and well-being are exposed. An intervention proposal with sacred or medicinal songs is included for people who have high levels of stress or anxiety susceptible to suffering from burnout syndrome or who already present symptoms of it and who want to experience a change in their lives, promoting human development. The intervention is carried out in a circle with groups of people in business work contexts and care professionals such as educators or health professionals.

**Keywords:** wellness, singing therapy, personal development, music, medicine, Burnout syndrome.

### BACKGROUND

It is increasingly common to encounter cases of stress and anxiety in work environments, especially in health and education professionals and, above all, after the Sars-Cov2 pandemic of 2020. There are current studies that study the benefits of music therapy to treat stress in the workplace, such as those carried out by Reed et al. (2020), Kacem et al. (2020) and Mastnak (2022). However, as far as we know, there are no known intervention proposals based on the specific use of ancestral songs to prevent and treat burnout through collective singing sessions in work contexts.

Therefore, the proposal developed in this article aims to treat work-related stress or burnout syndrome by using a specific musical repertoire that includes medicinal songs from ancient traditions of the peoples of the East and West.

### Burnout syndrome

According to Juárez-García et al. (2014), the term burnout is a metaphor that describes a process of exhaustion, exhaustion, or consummation of energy. It is one more step in chronic professional stress. It comes as a consequence of a prolonged situation of unresolved stress while continuing to be in continuous interaction with people in need. The professional who suffers from burnout gradually feels disillusioned and emotionally exhausted, which can easily lead to depersonalization, that is, to distance themselves from their students, patients or clients (Graue et al., 2007).

Burnout syndrome was declared in 2000 by the World Health Organization (WHO) as an occupational risk factor due to its ability to affect quality of life and mental health and even put life at risk (Saborío & Hidalgo, 2015).

From 1976 onwards, Maslach became the main reference on the subject by taking the concept of a medical-clinical model to a psychosocial one. Maslach provided an operational and multidimensional definition of the construct, created an instrument to measure it (the Maslach Burnout Inventory, MBI), and, in general, provided a more empirical approach that allowed demonstrating the association of this phenomenon with multiple indicators of health and functioning in daily life and work (Juárez-García et al., 2014).

For Trallero (2008), "in parallel to emotional fatigue and depersonalization, in care professions, there can also be a significant decrease in personal self-realization, as the person feels fatigued, unmotivated and 'burnt out' in their work" (p.24).

According to the considerations of Sevilla and Sánchez-Monge (2021), the symptoms of burnout syndrome are the following: low self-esteem, poor personal fulfilment, a permanent state of nervousness, difficulty concentrating, aggressive behaviours, headache, tachycardia, insomnia, poor performance, absenteeism from work, boredom, impatience and irritability, poor communication, depression and anxiety.

### **Ancestral songs and medicine music**

Ancestral or sacred chants, such as mantras or Icarus, have been used for healing in ceremonies and at important moments in life in ancient tribal communities. Jauset (2008) considers that mantras, coming from Eastern traditions such as Hinduism or Buddhism, attach great importance to the sound of the voice as a means of reaching certain levels of consciousness. For his part, Bustos (2008) defines "Icarus" as the medicinal song or set of sounds emitted with a common purpose: to heal. The "Icaros" come from the Amazon. It is the improvised chants with these characteristics that, in addition, are the main tool of the shaman in ayahuasca ceremonies. Ancestral songs have been and are used to treat people who suffer from different ailments and diseases that have to do with the body, emotions and mind.

With respect to its musical characteristics, there is a high recurrence in the use of simple melodic forms with minimal constant variations and few intervallic jumps. The tempo is usually moderated in a binary rhythm and with the use of pentatonic scales (Bustos, 2008). For Pineda

(2017), ancestral songs are discursive compositions that have a rhythm, a melody, and a verbal construction, usually organized in octosyllabics and hen-decasyllables whose purpose is to be sung in human groups that seek an encounter with the spiritual world.

Bustos (2008) goes on to say that the functions of texts are to guide interpretations of experiences, reduce anxiety, and facilitate a unitary experience among individuals under the framework of shared symbols and myths, which reinforce group identity. These accessible musical characteristics justify the use of ancestral songs or medicine music as the main repertoire of the intervention proposal that is developed below.

Spiritual traditions that have made and make use of master plants have existed for thousands of years, working with ayahuasca, peyote, psilocybin mushrooms, iboga, cannabis, and other entheogenic plants in a ceremonial setting. Each of these traditions has its songs and music that can be described as medicine music. More recently, indigenous musicians have begun making albums of their songs and performing at festivals. Western musicians have begun to participate in medicinal ceremonies, subsequently reinterpreting the music of sacred medicinal traditions, in addition to writing and recording their songs. All these elements together make up the new genre of medicine music (Freedman, 2023).

### **Benefits of singing for the treatment and prevention of work stress**

There is a large number of research studies in music therapy that prove that the use of collective singing and the voice reduces stress and anxiety levels and improves well-being (Trallero & Oller, 2008; Cámara, 2003; Austin, 2008; Cabrera, 2012; Jauset, 2008; Lazo, 2013; Parada, 2013; Benito, 2019; Sokolov, 2020; Sokolov & Curcio, 2021; Gallardo & Gamella-González, 2021, and Gamella-González, 2023).

As for the work on the treatment of burnout with music therapy, authors such as Reed et al., 2020; Kacem et al., 2020; Mastnak, 2022 and it is worth adding Conxa Trailers, creator of Self-Performing Music Therapy (MTA), together with Oller (2008), carry out a work entitled Musical Care for Caregivers. Self-fulfilling music therapy for care stress. One of the most important aspects of the MTA is voice work.

For these authors, singing is a direct way to relate to one's inner world in a deep and penetrating way while at the same time favouring the relief and healing of emotional wounds. Physically, singing is intimately related to

breathing and has a great influence on it, so by practising it in a certain way, the person modifies their physical, emotional and mental state, quickly leading them to a situation of internalization and calm, which can serve to reduce stress and anxiety levels.

One of the care professions in which there is a higher incidence of work-related stress is music therapy (Kunimura, 2015). There are research works that address this fact from different perspectives. Some of them are cited below: Oppenheim, 1987; Hills et al., 2000; Vega, 2010; Clements-Cortes, 2013; Gooding, 2019.

### **Cantology Therapy: Singing as a Therapeutic Language**

For Cabrera (2012), singing connects all parts of the brain and contributes to generating new synapses. The sessions in which singing is used allow us to recover the joy of living and find ourselves with our being because they give a new perspective and increase confidence.

It describes common elements in singing and voice from which it is possible to derive therapeutic functions: they are primary expressive forms; physiologically, the emission and reception of sound involve the systems responsible for breathing and movement; interpersonally, prosodic distinctions support emotional communicational aspects; the song/voice also impacts the experience of psychological distance/closeness; the timbre of the voice; the voice. The voice reflects both the anatomical-physiological and the psychological state of the person (Bustos, 2008, pp.45-46).

Kuselman (2012) points out that singing stops inner dialogue, making it easier to be alert in the present. This allows us to awaken consciousness, dislodge negative thoughts and states of mind, ask for protection and thanks, energize, pacify, etc. Singing as a therapeutic method strengthens the therapeutic relationship and provides greater trust (Austin, 2008).

Following the review made by Parada (2013), below, different therapies that use singing to bring people closer to spirituality and, therefore, to human development and that contain techniques, methods and exercises used in the intervention proposal presented in this article are presented.

#### - Kuselman's Singing Therapy (2012)

It is a therapeutic approach focused on fusing psychology and art through singing and music. In his workshops, he uses music and medicine of Andean influence.

#### - Wilfart Cantology (1999)

In Serge Wilfart's approach, the goal is to free the voice and the person, releasing the points of tension in the body that manifest in breathing and sound emission. This methodology is both therapy and spiritual accompaniment. It was collected in his book *Find Your Voice* from 1999.

#### - Newham's therapeutic voice work (1998)

Paul Newham is a British psychotherapist who began working with singing so that his patients could express traumatic events from their childhood and thus free and heal them. He collects his method in the book *Therapeutic Voicework: Principles and Practice for the Use of Singing as a Therapy*.

#### - Werbeck Singing

Josephine Valborg Werbeck Svärdröm (1879–1972) was a Swedish singer who developed the Werbeck singing technique. This holistic conception of singing follows the ideas of Rudolf Steiner's anthroposophy, a school for developing and finding the healing quality of the voice that transforms all people. It is a path of spiritual development through the voice.

#### - Voice Yoga or Naad Yoga

According to Parada (2013), voice yoga is a certified program belonging to the Vox Mundi Project school, founded in 1987 in Italy by the Gestalt psychologist and psychodramatist Silvia Nakkach, who is also its director. It integrates the Buddhist philosophy of Tibet, working with Naad Yoga, which is the first yoga of sound or reverberation. In this therapy, "we work with mantras, vocalizations, shamanic and ceremonial chants and overtone singing, among others" (Parada, 2013, p.53).

#### - Sokolov's Vocal Improvisation Therapy (2020)

Lisa Sokolov is a recognized pioneer in the field of vocal music therapy. His book *Embodied VoiceWork: Beyond Singing*, 2020, is a theoretical, practical, and artistic guide to his method, which focuses on kinesthetic awareness and improvised singing as a language. It aims at the development of a fuller human potential through the practice of attention and listening.

For Trallero and Oller (2008), the use of the voice is essential since it is the most personal and easy instrument to use when we lose the fear of letting it emerge; it is the one that connects us the most with our internal and emotional world. At the same time, when we sing, we

pay attention to our breathing, which makes it wider and deeper, thus contributing to relaxation.

Therefore, we want to show, with this previous research work, that using the voice and medicinal songs increases the feeling of happiness and well-being. In this way, after studying the benefits of singing and presenting singing therapy methods, the proposal for intervention for the prevention and treatment of burnout syndrome is developed, bringing together two seemingly opposed worlds: science and spirituality.

## INTERVENTION PROPOSAL

### Context and beneficiaries

The proposal involves professionals and staff from the educational, health and business environments in an intervention program that lasts three months and has weekly sessions of an hour and a half.

### Resources

#### Human resources:

Music therapist and co-therapist. In some cases, they are also psychotherapists and extra musicians or musicians. Support from the healthcare staff who are in the workplaces where the sessions are carried out and who will mainly attend to issues of logistics, organization of spaces and communication with therapy users.

#### Material resources:

We start with the voice, which is the instrument we all have. Polyphonic instruments such as the guitar and ukulele are provided by the music therapist. Shruti Box, a wind instrument from India that looks like an accordion, is used, keeping an empty fifth as a bass. It is very appropriate to encourage singing with pentatonic melodies, making the voices sound like a church organ and facilitating vocal polyphony. These three instruments constitute the harmonic basis of accompaniment for singing.

Ethnic instruments from other cultures (shamanic drums and rattles of different sizes and types, rain sticks, native flutes, harmonica, and ocarinas that imitate the song of birds and kalimba) are very attractive and interesting for therapeutic work since they allow easy connection with the most ancestral and universal aspects of musical expression (Trallero and Oller, 2008).

The sessions also use a set of 7 Tibetan bowls that correspond to the seven main energy centres or chakras in our

body. As Benenzon (2011) says, the rain stick and the Tibetan bowls are among the instruments that most effectively achieve relaxation. These instruments are mainly used in sound meditation activities.

The Setting is the space in which the session is going to take place. It must be a large space where we can place ourselves in a circle or semicircle, insulated as much as possible from interruptions from the outside, and with sufficient ventilation.

Technical resources: Device with internet connection and speaker.

### Objectives of the Intervention Proposal

The general objective of this intervention proposal is:

- Prevent and treat burnout syndrome through collective singing sessions in work environments.

The following are specific objectives:

- Decrease stress and anxiety levels with the use of voice and other relaxation, expression, and breathing techniques.
- To promote cooperative behaviours by enhancing affective and social relationships in the work environment.
- Develop awareness of the self through vocal expression.

### Methodology

In the development of the sessions, activities or internalization phases are proposed, which involve passive or receptive music therapy, in which the beneficiary only listens, and externalization activities, in which they actively participate with vocal expression, mainly, but also with corporal and instrumental expression.

In the first case, in the activities of receptive music therapy, the user of the therapy is guided by the music therapist towards a state of deep meditation or musical journey, becoming a traveller, by making use of the nomenclature established by Helen Bonny in her Guided Imagery with Music method (GIM). This receptive music therapy approach, which emerged in the 1960s, is included among the five methods approved by the World Federation of Music Therapy (WFMT) and is a music therapy methodology for spiritual and self-development purposes (Bonny,



2002) The specific sound resources used in this approach are:

- Use of pre-recorded medical music.
- Provoke altered states of consciousness or peak experiences through visualizations.
- Emotional freedom through listening.
- Meditation with sound.

With regard to active music therapy, techniques from two other methods endorsed by the World Federation of Music Therapy (WFMT) are used, such as the Nordoff-Robbins method and the Benenzon model. The Nordoff-Robbins model of creative music therapy is based on musical improvisation and the therapeutic relationship through musical creation. The approach is related to humanistic theories of psychology: "They share their concern for creativity, intrinsic learning, summits of experience and self-realization" (Bruscia, 2010, p.29).

Benenzon's model has a specialized focus on people who suffer from stress or moderate depression, and its use allows them to expand the channels of communication, improving socialization and self-esteem; this influences the level of emotions, which when confronted in a group positively through music, generates more assertive behaviours when facing their problems thus improving their quality of life (Lazo, 2013).

We work in groups of 15 people maximum, of adult age, and the fact of forming two groups will be considered in the event that more than 15 members are exceeded. As for the form of grouping of the beneficiaries, mention is made of the use of the circle. Precisely, from these meetings around a circle practised by the Native American Indians, the wheel of medicine emerges.

Also, in Eastern traditions, the medicine wheel or mandala refers to any element that promotes harmony, and disease is considered to be a lack of harmony within a person or between a person and their loved ones. Therefore, the sessions are developed following this disposition to be much more integrative and enrich vocal practice and the process of human development with the discovery of new so-cio-emotional skills through music and circle meetings where we are all part of what is created together.

The chosen repertoire is as follows:

- Improvised medicinal songs in the sessions, others of their composition and others by well-known authors within medical music that deal with different themes related to aspects of nature, the ele-

ments, universal love, peace, consciousness, etc. We highlight some of the most used titles in the sessions, such as:

- Open the Heart (Esmeralda Vera, 2021)
- Cuatro Vientos (Danit Treubig, 2017)
- The Message Is Love (Freedom Café, 2021)
- Cómo no voy a cantar (popular, n.d.)
- Sol de la Mañana (Lucas Alberti, 2019), among others.

- Mantras, which are sacred hymns of the East and are sung in Sanskrit, Spanish or English. The lyrics are repetitive and allow people to concentrate on breathing, contributing in a very positive way to personal well-being and group cohesion and interaction, eliminating prejudice and shame. Among others, we name here some of those used in Spanish: Mantra mi ser, H'oponopono, Yo soy, and Cuatro Elementos, all of which are versions adapted for the sessions.
- Icarus, in improvisations and vocal explorations with the exclusive use of syllabic sounds without meaning.

With this repertoire, it is intended that the person experiences their voice as a genuine expression that goes beyond personal history, integrating the ancestral dimension of singing as a form of meditation or yoga that connects with the divine (Nakkach, 2005). In addition, these songs have similar characteristics such as melodic simplicity, regular rhythm, constant repetitions, use of syllables or words without meaning, positive messages, little melodic scope, etc., which makes them the perfect material to sing and be used in these music therapy sessions.

The therapist's job is to provide care, assist and accompany, motivate, let what there is flow without prejudice, and serve as support by providing simple structures. The music therapist becomes a counsellor, that is, an advisor who can also work in the field of personal development, offering accompaniment to people who are going through life crises and interior intrapersonal conflicts in the workplace, family or school.

## Development of the sessions

The duration is set at 90 minutes for sessions that occur weekly. Following the proposal of Mateos-Hernández (2004), four methodological criteria will be taken into account when selecting and sequencing the musical activities in the intervention.

- From the individual to the collective.
- Alternate the phases of exteriorization (expressive) with the phases of interiorization (receptive).
- Maintain the motivation of the attendees throughout the sessions through active listening (affective involvement with the sound-musical).
- Chain activities in search of unity and variety.

In these sessions, activities are developed that correspond to seven phases (1, preparation; 2, motivation for the session; 3, conscious bodily activity; 4, perceptual development; 5, relationship with the other; 6, representation; 7, farewell) as expressed in the following table.

**Figure 1**

*Schedule for group intervention in a quarterly program*

ACTIVIDADES	CRONOGRAMA CÍRCULO DE CANTOS											
	PRIMER MES				SEGUNDO MES				TERCER MES			
Rueda de palabras												
Saludo de bienvenida cantado												
Meditación guiada												
Meditación cantada												
Respiración consciente												
Ejercicios vocales y corporales												
Diseño de la escucha activa												
Canto de mantras												
Canto polifónico												
Canto acompañado de instrumentos												
Songwriting grupal												

Source: Own elaboration

These activities vary in form and complexity throughout the three months of development and are adapted to the needs of each participant group and individual within the group. The figure shows a schedule with the types of activities of the seven phases and how they will be implemented by week throughout the three months in which the intervention program is developed.

**Table 1**

*Proposal of activities for the development of the session*

Phases of the Session	Activities and Dynamics	Objectives	Indicators of Indicators	Resources
<b>STAGE 1</b> Preparation Introduction 10'	Wheel word I play music To my name Welcome Song	To know each other and Integrate into the group	Participation Communication	Voice. Body
<b>STAGE 2</b> Motivation for the Session 15'	Induction to body parts Sounds that Relax Sung meditation	Listen Concentrate Relax Be in the present	Attention Silence Receptivity	Bowl Tibetan Shruti Box Rain stick Yoga mats and cushions
<b>STAGE 3</b> Activity Corporal Conscious 15'	Respiration Stretching Movements with sounds Voice warm-up: UOAEI	Improve The posture Release Tensions Body Learn To breathe Correct	Expression vocal and facial Position bodily Aperture Attitude Participatory	Voice Body
<b>STAGE 4</b> Development Perceptual 10'	Sound journey with the theme of the session	Take consciousness of silence Listen to me Active	Listen to me Attention Silence	Voice Ukulele Guitar Rattles Drum Shamanic
<b>STAGE 5</b> Relationship with the other 15'	Sing All together Several mantras with positive messages Vocal massage	Interact Participate In the songs Express themselves Respect to others Increase Trust	Expression Participation Disinhibition Respect	Voice Song Text Percussion instruments
<b>STAGE 6</b> Representation 10'	Write two words that summarize how they feel Creating mantras Personal	Integrate the Lived Assimilate the experience To watch inwards	Perception Concentration Assimilation	Notebook and pen Instruments as a child percussion
<b>STAGE 7</b> Farewell 15'	Circle with 3 Om edge Songwriting group	Enjoy With singing Express yourself with confidence Narrow The relationship therapeutics	Satisfaction Relaxation Smile	Voice Polyphonic instrument Ukulele

Note: Authors. Adapted from Mateos-Hernández, 2004

## EVALUATION AND ANALYSIS OF RESULTS

For the evaluation of the first therapeutic objective proposed in this proposal, the prevention and treatment of burnout syndrome through collective singing sessions, the work stress test of the Mexican Institute of Social Security (IMSS) is taken as an example. This questionnaire (Figure 2), consisting of 16 items, allows us to know to what extent the worker suffers from the symptoms associated with burnout syndrome. It takes as a reference the Maslach Burnout Inventory (MBI) scale, which is the most used for the diagnosis of work stress. It was developed by Maslach and Jackson in 1981 to measure burnout symptoms (Kunimura, 2015). The MBI is made up of 22 items that evaluate three dimensions: emotional exhaustion, depersonalization, and personal fulfilment. These are valued in a range of 6 adjectives ranging from "never" to "daily", depending on the frequency with which each of the situations described in the items is experienced (Kacem et al., 2020). With this test, we carry out an initial evaluation of patients to determine to what degree they are suffering from this syndrome. At the end of the intervention process, we will perform the same test again. This makes it easier, through a comparative analysis, to draw conclusions that allow us to check if it has been possible to reduce stress levels at work.

With regard to the evaluation of the sessions, a combination of evaluation instruments is used, such as individual record sheets for each patient that attends to different areas: individual, interaction and group. We will also note in these record sheets the parameters included in the specific objectives of each activity (specified in Table 1), taking into account the following aspects: if they are attentive, if they have active listening, if they feel doubtful, if they are ashamed, etc.

Empowering the client, we also incorporate their self-evaluation into the process. They assess their own personal development through a questionnaire, rating their satisfaction with life on a Likert scale model. This self-assessment, conducted at the end of the therapeutic process, ensures their active involvement in their own progress.

## CONCLUSIONS

In 2019, the World Health Organization (WHO) recognized burnout as a disease. It has been included in the International Statistical Classification of Diseases and Related Health Problems (ICD-11), which came into force on 1 January 2022 (Sevilla and Sánchez-Monge, 2021).

In Mexico, programs such as the National Program for Emotional Well-being and Human Development at Work

**Figure 2**

*Work stress test*

**TEST DE ESTRÉS LABORAL**

Permite conocer en qué grado el trabajador padece los síntomas asociados al estrés.

**Instrucciones:**  
De los siguientes síntomas, selecciona el grado experimentado durante los últimos 3 meses de acuerdo al semáforo presentado.

	1 Nunca	2 Casi nunca	3 Pocas veces	4 Algunas veces	5 Relativamente frecuente	6 Muy frecuente
Imposibilidad de conciliar el sueño.	1	2	3	4	5	6
Jaquecas y dolores de cabeza.	1	2	3	4	5	6
Indigestiones o molestias gastrointestinales.	1	2	3	4	5	6
Sensación de cansancio extremo o agotamiento.	1	2	3	4	5	6
Tendencia de comer, beber o fumar más de lo habitual.	1	2	3	4	5	6
Disminución del interés sexual.	1	2	3	4	5	6
Respiración entrecortada o sensación de ahogo.	1	2	3	4	5	6
Disminución del apetito.	1	2	3	4	5	6
Temblores musculares (por ejemplo tics nerviosos o parpadeos).	1	2	3	4	5	6
Pinchazos o sensaciones dolorosas en distintas partes del cuerpo.	1	2	3	4	5	6
Tentaciones fuertes de no levantarse por la mañana.	1	2	3	4	5	6
Tendencias a sudar o palpitaciones.	1	2	3	4	5	6

Note: Taken from the IMSS (Mexican Institute of Social Security)

(PRONABET) of the Ministry of Labor and Social Welfare are being implemented, which aims to create a new culture of occupational health in the country. Thus, laws are being created that force companies to use part of their annual income in the prevention and treatment of this disease that afflicts a large percentage of the population of this and many other countries in the globalized world and that has been increasing after the pandemic, according to data from the World Health Organization (WHO).

The professional contribution of this work is that it is an opportunity to create spaces of relaxation among colleagues in a profession, eliminating barriers through creativity and self-knowledge that the practice of singing entails. Thanks to this foundation, it has been possible to design activities that facilitate the process of self-realization through the use of one's voice and the singing of melodies with messages full of optimism, which speak of the essentiality of life and the awareness of everything that surrounds us. Positive messages are loaded with feelings



of gratitude and love that facilitate the process of self-healing.

While our proposal focuses on group work, it is versatile and can be adapted to individualized programs or other contexts and populations, such as adolescents. The potential of collective singing with adolescents is promising, offering a resource to alleviate exam stress, boost confidence and self-esteem, and foster social and personal skills. Its introduction in secondary schools could be highly beneficial.

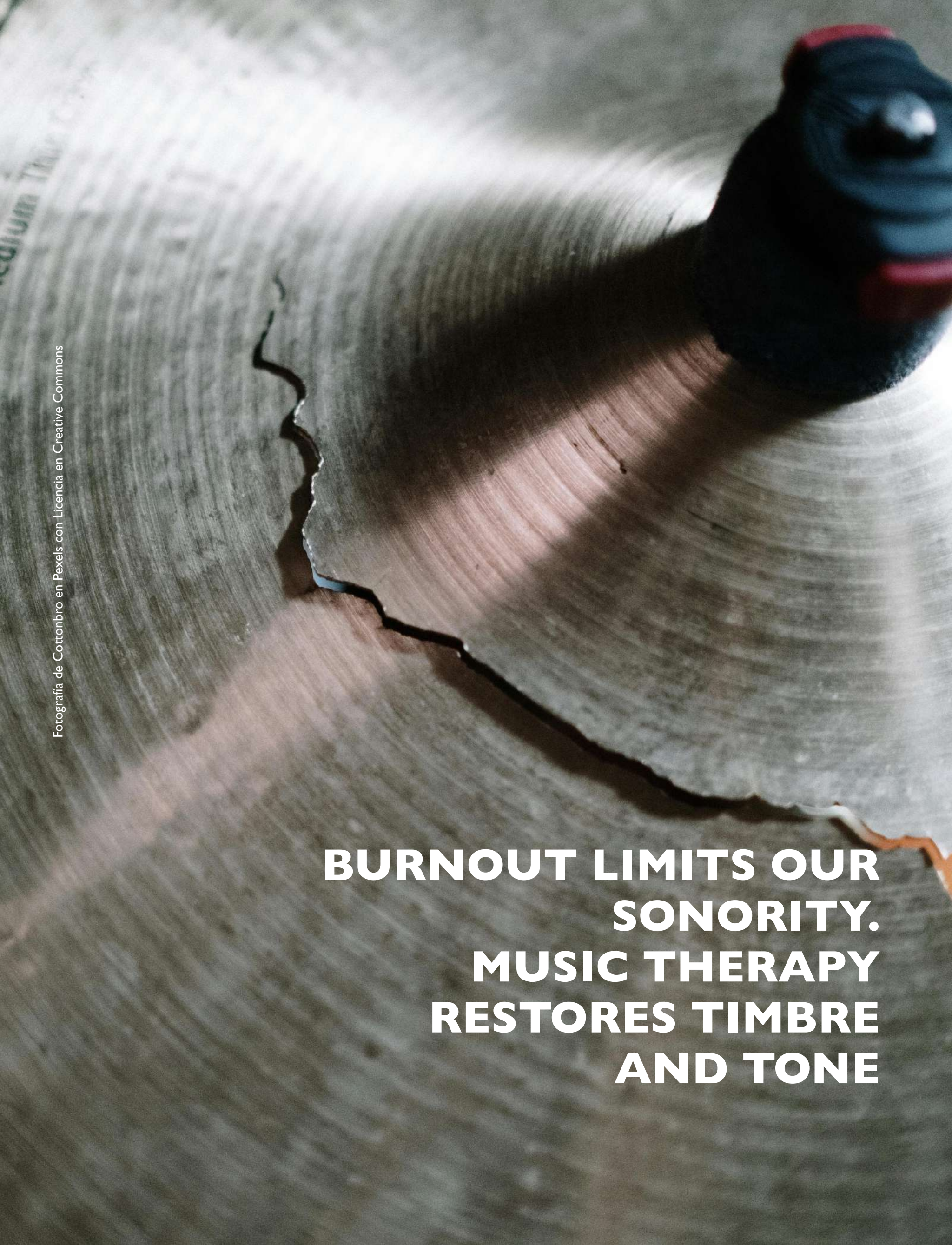
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