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7

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THE THERAPEUTIC BENEFITS OF MUSIC

The journal MiSostenido has been established as a specialist publication for research. In addition to this project, other research initiatives have been developed in the field of training and dissemination.

The joint efforts of the editing and supervision team of the journal, in collaboration with the teachers of the Master in Music Therapy at UNIR and the speakers at the The MUTtalks Entrepreneurship Conference for Music Therapists has been instrumental in identifying the key to significantly advancing the learning of research protocols in music therapy. We extend our gratitude to all those who have elevated their work to the level of excellence.

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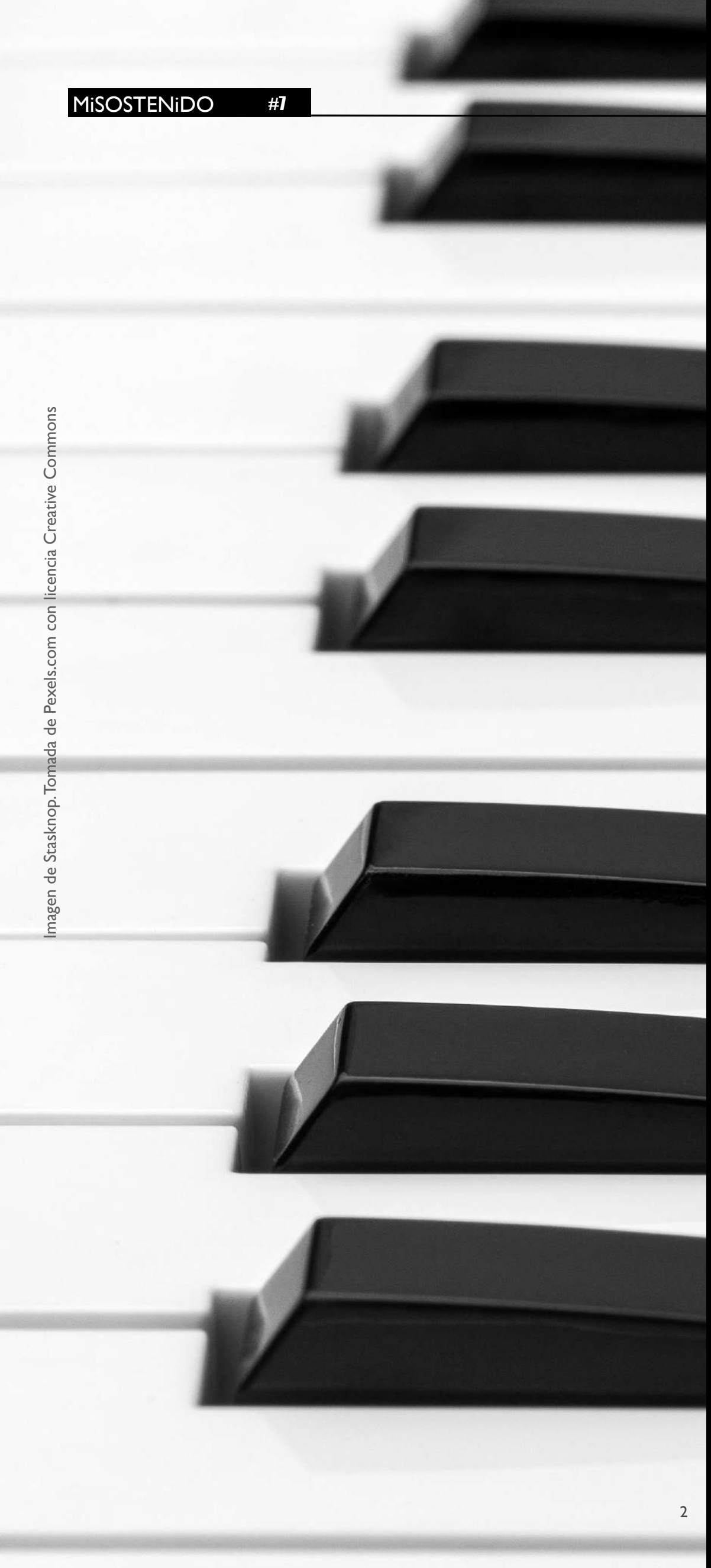

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EDITORIAL TEAM

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> The boundaries of the domain delineated by our erstwhile instructors have now been considerably expanded. It is incumbent upon us as professionals to explore, understand and integrate these developments in order to facilitate learning for those who seek it.

INNOVATIVE TEACHING COMMITMENT

By PhD. David J. Gamella-González.
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The practice of teaching music therapy is an ongoing process of development and evolution. In order to assume these functions, it is necessary to engage in a process of continual relearning and the adoption of new ideas and approaches on an annual basis.

Furthermore, the evolution of social constructs and habits, the emergence of new musical styles, and scientific and technological advances also influence this field of therapeutic application. Consequently, the developments in these fields have the effect of changing the understanding and practice that we, as music therapists, previously had. Emerging situations such as the SARS-CoV-2 pandemic, new gender identities or behaviours, and addictions derived from the excessive use of technology have prompted the implementation of new methodologies, resources and means in recent times.

This evolution necessitates a re-evaluation of the most effective teaching channels and content. In the event of an expansion in the field of action, a corresponding response is required. The boundaries of the domain delineated by our erstwhile instructors have now been considerably expanded. It is incumbent upon us as professionals to explore, understand and integrate these developments in order to facilitate learning for those who seek it. This transformation necessitates the implementation of innovative teaching methodologies, which entail a redesign of the teaching-learning process and a re-evaluation of the content. This undoubtedly requires considerable creativity and imagination. Teachers evaluate the training model to identify potential areas for improvement and consider how these could be implemented.

If we consider it from an architectural perspective, it can be seen as the result of a complex interplay between opposing forces. To ensure the integrity of the whole, it is essential to examine the individual components, ensuring that any additions do not compromise the underlying unity of the educational structure. This approach has guided the evolution and growth of the Master in Music Therapy programme at the International University of La Rioja, which I have been coordinating since 2019.

This degree may be understood as a natural organism linked to life. The programme is comprised of a central area and some adjoining spaces that are closely interrelated, which collectively constitute the master's degree. The various elements are designed to complement each other, with the objective of facilitating the most comprehensive understanding of the therapeutic act and its potential.

One of the areas that requires the greatest investment of effort and dedication is that of research. It can be reasonably assumed that the lack of quality publications in the first level of international specialised media by music therapists in Spain will continue to impede the profession's validation. This mission requires the acquisition of specialised knowledge through guided practice.

The practice of music therapy is not merely a matter of musical intervention. Rather, it is a process that necessitates the formulation of an objective and structured design in accordance with the guidelines of a clinical procedure. This procedure must align with the needs of the patient and be subject to measurement, analysis, evaluation, and supervision.

Clinical research, whether quantitative or qualitative, is an action that goes beyond these protocols and requires the specialised training previously mentioned. In pursuit of enhanced educational resources, we have been developing a novel learning methodology based on the application of artificial intelligence to research. This initiative has recently been designated a *Teaching Innovation Project* (PIDA) at the university level for the 2024/2025 academic year. The programme, entitled I*nvestIgA*, serves to complement the subject of *Innovation and Research in Music Therapy*, which was renewed in 2022. It also supports the *iMUT Music Therapy Research Group*, the *TFM DELTA Project* and this journal.

The *InvestIgA* series comprises a set of video tutorials that collectively address the management of information in the context of research in music therapy. The course covers a number of key concepts, including the Gap Analysis and the various models of applied research. It elucidates the generation of bibliographic search equations and their deployment in a multitude of *AI* applications, which facilitate datab ase searching.

The structuring of all this information is of vital importance for the coherent and professional development of the theoretical and methodological framework of any research project. The efficacy of this instrument is being assessed following its initial deployment over the course of the first few months to identify potential enhancements that could facilitate the acquisition of competencies among our music therapy students. Meanwhile, we are continuing to develop future innovations.

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MUSIC THERAPY IN CRISES TIMES: A PROPOSAL OF INTERVENTION WITH REFUGEE'S CHILDREN

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Abstract
Since the start of the war between Russia and Ukraine on 22 February 2022, thousands of children have arrived in Spain and have been welcomed as refugees, not always accompanied by family members. The consequences of war are far-reaching, extending beyond the armed conflict itself. This often means having to move to a host country where they must face a new culture, language, etc.
This work will provide a music therapy tool to promote the social integration of refugee children. We have identified a clear need among Ukrainian children seeking asylum in Spain. We aim to provide a secure space for these children, aged between 3 and 6, to express themselves and develop their potential. We will also work to sensitise them to their situation and use creative approaches to treat trauma and improve their quality of life. We will do this through music therapy, which we will use in the social sphere.
To achieve this objective, we have developed an intervention proposal adapted to mental, emotional and behavioural health problems associated with exposure to highly traumatic content at an early age. We have also conducted a review of the benefits provided by the use of music therapy with migrant populations.

Keywords: music therapy, refugees' children, post-traumatic stress disorder, emotions, integration.

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The author declare that he has developed this proposal and elaborated the academic article.

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Editorial design
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BACKGROUND

While there has been extensive research into the use of music therapy with people at risk or in vulnerable situations (Baker & Jones, 2006; Delgado-Medina & Fernández-Company, 2021; Heynen et al., 2022; Knight et al., 2021), there is a clear lack of proposals for intervention with refugee children.

Those who are victims of war seek refuge in safe places. This is the case of those who cross international borders and are welcomed in countries other than their own as refugees. The consequences of war are felt beyond the borders of the country in conflict. Those affected are forced to leave their homes, face the difficulties of migration (loss of loved ones, impossibility of mourning...) and finally integrate into a new culture. For children, these experiences of high traumatic content lead to mental health, emotional and behavioural problems.

In this situation, thousands of Ukrainian children have been involved as a result of the outbreak of war between Russia and Ukraine on 22 February 2022. The Spanish Commission for Refugee Aid (CEAR) considers this to be "the largest forced exodus of population in Europe since the Second World War" (CEAR, 2022, p. 9).

Migratory grief

It is clear that prolonged exposure to violent situations, such as those experienced in a war context, gives rise to a toxic stress response. This can affect children physically with developmental problems in major organs and generate social and emotional deterioration.

It is clear that stressors such as conflict, family separation, and uncertainty (Cre-spo et al., 2017; Hollander-Goldfein, Isserman, N. & Goldenberg, 2012) as well as the uncertainty of not knowing when arriving in the new country, despite the opportunities and security that it can offer (Dietrich-Hartwell & Koch, 2017) have a significant impact on the person. Such stressors can be conditioned by multiple aspects, including chronicity, stress intensity, and lack of control, as well as changes in landscape, language, and culture (Gamella-González, 2023; Achotegui, 2008).

It is clear that the experience of negative experiences at an early age is an abuse of the immaturity of minors and a trigger for maladaptive psycho-social and emotional skills such as poor stress management, unhealthy lifestyles, mental illnesses such as anxiety and depression, as well as negative effects on long-term brain development, affecting among others the areas that deal with learning and reasoning (Haddad et al., (Rojas, 2016) alters the normal flow of processing information and experiences, leading to more extreme physical and emotional behaviours than expected in a specific situation (Kien et al., 2019).

Refugees arrive traumatised and at risk of mental health problems due to the experiences they have had and the difficulties they have faced in reaching safe spaces. This causes reactions of anxiety, lightheadedness, alteration of attention and memories of the trauma. These characteristics of stress disorders are considered acute in the immediate term and lead to post-traumatic stress disorder (PTSD) over the following six months (Pérez-Olmos et al., 2005).

The causes and symptoms of PTSD are clearly outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), with a specific section dedicated to children up to 6 years of age. It is made clear that this pathology can manifest as a result of experiencing an event first-hand, witnessing it in others or simply having knowledge of it. The manual also highlights the traumatic impact of this on the main caregivers. Among the symptoms described is the involuntary intrusion of memories in relation to the event and recurring dreams of it, which can be represented by the child through games, acts or feelings. They may experience psychological distress and physiological reactions due to elements that symbolise, resemble or generate memories of the event (American Psychiatric Association [APA], 2013). These symptoms have a negative impact on the person's social skills and memory, leading to learning difficulties, social distancing and isolation, which in turn reduces the quality of life, hinders integration, personal stability and the creation of new social relationships (Beck et al., 2018).

Music therapy with refugees

Music is a universal language that can be used to bridge cultural gaps. It doesn't require verbal language, which makes it ideal for communicating with children from different cultures. It also eliminates the first barrier to communication, which is often a language barrier. It is also important to remember that children at an early age have limited verbal language. Therefore, their behaviour and emotional expressions constitute the main mode of communication with their environment. Music therapy, as a non-verbal and strengths-based approach, provides a number of advantages over other therapies such as medical psychotherapy, especially when verbal communication is difficult. It offers a more intuitive intervention adapted to the sociocultural context through the use of numerous instruments and music (Gamella-González, 2023; Abdulbaki & Berger, 2019).

When conducting music therapy with refugees, it is essential to consider a number of factors. These include understanding the refugees' cultural backgrounds and the impact this may

have on their responses to the therapeutic relationship, the environment, and the music itself (Hunt, 2005).

Refugees face significant challenges in reaching safe places, which often results in them arriving traumatised and at risk of mental health problems. These problems are related to a person's ability to build their own autonomy and generate relationships with others through meaningful learning (Onorio, 2012).

Koch and Weidinger-Von der Recke (2009) are clear that trauma must be treated from a physical level as well as a cognitive and emotional one. This is why working on it from a sensory-motor level, involving movement such as dance or playing an instrument, is so effective. It activates body resources that favour the emotional and cognitive processing of the trauma. Likewise, music therapy is an important complement to psychotherapy, especially when verbal communication is difficult. Its non-verbal and strengths-based approach makes it an invaluable tool. Play Therapy, Cognitive-Behavioural Therapy (CBT), and even Emotionally Focused Therapy (EFT) are the most effective when used in conjunction with music therapy.

Group music therapy is an invaluable tool for Ukrainian children, who have endured and continue to endure a common adverse situation. It provides a sense of belonging by facilitating the creation of bonds of solidarity, relating the individual to other people with similar problems (Satinosky, 2006), as well as their geographical origin and similarity in mental and chronological age (Poch, 2011).

PROPOSAL FOR INTERVENTION

Objective

The objective of this proposal is to promote the social integration of Ukrainian refugee children in Spain between the ages of 3 and 6 who participate in the implementation of this music therapy programme designed for this purpose. The programme will be based on the specific objectives detailed below:

1. We offer a means of expression through music.
2. We must encourage cultural exchange.
3. I will facilitate mental avoidance.
4. Create a safe and trusting environment for all members of the group.

Participants

This work is aimed at groups of a maximum of 10 children between the ages of 3 and 6 who are refugees in Spain. These children will be considered as direct beneficiaries of the therapy. The specified age range was chosen because it belongs to the period of early childhood. At this age, children are in the early stages of awakening to verbal expression. This makes communication through this medium difficult due to lack of vocabulary, pronunciation and conceptual relationships. Likewise, the understanding and expression of emotions in oneself and in others begins to develop, which is known as emotional intelligence (Goleman, 1996). It is therefore crucial to provide tools that facilitate communication, identification and expression of what they feel personally (personal skills), as well as what they see in others in order to understand themselves, free themselves, value themselves and from there, be able to empathise with others and promote integration (social competencies). Authors such as Lacárcel (1995) and Oslé (2011) are clear that music has the power to promote self-expression and foster beneficial personal relationships through group activities. These activities, which do not rely on linguistic codes that can become restrictive and complicated for children, encourage the expression of emotions and actions.

On the other hand, it is important to note that the implementation of music therapy programmes can generate a series of positive impacts on people other than the patient, also known as indirect beneficiaries. These are shown in table 1.

Resources

The necessary resources for the correct development of the sessions have been categorised according to their area of reference. The distribution is as follows:

- The human resources required are: A music therapist and a co-therapist must be present. Each group will have a maximum of 10 children. A translator will be provided if necessary.
- Musical resources: String instruments: keyboard (1), guitar (1). Percussion instruments: tambourine, Chine-

se box, maracas, triangle, musical bells, crotalos, xylophones.

BENEFICIARIES	PROCEEDS
The centre where it is taught	Improves institutional reputation
	Development of new therapies (promotion of innovation and creativity)
	Attract a wider audience
Improvement of psychological care	Use of music therapy in a complementary way to psychotherapeutic treatments (greater effectiveness of treatments)
Relatives of patients	Greater emotional well-being by observing the patient's progress.
	Greater understanding of your family member's problems.
	Greater affective support for the child.
	Benefit at the social level (awareness of the importance of preventing and treating mental disorders, care for patients in these states and reduction of the burden of these diseases in society)
Music Industry Development	Music industry development.
	Music creation and production
	Higher economic income and job creation.

Table 1

Indirect benefits

Source: Own elaboration.

- Repertoire of Ukrainian folklore songs.
- Classical music repertoire.
- Repertoire of children's songs in Spanish.
- Scores and lyrics of children's songs in Ukrainian.
- Sheet music of the songs for the welcome and farewell activities.
- Voice.

- Material resources: The following resources are required:
  - Computer (1).
  - Blank stickers.
  - Colored pencils.
  - Sheets of paper with drawings that are representative of or evocative of emotions.
  - Blank pages.
  - Painter's paper.
  - Balloons.
  - Mobile phone or video camera to record the sessions.
  - Evaluation sheets.
  - Fabrics to cover the eyes (optional).

- Spatial resources: The room must have sufficient space to facilitate the free movement of the participants, with good lighting and natural ventilation, and must be isolated from possible noise and distractions.

- Linguistic resources: You must be able to pronounce the basic Ukrainian words for greeting and farewell, emotional state (good/bad), gratitude, etc.

Music therapy sessions

The proposal is for 8 sessions, one per week, for 45 minutes each, over 2 months.

Behavioural music therapy will help refugee children learn new skills and behaviours to better manage emotions and overcome the trauma they have experienced. It will also improve communication and social skills, which will help them adapt to the new environment and improve their quality of life. Stimulation, structure, and reinforcement techniques (Brotons, 2000) are used to guide patients toward desired behaviours and help them achieve treatment goals. Music is used as a stimulus to influence the patient's mood, reducing anxiety and irritability through breathing and relaxation techniques, among others. This structure provides a consistent and safe framework for the therapeutic process. Reinforcement is an effective way to encourage desired behaviours and increase the likelihood of them being repeated in the future.

A comprehensive range of activities is therefore proposed, all of which are group and cooperative, some of which are active and others receptive. These activities will be supported by music, both live and recorded. There will be structured dynamics, with an objective of attention, memorisation and repetition, and semistructured dynamics, focused on creativity.

We use two music therapy models: creative improvisation and behaviourism. Creative improvisation allows children to express emotions and thoughts that they may find difficult to communicate in other ways. We must create a safe and supportive space for them to experiment freely.

The methodology to be used is as follows:

- Improvisation: Experiment with instruments (detailed in the musical resources) through touch, sound, and a variety of forms of execution.
- Recreation: repeat, sing and dance.
- Listen: relax and breathe with the music.
- Representation: express emotions through drawing and the evocative power of music.

The four methodological criteria and the sequencing of the session in seven phases, proposed by Mateos-Hernández (2004) and described below, have been taken as a basis for the elaboration and organisation of the activities.

- Intersperse externalisation dynamics with expressive activities and internalisation phases where the proposals to be made have a receptive motivation. This process will be carried out in all sessions.
- The activities will initially seek to enhance each child's identity through bodily and perceptual development. From there, they will seek to gain knowledge of the rest of the group through emotional, communicative and social development.
- It is essential that children are able to listen attentively to the sound-musical interactions present in the session. This will ensure that their attention is focused on the activities, which will in turn foster motivation and generate affection. This relationship must be maintained throughout each session, through the different types of activities proposed.
- The activities must be coherent so that they are unified and can be implemented as long as they achieve the set objectives. Similarly, we must have a variety of activities that allow us to switch between them if we notice that the children's motivation is waning.

Table 2 shows the sequencing of the seven phases indicated above.

The preparatory phases are as follows:	Warm-up – Expressive
	Motivation for the session – Receptive
Phase of activities:	Conscious Body Activation – Expressive
	Perceptual Development – Receptive
	Relationship with the other – Expressive
	Representation and symbolisation – Receptive
	Farewell – Expressive

Tabla 2

Sequencing Phases Session

Source: Own elaboration.

In the warm-up phase, we will make a musical welcome of the children to the room, supported by recordings of children's songs in Ukrainian and Spanish. We will play and sing the welcome song later on, and it will be the same in all the sessions. This will help the children to recognise and internalise it. The songs for the sessions can be found here.

In the motivation phase for the session, we will present the instruments that are going to be used that day. The children will be able to approach and experiment with them.

The conscious body activation phase involves activities that require movement, such as dance, displacement, or movements with specific body parts.

In the perceptual development phase, we will discriminate sounds (instruments, classroom elements, etc.) and their location in the classroom.

The phase of relationship with the other is the most related to the social bond and involves activities of imitation of the gestures or rhythms proposed by another person. There are also activities that involve trust in another partner, such as walking with your eyes closed and the partner guided, or performing body percussion on the partner's back.

In the representation and symbolisation phase, relaxation activities are included. These guide the children's breaths based on calm music and represent emotions or how they feel at

that moment through drawing. Please click here to access the drawing templates.

PHASES	PROCEDURE
Warm-up	Musical reception (live and recorded music). Welcome song
Motivation	Presentation and experimentation with the proposed instruments.
Conscious body activation	Activities with movement, dance and displacement.
Perceptual development	Discrimination and localization of sounds.
Relationship with the other	Social bond: imitation, guidance and physical contact with peers.
Representation and symbolization	Guided relaxations with music and emotional representation through drawing.
Farewell	Respectful (recognizable) closing, farewell song

Table 3

Phases and dynamics

Source: Own elaboration.

The final phase is the farewell phase. Here, the same song will always be sung and played, so that the children can easily identify the end of each meeting.

To ensure the proposal is applied as intended, tables are provided with a complete and detailed description of each activity. This includes the title, duration, necessary resources and how to carry out each activity. You can find them all here. Table 3 presents a summary of the details of the phases.

Data collection and analysis

The information we collect through the evaluation tools will be useful to update the information in the decision-making process in order to facilitate the achievement of the objectives. It must be reviewed continuously to speed up the decision-making process and verify that the objectives established are achievable.

This paper proposes a mixed evaluation. The forms described below have been provided for the work.

The intervention proposal will be evaluated at the end of therapy by the music therapist and co-therapist. This will assess the suitability of the set of activities and sessions, as well as their duration, resources and proposed objectives. This will be done using a Likert-type scale meter.

The child's support person (psychologist, social worker, etc.) will evaluate the therapy before it begins, after the fourth session and at the end of it (after the eighth session).

Each session will be evaluated after viewing the recording by the music therapist and co-therapist. The Likert scale will be used to measure individual and group objectives. There is a space for observations, so please make any annotations you feel are appropriate. The evaluation forms can be found at the following link.

CONCLUSIONS

The proposal has been developed with the intention of making a valuable contribution to music therapy in the social field, which, in the search for literature on the subject, shows a lower amount compared to other music therapy contexts. Furthermore, the specific circumstances of the selected population and the distinctive attributes of its environment, particularly in the case of children compelled to migrate due to an extreme situation, which is a catalyst for an exodus distinct from migration for other reasons, must be taken into account.

At the social level, we must develop greater sensitivity to the situation experienced by migrants from their countries of origin, during flight and on arrival in countries of refuge. PTSD is a serious condition that can have long-term effects on mental health. It is therefore crucial to address it as a social and ethical issue.

It is clear that traditional therapies such as psychology should be supported by other approaches based on creativity and self-expression within a holistic framework. These include artistic-creative therapies, such as music therapy, which should be given greater support. It is crucial to develop and implement music therapy programmes for refugee children in the social sphere. This will ensure the provision of a therapy with multiple benefits in the different spheres that constitute the human being. It will also provide a means to make visible and

relevant such therapy based on the person and his/her process of change.

All the activities have been designed to be carried out from a musical slogan, so it is essential to have a co-therapist so that the members of the group can understand the dynamics with the least possible use of words. The use of Ukrainian songs and Spanish facilitates the coexistence of the two cultures. Furthermore, a small dictionary is provided so that we can address the members in Ukrainian for greeting messages, farewells and to find out if they are happy, sad... Young children learn and develop through play, so all activities are designed to be engaging and enjoyable.

From the reception with songs from the children's culture to the closing of the sessions that provide a gradual and friendly farewell to the shared experience, we offer a space of freedom and understanding in which all contributions are positive and accepted with respect.

All members of the session participate in common activities, with the aim of developing confidence in oneself and in others.

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THE POTENTIAL BENEFITS OF MUSIC THERAPY IN ALLEVIATING STAGE ANXIETY IN TRAINEE MUSICIANS

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Abstract
Stage anxiety is a common problem in musicians in training, greatly affecting their professional performance and emotional well-being. In this sense, the use of music therapy has been proposed as an effective non-pharmacological alternative to address these episodes, taking as reference studies previously carried out on the effects of music on the brain and human behaviour. A music therapy intervention proposal was developed for a music student from a multimodal approach that favours the understanding of the patient as an integral being. To carry out this research, the analysis of music therapy recording sheets and participant observation as qualitative indicators was carried out, and the "Stage anxiety test associated with musical performance" was carried out based on the Beck Anxiety Inventory (BAI), which allowed a quantitative analysis of the student's anxiety level, before and after the therapeutic intervention. As a result of this analysis, it was concluded that the multimodal approach in music therapy is effective since it provides tools from musical improvisation, working with songs, and the use of edited music, which allow for managing episodes of performance anxiety.

Keywords: multimodal approach, music performance, music therapy, stage anxiety.

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BACKGROUND

Although numerous factors regarding musicians' well-being have been widely studied (Fernández-Company et al., 2022; Klickstein, 2009; Taylor, 2016), specifically in the field of stage anxiety (Kenny, 2005; Studer et al., 2011), single-case studies in which this problem is addressed through music therapy are not frequent.

To better understand how stage anxiety affects musicians, it is important to keep in mind that musical practice largely involves training on stage, which in many cases generates stress, anxiety and feelings of frustration. It is common for musicians to present pictures of stage anxiety at some point in their careers since this artistic practice implies discipline and commitment; behind a piece, there are hours of study. When facing the public, the artist must demonstrate skill and management of his skills as an instrumentalist or singer, which requires judicious, repetitive study and constant self-evaluation. In addition to this, facing the public entails scrutiny that increases the pressure to demonstrate the maximum of their acting abilities. Tamborrino (2001) reveals in his study that 97.1% of musicians in the formative stage have experienced anxiety before going on stage, and 86.5% have experienced it during the performance. This situation often affects their professional performance since these people avoid situations where they feel exposed or judged, which can lead some to drop out of school.

Anxiety can be understood as a primary reaction of the human being to a potentially dangerous situation. It has been documented that the most common responses or symptoms in an anxious person are somatic, such as palpitations in the chest, tachycardia, oppressive sensation in the chest, paresthesias in the hands or legs, generalized tremor, pallor, cyanosis, changes in blood pressure, stomach constipation, among others. These factors over time can cause cognitive limitations such as lack of concentration, distortion of what is perceived around us, disorganized thoughts and even influence the ability to evoke memories affecting memory, although favouring the state of alertness, similar to when life is at risk (Fierro, 2022).

In this context, it is necessary to highlight that music therapy as a discipline has been used in educational, social, and hospital settings, demonstrating its effectiveness in reducing stress, anxiety, and depression and increasing self-esteem (Packyanathan et al., 2019). Based on these findings, the present research takes as a model the multimodal approach in music therapy that allows the integration of various axes of action, such as musical improvisation, work with songs and the use of edited music, providing a wide selection of procedures and resources used in the sessions (Carrascosa, 2012), this process allows to be specific based on the personal and unique context of each person.

The multimodal approach employs various theories and practices, including receptive and active methods, which allows the adoption of useful and effective tools of various therapeutic techniques to achieve satisfactory results during music therapy intervention sessions (Carrascosa, 2012). This type of approach proposes four axes within the field of action:

- Axis of therapeutic musical improvisation: It is one of the resources most used by different models as the main Axis of their interventions. One of the most representative examples is the one described by Nordoff Robbins (1977, cited in Bruscia, 1999) in his creative therapeutic approach from improvisation. Others, such as Alvin (1975, cited in Bruscia, 1999), use this resource more freely, although also experimentally, as proposed by Riodon and Bruscia (1999), or by using specific bodily resources such as the voice morphologically according to Sokolov's (1987) improvisatory model of vocal therapy.

  To understand this type of intervention, it is necessary to clarify that at a musical level, improvisation is understood as creating music instinctively while interpreting an instrument or rhythm as a guide without following a score or piece already written.

  However, although improvisation in the music-therapeutic context brings together different elements to be able to contribute to therapy, it does not always mean that it is possible to obtain final results based on music; it is often described that the person can result in simplified sound forms without having mastery or understanding of a specific musical structure.

  Among the most significant characteristics of a music therapy session, using improvisation, the patient's reflection is observed through the use of the voice, instrumental execution or both, accompanied by the improvisation of a lyric that is elaborated without anticipation and that tries to show the listener the characterization of his internal perception or the situation that encompasses his memory. Their present, past, or even future illusions generate in an associative way the improvisation of emotions, images or memories, guiding the activity towards the interior of the patient and allowing the music therapist to clarify the context and direct the session as it is most convenient.

- Axis of the work with songs: Schapira et al. (2007) state that with the use of songs, various aspects of the patient can be covered, giving them the possibility of interpreting and expressing themselves through singing; this being one of the four axes of the multimodal approach and a resource that complements the others due to its diversity and the alternatives that make it possible to offer a specific and significant intervention to the patient. Knowing that songs work as a powerful tool since, in all cultures and generations, there have been connections through songs, which can transmit messages, create scenarios, evoke feelings, tell stories and become part of people's lives.

- Axis of the selective use of edited music: The choice of certain melodies that are already edited has a subjective function in the patients, so the exploration of the material, as well as the work with one's songs, must be developed in two stages. Schapira et al. (2007) clarify that these two sections will allow working on music under the guidance of the music therapist so that the user can provide the music that he or she likes. Likewise, by allowing the patient to sing with edited music, they can feel more confident in the interpretation; in addition, they can be accompanied by an instrument and rely on session partners if there are any.

- Axis of the EISS technique (Stimulation of images and sensations through sound): It consists of the therapist choosing the one that is useful for the session with the user through a musical stimulus by means of an auditory sequence designed with handmade material. The EISS

technique focuses on three stages within the activity: relaxation in a comfortable position, sound stimulation (so that the user has the possibility of emitting sensations, evoking memories through images but without dialogue between the patient and the therapist), and conclusion, where the patient has space to verbalize and integrate the images and sensations experienced (Schapira et al., 2007). In this way, they will make use of strategies for work, which are usually the most effective, such as joint singing, personal song and improvisation.

For the present proposal, 3 of these axes are taken. However, it focuses mainly on musical improvisation, exploring the innate creativity of the human being. Bruscia (2010) proposes improvisation as an effective technique that favours self-knowledge and helps to resolve personal conflicts. Theorists claim that this practice could allow musicians to learn to use their mistakes creatively, giving them the possibility to react to unforeseen events that may arise during the performance of a piece (Kenny & Gellrich, 2002), which contributes to developing positive links with the stage.

Intervention project

Next, a therapeutic intervention project based on the multimodal approach of music therapy is proposed, working on three of the lines of action proposed by this method: musical improvisation, working with songs and the use of edited music.

This intervention consists of three phases:

- Phase 1 Observation:

The therapist observes a singing exam open to the public with a jury and then gives the first stage anxiety test to evaluate the student's state of anxiety.

- Phase 2 Intervention:

The music therapy sessions begin, and what happens in each one is recorded.

- Phase 3 Analysis of the result:

The therapist observes the student again at the end of the seven sessions of music therapy. In addition, the registration sheets for each session are analyzed to establish weekly progress.

Participants

The proposal was designed for a 27-year-old musician in training who has his voice as his main instrument; during classes, he is comfortable and confident, but when he faces a performance in public, he experiences states of anxiety. This situation occurs to a greater extent when he is evaluated, which triggers a feeling of constant frustration, which leads him to judge himself harshly and not be satisfied with his performance.

It is important to note that these episodes are not limited to vocal performance but also affect students' development in other subjects, such as the study of the harmonic instrument or participation in instrumental ensembles.

Information collection instruments

The collection and analysis of data collection from 2 sources are described below. (see Table 1):

- Stage anxiety test (own adaptation based on the Beck Anxiety Inventory (BAI):

This instrument shows the patient's condition before starting the music therapy sessions and after the seven sessions. An independent variant (stage anxiety) and a dependent variant (musical performance in public) were taken into account for its elaboration. This test has 15 questions, accompanied by four classifications that receive a score according to their answer. This is interpreted as follows: Not at all (0), Slightly (1), Moderately (2), Strongly (3).

Table 1

Test of stage anxiety associated with music performance

	PREGUNTAS	0	1	2	3
1	Sudoración excesiva				
2	Temblor en la voz				
3	Fallos de memoria				
4	Mareo o ganas de vomitar				
5	Escalofríos				
6	Latidos acelerados del corazón				
7	Bloqueo mental				
8	Boca seca				
9	Presión en el pecho				
10	Temblor en manos y piernas				
11	Dificultad para respirar				
12	Sensación de angustia				
13	Inestabilidad				
14	Torpeza o rigidez				
15	Sensación de desvanecimiento				
	Conteo preliminar				
	Resultado				
	Nivel de ansiedad				

Source: Own elaboration.

The answers must be added to show the level of stage anxiety according to the range, which is as follows: Very low (0 – 10), Low (11 – 21), Medium (22 – 34), High (35 – 46) and Very high (47 – 60).

- Record sheet of each session: This is a tool that allows the patient's process to be monitored throughout the therapeutic intervention. They show the impact of music therapy on the symptoms of anxiety studied for this research, which are divided as follows:

- Physiological symptoms: breathing, sweating, dry mouth.

- Emotional symptoms: nervousness, anguish, fear of failure.

- Cognitive symptoms: concentration problems, memory blockage.

- Behavioral symptoms: rigidity and clumsiness, as well as involuntary movements.

Tabla 2

Music therapy registration form

Sesión:		Fecha:				
Datos del paciente	Nombre:		Edad:	Condición:		
Respuestas de la intervención						
Síntomas de ansiedad	Fisiológicos			Emocionales		
	Respiración	Sudoración	Boca seca	Temor al fracaso	Angustia	Nerviosismo
	Cognitivos			Conductuales		
	Problemas de concentración		Bloqueo de memoria	Rigidez y torpeza	Movimientos involuntarios	
Observaciones						

Source: Own elaboration.

Setting

A spacious and quiet place, with acoustic treatment, harmonic instruments: Piano, cuatro, guitar, percussion instruments: Tambora, Peruvian cajón, bongos, small percussion instruments: Triangle, claves, güiro, shaker, set of tuned bells, sound equipment, personal notebook of the patient, coloured handkerchiefs, blindfold.

Music therapy sessions

Therapeutic objectives:

- Achieve a state of greater well-being and relaxation in the scenario, reducing the patient's physiological and behavioural symptoms.

- Promote self-knowledge and increase self-confidence, carrying out an analysis of negative experiences in order to turn them into something positive.

- Decrease anxiety levels and increase concentration levels.

- Improve the reaction to frustration after an episode of stage anxiety, strengthening the patient's self-esteem.

- Promote self-confidence and self-confidence

The registration sheets of each session included an evaluation of the fulfilment of these objectives. At the end of the intervention, these data were analyzed, evidencing a decrease in anxiety symptoms.

The sessions were developed over eight weeks, with one meeting per week and an approximate duration of 40 minutes.

Below are some of the sessions developed in the Main Lines of Action described above, which are proposed from a plurimodal framework. The resources used in each session, the proposed activities and the specific objectives that were addressed are included.

Main line of action: Use of edited music.

Session 1: Expressing Music with the Body

- Therapeutic objectives:

1. Regularize pulse and breathing
2. Decrease muscle tension

- Observations: At the beginning of the session, the patient was nervous and self-conscious, did not feel confident and showed signs of discomfort; however, throughout the session, he was letting go.

Session 4: Soundscape and evocative music

- Therapeutic objectives:

1. Promote reflection regarding the relationship we have with the stage.
2. Promote mindful listening.
3. Promote the bond of trust between therapist and patient

- Observations: When listening to the song, the patient generated a feeling of empowerment by understanding that he can make mistakes and is not alone; his scene partners support him.

Main line of action: Musical improvisation

Session 2: Instrumental improvisation with rhythmic accompaniment.

- Therapeutic objectives:

1. Establish a positive link with the "error", evidencing it as an opportunity to create.
2. Change the altered image that the patient has of himself when being evaluated.

- Observations: At the beginning of the session, the patient is expectant, but in the question and answer part, he feels distressed; he is afraid of making mistakes and making mistakes because sometimes he forgets what he should do. During the development of the activity, he became more comfortable and achieved the objective of improvising a simple melody.

Session 3: Vocal Improvisation Using Scat Singing (Scat singing is a vocal technique used by jazz singers in their improvisations. It consists of placing syllables without linguistic sense on an improvised melody, trying to imitate with their voice the characteristics of the phrasing and timbre of another instrument (Binek, 2017).

- Therapeutic objectives:

1. Develop a bond of trust with the therapist in order to build a joint singing.
2. Promote self-confidence and self-confidence.
3. Associate the stage with a space in which we can express ourselves freely.

- Observations: At the beginning of the session, the patient comments that he loves Jazz, but as it is an activity that involves singing, it generates mixed feelings; on the one hand, he is doing something he likes, but on the other hand it brings back memories of exams where the anguish was such that he could not move. At the end of the session, he feels more confident, and his vocal emission improves significantly. He also expresses that he feels comfortable singing with the therapist.

Session 5: Creating a Musical Fragment Using the Piano

- Therapeutic objectives:

1. Remember the importance of relaxation when performing in public
2. Focus the mind on interpretation and highlight the positive aspects of it
3. Losing the fear of playing the piano

- Observations: At first, the patient feels nervous when approaching the piano since it generates feelings of frustration; however, during the proposed improvisation using only the black keys of the piano, the patient feels confident and manages to meet the objectives of the activity.

Session 6: Team Musical Improvisation

- Therapeutic objectives:

1. Promote attention and memory capacity.
2. Learn to lean on your stage partners.
3. Provoke pleasant sensations during the performance.

- Observations: During the session, the work done is evident; although he had some memory problems with the proposed harmonic sequence, he was able to overcome them and remain calm.

The main line of action: Working with songs

Session 7: Songwriting

- Therapeutic objectives:

1. Expose the feelings experienced during a public performance.
2. Reflect and analyze negative experiences in order to turn them into something positive.
3. Improve self-esteem and change self-concept .

- Observations: During the closing session, the thoughts recorded in the patient's diary were collected throughout the process, and a state of confidence and calm was evidenced.

Analysis and Results

Quantitative Analysis:

When observing the stage anxiety test carried out after a performance, it can be seen that the results are positive since noticeable changes are observed in the values recorded in both tests. The research is based on a High level of anxiety (30) – Test 1

(Performed before therapeutic intervention), which descends to a level of stage anxiety Low (11) – Test 2 (Performed at the

Tabla 3

Compilation of results obtained in each session

Síntomas de ansiedad	Sesión						
	1	2	3	4	5	6	7
Respiración	Alterada	Alterada	Levemente	Levemente	Levemente	No	No
Sudoración	No	No	Si	No	Si	No	No
Boca seca	No	No	Si	No	No	No	No
Nerviosismo	Si	Si	Un poco	Un poco	Un poco	No	No
Angustia	No	Si	No	No	No	No	No
Temor al fracaso	Si	Si	Si	No	No	No	No
Problemas de concentración	Si	Si	Si	No	No	No	No
Bloqueo de memoria	No	No	No	No	No	Si	No
Rigidez y torpeza	No	Si	No	No	Si	No	No
Movimientos involuntarios	No	No	No	No	Si	No	No

Source: Own elaboration.

end of the seven sessions of music therapy), which is at the lower limit of this category, very close to the level Very low.

Qualitative analysis:

The data collected in the record sheets of each session were analyzed, and the results were synthesized in Table 3:

Although the data presented are related to the activities carried out in each session, it is clear that:

Breathing, nervousness, concentration problems and fear of failure are symptoms that frequently occur in the first sessions. However, in the last sessions, they decreased to finally normal in sessions 6 and 7, which indicates a significant improvement.

- Dry mouth, anguish, memory blockage and involuntary movements were symptoms that occurred only once.
- Sweating, stiffness and clumsiness were symptoms that occurred in different sessions but with a low frequency, generally in 2 sessions.

To conclude, the decrease in symptoms in sessions 6 and 7 is evident.

Discussion and conclusions

The data analysis from this intervention demonstrates a significant decrease in stage anxiety levels, leading to a marked improvement in academic performance. This is evident in the results of the tests conducted (Test 1, performed before the intervention: High stage anxiety level and Test 2, performed after the music therapy sessions: Very low stage anxiety level). The use of musical improvisation as the primary tool to address interpretive issues during public performances was particularly effective, with the patient learning to view errors as opportunities for creativity.

Throughout the sessions, the patient embarked on a transformative journey, exploring different instruments and stepping out of their comfort zone. This led to a significant improvement in their motor, auditory, and vocal skills, fostering a sense of confidence and reducing the fear of making mistakes. The tools acquired during the sessions helped the patient concentrate and focus when performing, enhancing their interpretive quality. The patient also found writing and composing to be a liberating exercise, allowing them to engage in emotional work and reconcile with themselves.

In this sense, it is valuable to rescue the patient's experience. He pointed out that after the music therapy intervention, he felt calmer on stage, enjoyed the music and also found improvisation an effective way to overcome small bumps that may occur during a performance.

It is crucial to underscore the necessity of creating spaces where students can acquire tools to address stage anxiety through music therapy. It is our collective responsibility to continue promoting research in this field and enriching databases on artistic therapies. This not only supports research in other disciplines like neurology but also strengthens the field of study, underscoring the importance of our collective efforts.

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#7,3

RHYTHMISING IDENTITY: MUSIC THERAPY AND ADOLESCENT IDENTITY USING AFRO-PUERTO RICAN "LA BOMBA"

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Abstract
This paper proposes a community music therapy intervention model in which the Afro-descendant musical genre of bomba is used as a tool to measure and contribute to the development of identity during adolescence. By integrating bomba into the music therapy session, the aim is to improve the adolescent's vision of him/herself. This therapy model proposes to impact a home for young women, victims of violence and abuse between the ages of 12 and 18, living in government custody. Using music corresponding to a specific cultural context is expected to address aspects of identity covering cognitive, social, emotional, physiological and musical areas.

This proposal is also intended to generate interest in music therapists for the study of all musical genres developed in Puerto Rico, which allows them to gain alternative and additional musical resources to serve different communities in the country. In addition, this session model opens a space for Music Therapy to continue exploring and studying the relevance of the use of folk music in community music therapy in our current historical context.

Keywords: community music therapy, bomba puertorriqueña, self-concept, folk music, adolescence.

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BACKGROUND

Music and Identity

Music is a universal means of expression, which, since ancient times, has allowed for the verbal and nonverbal communication of individuals and between groups of people. It is a language created by human beings as a result of their activity of a mental and social nature, so it can be thought through and used to express and explore one's own identity (Lawendowski & Bieleninik, 2017). It facilitates social interactions and allows human beings to adapt to their environment from the sensory, cognitive, physical and creative aspects (Benedito, 2010). The qualities of music allow specific characteristics such as tone, volume, tempo, instrumentation and harmony to influence behaviour and evoke reactions in the individual. It is also a language that provides tools to access one's "being" and find meaning and purpose in life (Echard, 2019).

Identity is composed of the characteristics that distinguish the individual from others and his or her sense of purpose. In it, we find the skills, interests, personal history, personality and identity in society (as part of a family, cultural group, or-workplace). This set of elements allows them to define themselves in the eyes of others and themselves (Echard, 2019). It involves understanding all those aspects

that influence the human being's vision of himself in an intrapersonal and interpersonal way: how he sees himself and how others or the community in which he is situated see him (Amir, 2011).

La bomba: Musical expression of the Afro-Caribbean-Puerto Rican context

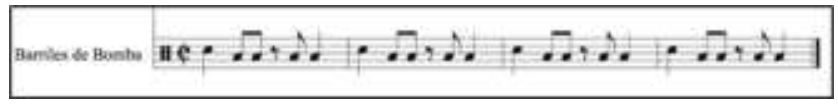
Bomba is a set of musical rhythms of Afro-descendant origin composed of certain elements that are worked in a musical and communitarian way, such as musical performance, chants and dance. In addition to being a musical genre, it is a space that, since the 16th century, has been used to liberate, manifest and create community as an escape from the colonial repression to which thousands of black people, coming from Africa, enslaved in the Caribbean, were subjected (Rivera et al., 2019). It is an artistic expression resulting from the intercultural flow between the Central African Congo and Afro-Caribbean populations in Puerto Rico (Taylor, 2019).

This set of rhythms is composed of five fundamental elements that carry out its execution: community, instruments, dance, songs, and rhythms. The bomba brings together in its expression a song that is repeated in response to a story that is sung; barrels or bomba drums, the barrel primo that has the function of establishing a rhythmic dialogue with a person who dances in the centre of a space surrounded by the people who are present at this meeting; the maraca and the "cuás" (two wooden sticks that are struck on a surface) that mark the rhythm. This set of elements comes together in what is called a "batey", a name belonging to the Puerto Rican Taino culture, an aboriginal tribe of the area, which means ceremonial meeting place. This configuration has been learned through practice and collective exercise, in which they repeat a configuration for which there is no logical explanation.

There is a great variety of rhythms and variations of these. Each rhythm comes from a different region of Puerto Rico, so it will have particular characteristics in its percussive accents and tempos. This work will focus on the "sicá" rhythm, one of the develop rhythms of the region of San Mateo de Cangrejos, currently known as Santurce, located in the capital city of San Juan, on the north coast of Puerto Rico. Figure 1 musically demonstrates how this rhythm is played.

Figure 1

Sicá rhythm in the pump barrel.



Source: Own elaboration.

Like all music coming from the oral tradition, it suffers a transformation in its manifestation but maintains its validity and is extrapolated to the whole island of the Caribbean archipelago. Proposing the integration of a set of rhythms in a context in which the cultural identity of its individuals has been in constant clash and search given its historical context, cultural components such as music become a common language that connects them communally. That is why the presence of bomba in the culture of the Puerto Rican people links the social and individual need to position themselves in a space that is in constant discovery and to find a means of expression that connects them with their own culture.

It allows for human well-being and understanding in the community. This duality of the bomba presents us with that intrinsic and inherited musical desire for an inner quest that works and acts for personal healing as well as musical development (Taylor, 2019).

In this case, the Afro-Puerto Rican folkloric music of the bomba will be proposed as a resource for music therapy sessions since it presents and offers, from its historical context, a space in which music and identity converge. The quality of adaptation to the times is what makes bomba a viable tool for use in a therapeutic context in which the adolescent population is the protagonist. In the field interviews conducted by Taylor (2019), she captured the description of this bomba event as a trance, where both the voice and the rhythms become constant cycles. The rhythm of the instruments forms a steady base, and the choruses repeat over and over again. Your interviewee compared it directly to "gospel" singing, where trance is experienced due to the repetition, which in turn invites those present to participate. Indeed, in the Puerto Rican context, the rumbling of drums and songs and the dynamics of the movement itself evoke different reactions and feelings in all people, regardless of age. The interviewee, Caridad, in Taylor's article (2019), shares that children and young people have expressed that their participation in the bomba, either in dancing, singing or playing an instrument, makes them think and remember their brother who was killed.

The bomba allows them to remember their past in order to continue their present, to which the interviewee comments that each rhythm presents a particular mood or purpose and that memory plays an important role in the healing process. "For them, bomba functions as therapy because they are able to remember a painful past in order to move forward." (Taylor, 2019) The bomba experience for those who live it is a space in which, without the need for scientific interpretation, they experience the daily life of different people through the cycle of life (Lauzon, 2017). This is possible because the practice of the bomb is an event that has been learned and repeated from generation to generation orally, which makes this expression one of everyday life.

This is why, from the field of music therapy, this musical genre and expression is viable for addressing the identity aspect in adolescents.

An intervention model is proposed with a musical genre that, from its beginnings, has been a space for the search for well-being. Being called ancestral music, it is an experience that is complex to describe verbally since it represents a lived baggage that cannot necessarily be understood rationally. The bomba meets the characteristics associated with the concept of "musicking", a word coined by Brynjulf Stige (Stige, 2002) to describe the music therapy session and process as an experience that is lived while it is being carried out.

This Puerto Rican musical genre, given its historical and cultural development, offers a space through therapy for the specialist to attend to the physical and emotional wellbeing of the participants, the expression of their individuality, to meet the personal achievement of being able to play the instruments, to provide the opportunity for musical writing techniques and the experience of social and community involvement in the environment of the young women.

Adolescents, identity and music therapy

Adolescence is a term that describes the developmental stage between childhood and adulthood. The World Health Organization defines it as:

> "Adolescence is the phase of life from childhood to adulthood, or from 10 to 19 years of age. It represents a unique stage of human development and an important time for laying the foundation for good health." (World Health Organization, n.d.).

Adolescence is a period in which several drastic changes occur that eventually lead to the child's maturity. During adolescence, various changes are experienced at the biological, psychological, social and cognitive levels (Gaete, 2015), aspects that, as a whole, aim to define individual identity.

The changes that the child undergoes to become a young person are gradual, and as described by Erikson, cited by Ives (2014), each one is influenced by external psychosocial factors such as the community, historical aspects, learning models, the developmental period itself and the dynamics of the conflict. These factors, together with the stages of adolescent development, make up this identity-creation process.

It is in adolescence when the search for what gives reason and meaning to their lives takes on greater importance as they begin to discover their role in the world and begin to build their own "being" (Echard, 2019). This constantly evolving process requires tools that allow them to identify their human needs and that drive them to seek new experiences. These changes in adolescent development require the music therapist to rely on the search for the aspects that bring meaning to their lives, bring them joy and help them reaffirm their sense of "being" (Echard, 2019). Therefore, the function of music therapy, in addition to encompassing the development of skills through music, needs to delve into the search for the individual meaning of each participant or patient.

Music influences the way adolescents think and act, so it exerts a great weight on the way they understand their environment (Benedito, 2010), which is why music therapy serves as a tool for adolescents. The purpose of music therapy lies in the creation of community since it is desired that participants think of different ways in which the musical tools learned and worked on can be adapted to their daily lives (McIntyre, 2022). Music therapy is also used with adolescents to reduce the impact of dysfunctional behaviours. This is why Benedito (2010) mentions that positive aspects are worked on in the affective-emotional, communication, social, cognitive, and physiological areas.

The structure of music is what allows the therapeutic environment to provide structure to the patients' own experiences, stimulating their self-discovery. Lawendowsi et al. (2016) mention that music accompanies the process of self-realization and building self-confidence. To exemplify this, he offers as an example the method of improvisation, which allows people with challenges in verbal communication to find a way to do so without the need for words. In addition, making music in a group setting is presented

as an opportunity to get to know the participants, to recognize one's own and others' abilities, and to create community.

An example of a group setting for music therapy with adolescents is the "Coffee House" (Mitchell, 2021), a performative community music therapy project and event created and established in Ontario, Canada, which functions as an example of this practice. In it, the verbalization of the narratives of each young person and each member of the youth centre's work team was worked on through their participation in the event that involved everyone's participation. This event represented a space for them to present their identities and nurture their immediate community with an honest view of who they were. These youth were patients at a treatment centre for mental health patients/open custody unit for adolescents sentenced by the criminal justice system.

The music therapist at the centre, through the program mentioned above, worked on musical presentation as a method for the youth to feel capable and whole through music, and that this, in turn, would achieve a change in their musical identity, their self-concept of life, and would provide them with tools to engage in new social and community relationships and interactions (Mitchell, 2021). Through this activity, new perspectives were forged in relation to the young people and towards the work team of the centre since they witnessed through the presentations qualities such as courage, a sense of humour, new possibilities of relating, and vulnerability, allowing for an expansion of personal and musical identity in a collective way (Mitchell, 2021).

Music therapy is a dynamic process that allows patients to be active participants in their search for well-being and self-understanding (Wiess & Bensimon, 2019). That is why the construction of this music therapy design presents and proposes the use of the instruments and community dynamics of the bomba to address the development of identity in young women in the adolescent stage through this therapy design presented below.

INTERVENTION PROPOSAL

Presentation of the proposal

The development of this intervention model suggests two fields to be studied in depth in music therapy: the use of traditional music in the Caribbean region and the study of the influence that the sociocultural context has on the development of identity in adolescents. This design presents a pilot therapy program to be implemented primarily in foster homes for children and adolescents belonging to the Department of the Family program in Puerto Rico. It provides the opportunity to confirm, on a larger scale, how the use of instruments, rhythms and activities related to Puerto Rican cultural identity impact music therapy. In addition, it presents the need to create music-therapeutic care strategies to serve this population of youth who experience violence and physical removal from their foster homes.

Globally, this session model opens a space for Music Therapy to continue to explore and study the relevance of using folk music in community music therapy. Given that the processes of immigration worldwide are driven by political, economic, and social changes, the field of music therapy needs to take a closer look at the music of cultures outside the major world powers. As music therapists, we have the task of connecting with different realities accompanied by music that speaks of the present and the ancestral that every human being possesses; the sound seeks to connect with what human beings do not know how to verbalize, but we feel and express through music.

Participants

The beneficiaries of the music therapy sessions will be girls and young women between the ages of 11 and 18 (the age of majority in Puerto Rico). These young women reside at Hogar Fatima, a permanent/provisional home associated with the Administration of Families and Children of the Puerto Rico Department of the Family, with shelter capacity for thirty-four girls. The girls and young women living in this home are mostly victims of abuse, neglect, or survivors of violence in Puerto Rico (Hispanic Heritage Council of Western New York, Inc., 2018).

The Home is composed of a group of girls and young women who are constantly changing, so it is approximate that fourteen young women participate. The home is divided into two housing modules since, depending on the situations that may occur in the girls' daily coexistence, the group of girls is divided between the two modules, thus forming two groups.

The girls live with their caretakers, who are in charge of ensuring their safety, cleanliness, behaviour and compliance with the duties of each of the girls. Each caregiver works an 8-hour shift, during which time they are in constant contact with the girls, and there is one caregiver per module.

Resources

It is important to have resources that consider the space, the personnel to work with and the musical materials in order to carry out the therapy sessions.

- Therapy space: It is recommended that the therapy room be a large room with ventilation and away from external noise. It should have approximately 15 chairs for the use of the girls in the home and the music therapist. There should be at least one table where the instruments and materials to be used for the music therapy sessions can be placed. A storage room will be requested in which the instruments can be stored since they are large and heavy, and there are many of them. The storage room should have controlled access since the instruments will be in the custody of the music therapist and are not the property of the home, and this will be required to preserve the instruments.

  There is also the space and possibility that some of the sessions can be held outdoors; for this purpose, the chairs and instruments will be taken to a specific outdoor space where the music therapy session will take place. For this, it is important to consider the amount of outside noise that can become a distractor to the therapy and the weather conditions.

- Material resources: As detailed in Table 1, among the instruments to be used, it will be necessary to acquire at least one instrument of national creation, such as the pump barrel.

- Personnel resources: The primary requirement for staff to work in the girls' home is that the professional intervening must be a woman (female gender or femme corps), and there must be a caregiver/ companion of the girls per session.

Table 1

Visual reference of instruments for the sessions.

Source: Own elaboration.

Therapeutic objectives

1. To promote self-concept and identity building through the use of instruments and songs belonging to the Puerto Rican bomba.
2. To promote individual emotional and creative expression in a freeway.
3. Identify and share the emotions generated by the execution and/or interpretation of songs and instruments.
4. To stimulate the motor skills of young girls through the execution of various instruments, promoting movement and coordination.
5. To promote solidarity and teamwork.
6. Establish verbal and non-verbal communication with the music therapist and the young participants through songs, improvisations and rhythm

Procedure

The therapy proposal consists of eight therapeutic sessions of one hour each. These sessions will last two months and one day, starting on Saturday, January 27 and ending on Saturday, March 16, 2024.

The therapy sessions will be consistent, occurring once a week on Saturdays from 10 to 11 a.m. The approximate total number of youth residing in the home who will be impacted by the sessions is fifteen.

The intervention model to be used in the sessions will take into account the seven phases of a Music Therapy session, according to Mateos Hernández (2004). Each activity that will be developed in the therapies will have the goal of fulfilling the therapeutic objectives that support the identity work proposed in this project.

The design of the sessions will have the following phases, as shown in Table 2: greeting and welcome, motivation for the session, the central phase in which various interventions will be developed, the phase of symbolization and verbalization after the activity, and the farewell phase.

The central phase will include interventions aimed at conscious body activation, perceptual development and the relationship with the other. Table 3 presents each of the interventions (activities) designed and explains their therapeutic usefulness based on the objectives established in the project.

For the creation of the interventions, music therapy methods were considered, such as songwriting, improvisation techniques based on Nordoff Robbins, active music creation techniques, and the Orff method, which uses voice, body, and dance.

The set of sessions will integrate the elements of bomba, which are people or community, instruments, rhythms, song or story and dance.

These will be presented in a staggered and cumulative manner since the bomba itself requires each of these functions to manifest itself. We will begin by introducing the instruments and integrating one of the basic rhythms, which is the sicá; then, we will introduce a song of collective creation and, finally, the bomba dance. It is carried out in this way because while simultaneously working on the development of the identity and self-concept of the girls, during the therapy session, musical skills are also developed, which require repetition in order to be learned.

Table 2

Primary phases of the session explained.

Phases	Purpose
Greetings and welcome	Acknowledge each participant's presence in the session and validate her mood and feelings prior to the therapy session.
Motivation for the session	Conduct an introduction to the topic or topics proposed to be worked on during the session.
Central phase	Phase in which different interventions (activities) that lead the purpose of the session are carried out.
Symbolization	Space to process the interventions made, to close the activities and for the participants to express their experiences, feelings and questions that arose during the session.
Farewell	Phase in which the therapy session is closed.

Source: Own elaboration.

Below is a sample of a conscious body activation phase intervention to be performed during the first session:

How does the maraca sound?

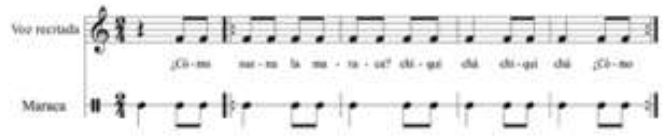
Intervention is divided into two parts:

- This activity begins by asking the question, "How does the maraca sound?" in a recited and rhythmic way. In the beginning, the girls are expected to shake the maraca freely, as they wish. Then they are guided on how to do it, which will be as follows: start by asking, "How does the maraca sound?" and respond by saying "chiqui-chá, chiqui-chá" while shaking the maraca in the same rhythm. Figure 1 shows how the activity will be carried out musically.

  The dynamic of the activity will be repeated three to four times, with the tempo and volume gradually increasing. After these repetitions, the facilitator will give two young people the opportunity to lead the dynamic, encouraging their active participation.

Figure 2

How does the maraca sound?



Source: Own elaboration.

The therapeutic objective of this intervention is to understand the individual and collective pulse, thus stimulating group consciousness. In addition to stimulating rhythmic creativity and individual expression, the girls are expected to react to volume and tempo dynamics, imitate, propose musical ideas and maintain a collective pulse.

The bomba resource, which serves as a cultural and musical link, will be used to work on the inner look at the adolescent "I" of the young girls. This comes about as a result of the benefits that music therapy and bomba share: both stimulate social integration and interpersonal communication, allow the expression of emotions verbally and non-verbally, and strengthen the recognition of the "self" in which adolescent girls can identify their value as an individual and in the group. By creating songs, playing instruments, singing and dancing, the girls will be open to exploring different skills and recognising their strengths and inclinations.

It is of interest that each intervention allows them to explore and understand the individual and community identities of their environment (the group, caregivers and music therapist) so that it results in a strengthening of their self-concept.

Evaluation methods

To evaluate the effectiveness and development of the sessions and participants, the following evaluation methods will be used:

- Initial pre-assessment: This consists of a visit to the home, where the director and social worker will meet. The physical, emotional, psychosocial and spiritual needs of the girls will be discussed, as well as a background on the girls and the operation of the home.
- Initial and post-assessment: These assessments will be conducted on the starting day and the final day of the sessions. It will consist of a quantitative assessment using the SCIM or "Self-Concept and Identity Measure" questionnaire (Kaufman et al., 2015). This questionnaire uses 27 items that assess baseline aspects of identity, such as consolidated identity, identity deprivation and identity disorder. In order to use this assessment model, the questionnaire would need to be adapted to the Spanish language and the Puerto Rican context.
- Self-assessment questionnaire: This simple document asks the girls three questions to measure the impact of music therapy on their self-concept after each session. This questionnaire is adaptable to meet any ne

Table 3

Interventions (activities) per therapy session.

Session	Intervention	Therapeutic usefulness
1	Hot maraca	Create a safe environment in which they can feel confident and secure that they will be listened to and respected. The aim is to establish non-verbal communication among the group, stimulate eye contact and teamwork. Stimulate looking at their own individualities: "who are they in that space?"
	How does the maraca sound?	Understanding the individual and collective pulse, thus stimulating group awareness. Stimulate the creativity of movement and its individual expression.
2	Pump rhythms and instruments	To stimulate the development of instrumental and rhythmic musical vocabulary. Stimulate individual and collective thinking and questioning.
	Maraca and cuas	Working on the internal pulse, rhythmic memory and acquiring body awareness.
	Improvising melodies	Stimulate the individual participation of each young person and the creation of improvised melodies. Validate the musical proposals of each young person using repetition (the MT and other young people will repeat the proposed melodies). Recognize the ability to perform more than one musical activity at a time (for example: playing an instrument and singing).
3	Follow the color of the bell	Motivate curiosity and discover the excitement of using a new instrument. To learn and recognize a melody aurally.
	"Fire in Bucaná".	It is desired to work the internal pulse, the rhythmic memory, to acquire corporal conscience and of its voice. To promote social integration.
4	Drum circle	That the girls feel confident that their free expression will be respected and listened to. Validate their emotions and recognize their individuality.
	Sicá in the barrel	To work on the young girls' musical memory, develop motor coordination and concentration skills.
5	"I am..."	Recognize personal value and validate one's own "being" characteristics.
	"I am... you are"	Validate and respect the contributions of each individual in the group and recognize the value of the other.
	"Songwriting": "Así somos".	Stimulate creativity and collective creation.
6	Piqueteando	To promote body activation and enhance the skills and motor coordination and memory of young girls.
7	My pump was formed	To develop leadership, validate the importance of the individuality of each of the young women and foster the capacity for group work and support.
	Recapitulation of past interventions.	Stimulate musical and temporal memory. Encourage group work and leadership.
8	Recapitulation of most of the interventions.	To give closure to the session and satisfaction after a work and discovery carried out during a total of eight therapies.

Source: Own elaboration.

ed for reasonable accommodation for any young woman who presents any diagnosis of functional diversity or difficulty in reading and writing.

- Observation sheet per session: At the end of each session, a series of data will be collected that corresponds to the therapeutic approach to be used with the girls. This will contribute to the quantitative and qualitative evaluation of the impact of the therapies on the emotional, cognitive, musical, psychosocial and physical areas of the participants.

RESULTS

The results of the possible effectiveness of the sessions and hypothesis testing will be evaluated both quantitatively and qualitatively.

Quantitative evaluation

Self-Concept and Identity Measure" or SCIM

The Self-Concept and Identity Measure (SCIM) developed by Kaufman, Cundiff and Crowell (2015) will be used as a basis. This questionnaire consists of 27 items, which is completed by the patient or participant himself/herself and allows for the identification of identity consolidation and identity disturbance. The questionnaire evaluates base aspects of identity such as self-concept and its role in the environment, the consistency of the individual with respect to his or her interests, the value that the individual has about himself or herself, the recognition of his or her individuality and feeling a whole human being (Kaufman et al., 2015). The SCIM divides its questionnaire into three identity factors that, according to Kaufman (2015), represent the "functional construct of identity"; these are: consolidated identity, lack of identity and identity disorder. These factors are described as follows:

- Consolidated identity comprises different items that capture the consistency of individual values, beliefs, and self-concept.
- Lack of identity: comprises items that capture feelings of emptiness and lack of self-awareness.
- Identity Disorder comprises items that capture inconsistency in belief in one's own values and dependence on others to develop one's own identity.

Kaufman et al. (2015) indicate that the response range is from 1 to 7, with one being "strongly disagree" and seven being "strongly agree". The highest total of the sum of all the premises will represent that there is an identity disorder (Kaufman et al., 2015).

To use this intervention model, the questionnaire would need to be adapted to the Spanish language and the Puerto Rican context.

Qualitative evaluation

- Questionnaire for girls and young women per session.

A second evaluation document will consist of a questionnaire presenting three simple questions, with space for answers, which will be handed out at the end of each session. This document serves as a direct evaluative reference to measure the impact of music therapy on the self-esteem of each girl or young woman after the session. The questions will be placed in 2 formats: question and answer and question and answer. This survey will be used as a kind of reasonable accommodation for girls or young women who present some diagnosis of functional diversity or difficulty in reading and writing, such as intellectual disability or motor disability. The second assessment will only have a simple response question that can be written in one word, or the child or young woman can draw a picture.

- Sign-in sheets per session

At the end of each music therapy session, a series of data will be collected that correspond to the music therapy approach for young women: the development of identity, with special attention to self-esteem and self-concept. Thiswill contribute to a quantitative and qualitative evaluation of the impact of the music therapy therapies on the socio-emotional, cognitive, musical and physical areas of the participants. These will be measured from 1 to 4, with 1 = Never, 2 = Seldom, 3 = Almost always and 4 = Always. The data and observations collected in the record sheets will be contrasted with the results of the evaluation with the SCIM questionnaire that will be given to the young women during the visit prior to the sessions and post-sessions.

CONCLUSIONS

Although currently only a proposal, the music therapy design presented complies with the general objective of implementing the bomba tool to address cognitive, social, emotional, physiological and musical identity. The proposal presents traditional Puerto Rican music and instruments as a primary basis in all sessions, demonstrating at all times the use of the

bomba instruments individually and in an integrated (joint) way.

The designed sessions present different techniques that favour the good and healthy development of self-concept in girls. Activities that validate the expression of emotions are exemplified, for example, in the phases of symbolization in which questions are asked that require the self-reflection of each girl. The "songwriting" technique is used for the creation of a joint song in which the verses will be created by the young women, which will allow a space for them to narrate their reality. It is also intended to encourage the forging of personal identities that can expand the perspectives of themselves and their environment.

The role of the bomba as an inspirational tool for the creation of this intervention proposal is intended so that the lyrics of their songs, both those learned and those created, can represent and capture the thoughts and stories that affect the emotions of the adolescents. These will be exemplified through the melodic and harmonic structure that music offers and the sound dynamics it presents. The group environment will facilitate the integration and sense of individual belonging in the environment of these young girls; as a consequence, music will lead the way to help them establish new relationships with who they are in this stage of growth and the integration of their identities to the social environment.

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MUSIC THERAPY INTERVENTION FOR WOMEN SEXUALLY HARASSED AT WORK

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Abstract
It would seem that the male superiority that is still present in hierarchical labour relations has placed women in a clear sphere of inferiority. This unequal hierarchy may inadvertently contribute to the emergence of harassment and bullying attitudes towards women workers. It would seem that since the 1970s, such behaviour has increased considerably in our society. It can be challenging to define, detect and treat sexual harassment at work accurately due to the characteristics that define it. This is because it can be confused with other types of violence. It is important to recognise that the effects of harassment at work can be far-reaching, affecting not only the psychological well-being of workers but also their physical and social health. According to different studies, the symptoms presented by the workers included anxiety, stress, insomnia, depression, bulimia nervosa, post-traumatic stress disorder, lack of communication, social isolation, and other types of illnesses and pathologies. This suggests that there is a clear need to consider implementing more personalised treatments to improve the well-being and quality of life of the patients. The objective of this article is to present a proposal for the implementation of music therapy interventions with the aim of reducing the effects manifested by female workers. In order to achieve this, we will draw upon the insights gained from successful music therapy studies carried out with women in similar contexts. This will allow us to highlight the value of this therapeutic field and its significant advances in recent years.

Keywords: sexual harassment, gender equality, victims of harassment, harassment at work, music therapy.

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BACKGROUND

Although the use of music and music therapy to improve people's well-being has been widely studied (Fernández-Company et al., 2022; García-Rodríguez et al., 2023), specifically with women in vulnerable situations (Delgado-Medina & Fernández-Company, 2021; Knight et al., 2021), as far as is known, there are no known proposals for intervention with music therapy aimed at women sexually harassed in work contexts. However, the World Health Organization (2001) encourages the practice of developing artistic or cultural activities, informal or organized, in which the subject is actively involved in multiple ways, such as instrumental performance or passive musical reception as an audience, in order to integrate into social and community life effectively.

However, the evolution and growing relevance of this issue in our society is becoming increasingly evident and translates into the appearance of laws, studies and specialized protocols on the subject, as well as the obligation that falls on companies to include measures to prevent sexual harassment in the workplace. Among

them are laws such as Organic Law 3/2007, of 22 March 2007, for the effective equality of men and women, where the first specific measures of a mandatory nature appear for companies to establish prevention and help protocols in case of sexual harassment in the workplace.

On the other hand, some laws establish the obligations towards the employer to guarantee measures to prevent workplace harassment, such as Law 31/1995, of 8 November, on the Prevention of Occupational Risks or Royal Legislative Decree 5/2000, of 4 August, which establishes sanctions in the workplace for specific sexual harassment behaviours.

Workplace bullying in all its forms occurs from the perspective revealed by Gimeno et al., (2001), with effects such as demotivation, abandonment of work, lack of communication, anxiety, absenteeism, sick leave or increased depression. In line with the effects found in the lives of women victims of this type of situation, the following are found: anxiety, depression, sleep disorders, apathy, concentration problems, problems with relationships, decreased self-esteem, lack of initiative, reduced job satisfaction, etc. Carretero & Luciano (2011).

According to Hirigoyen (1999), the effects at a general level would be more linked to general stress, such as chronic fatigue, generalized anxiety, insomnia, headaches and psychosomatic disorders such as hypertension, eczema, ulcers, self-destructive behaviours: bulimia, alcoholism or drug addiction (p.129). It can be deduced that these effects would not be limited only to the personal sphere but would also affect the social and work sphere since even after the termination of the employment relationship, the consequences may persist, manifesting themselves in late psychic or somatic disorders such as inheritance of aggressiveness, disastrous ideation, etc., which could hinder the normal development of the company with requests for terminations, leaves of absence or a negative work environment.

The proposal for intervention through music therapy will be carried out in this specific context, focusing on women who have experienced sexual harassment at work. The main focus of interest in the development of this work revolves around the intensification of the provision of services for women who are in a situation of vulnerability, proposing to complete the existing multidisciplinary teams in the equality centres for women, proposing the integration of the music therapy area together with the figure of the psychologist and legal advice. Thus, the service for women should be improved in a way that is more in line with the needs of today's society.

Conceptualization of sexual harassment at work

Currently, several approaches to the concept that is the subject of study coexist, which in turn creates different definitions similar to each other. This fact makes it difficult to reach an agreement, conceptualize it, and clearly identify the consequences. Terms such as gender violence, sexist violence, and workplace harassment... include concepts and characteristics that coincide with the term proposed in this article. According to Pernas et al., (2000), harassment hinders the integration of women and denies their value as professionals; it is made up of a series of attitudes and practices that even infantilize women at work. However, according to other authors such as Serna (1994), sexual harassment at work encompasses all sexual behaviour that is unwanted by the person to whom it is directed, and that has a negative impact on the victim's employment situation.

On the other hand, the International Labour Organization (2013) specifies the following: "any action, incident or behaviour that deviates from what is reasonable by which a person is attacked, threatened, humiliated or injured by another in the exercise of his or her professional activity or as a direct consequence thereof" (p.4), specifying with respect to the two previous definitions, not only behaviours but actions or incidents that harm the worker. Therefore, there is a lack of unanimity regarding the criterion when defining it. However, it is evident that sexual harassment in the workplace, represents one of the most notorious manifestations of the unequal and hierarchical distribution of power between men and women in society.

In the workplace, sexual harassment is conceptualized from three determining axes: violence against the female gender, abuse of power and the presence of a sexist work environment. In this sense, the study carried out by the Ministry of Labour and Social Affairs has defined this series of axes with sexual harassment, indicating, in general terms, the following (Ministerio de Trabajo y Asuntos Sociales, 2006):

- In the workplace, sexual harassment is directly associated with the manifestation of violent acts exercised against women in order to make it a tool of power over the female gender. Sexual harassment, in turn, is associated with a secondary characteristic, which refers to the abuse of power by the male gender.
- In relation to the sexist work environment, it refers specifically to the manifestation of discriminatory acts against women, taking as examples of

greater clarity the distribution of tasks between genders and wage differences, among others.

- The abuse of power, within the framework of workplace harassment, is usually accompanied by a series of abusive behaviours. This type of axis is developed by those who are in a higher hierarchical position, where the harasser takes advantage of his or her job position to discriminate, harass and attack his or her respective victim.

This research warns that each of the axes above causes affected women to be affected at the workplace, at the individual and even community level. From the perspective of the impact that this behaviour generates on individual women, it is directly linked to the suffering and humiliation that arise as a result of having been victims of harassment and violence. This has led to a decrease in self-esteem, the appearance of anxiety, lack of motivation, stress and other mental symptoms, which tend to manifest as physical illnesses in the female gender (Ministerio de Trabajo y Asuntos Sociales, 2006).

Consequences of sexual harassment in the workplace on mental health

Workplace bullying in all its manifestations causes numerous consequences of great importance in the lives of the victims: anxiety, depression, sleep disorders, insomnia, apathy, concentration problems caused by the impacts of bullying at a cognitive level, problems relating and growing within the organization due to low self-esteem, insecurity and lack of initiative, reduced job satisfaction, little commitment to the organization, reduced confidence and concentration, increased alcohol and tobacco consumption, acquisition of new unhealthy habits that produce negative effects on a personal level or tension on the development of relationships on a personal level (Carretero et al., 2011).

According to the studies reviewed, workplace harassment has the immediate capacity to generate adverse effects on the lives of victims, with women being particularly susceptible to these significant impacts at the mental level due to the serious consequences derived from workplace harassment. (Carretero et al., 2011).

Prolonged sexual harassment in the workplace has a negative impact on the professional career, even putting the employment of female workers at risk. From this perspective, various studies have indicated that if the most serious victims are not supported or assisted in time, the chances of being diagnosed with Post-Traumatic Stress Disorder (PTSD) grow exponentially (Gil, 2009). Specifically, a large-scale survey carried out in a Norwegian study revealed that approximately more than 40% of the population that had been harassed in the workplace admitted to having considered the possibility of suicide at some point, reflecting, therefore, the seriousness of the effects of this type of circumstances on the victims when this type of disastrous ideas appeared in the person (Gutek & Koss, 1993).

Table 1

Consequences of workplace harassment

Women workers	Impact on physical and psychological health. Negative consequences for interpersonal relationships.
Workplace	Reduced productivity, social disrepute, economic losses.
Society	Favours the disintegration of organisations and the justice system. Discrimination is consolidated

Note: Adapted from Carretero, Gil and Luciano, (2011); Einarsen and Hauge, (2006)

Music therapy and sexual harassment at work

It is important to highlight some positive results achieved through the use of music therapy with patients in similar situations; mistreatment, sexual abuse, etc., with similar symptoms (Gamella-González & Grimalt, 2021; Strehlow, G. 2009; Rogers, 1992; Leitschuh & Brotons, 1991; Clendenon-Wallen, 1991). Music therapy is presented as a valuable tool on a personal level, capable of turning the person's painful experience into something beautiful by stimulating active listening or encouraging the patient's creativity and improvisation. Studies show that music therapy is of great help as its results revealed an improvement in the field of mental health, as well as in the physical field.

According to Robarts (2003), "the immediacy of music and its roots in all of us evokes physical, emotional, mental and spiritual expression with healing potential to transform the old and mediate the new. In this way, a new meaning is forged in life" (p.32). Therefore, the use of sound material, as well as songs, serves as a container where the patient can deposit their feelings and thoughts, becoming an excellent healing tool in these scenarios.

According to the study carried out by García-Viniegras et al. (1997), it is found that receptive music therapy of the pro-intellectual type is aimed at counteracting the negative effect of stress, both from the point of view of the anxiety perceived by the subject and by the performance

of his intellectual abilities, considering that cognitive processes (attention, memory, etc.) are also important. concentration) are affected by high levels of anxiety or stress. From this perspective, the receptive pathway could be incorporated into the intervention proposal, since it can be seen how music can lead the patient from a depressive state to a more cheerful and lively state through the use of music.

The clinical potential of music therapy can be appreciated, according to Robarts (2006, p.265), when "music, musicality and emotion-al expression are understood as something biologically based and part of our human identity" since music can be adjusted positively shaping our person. Therefore,

Music could positively influence the self-esteem and confidence of women who have experienced workplace harassment. In bullying situations, where self-esteem and self-confidence are affected, music can play a crucial role in the process of emotional and psychological recovery by creating a safe environment and fostering resilience and emotional empowerment.

INTERVENTION PROPOSAL

Participants

The group to which this proposal is aimed is a group of 10 women between the ages of 35 and 40 with a level of higher education in various professional branches such as teaching, law, nursing or computer science. All of them have a permanent discontinuous employment contract, and their seniority in the companies does not exceed two years. All his hierarchical superiors are men, and his marital status is uncoupled.

In general, they all have low self-esteem, distrust, lack of communication, isolation or lack of concentration. They also present symptoms of insecurity and fear. Although the focus of this intervention proposal is intended for the female gender, it is flexible. It is elaborated on its possible implementation with the male gender since the specified objectives could be beneficial and positive for any type of gender.

Resources

- Musical material itself: Instruments of small indeterminate and determined percussion (Orff) and melodic instruments (guitar or piano).
- Non-expendable auxiliary material: Mirrors, blindfolds or handkerchiefs.
- Fungible auxiliary material: Continuous paper, markers, colours.
- Space resources: A room with a wooden floor and soundproofing would be preferably needed. If this requirement is not available, carpets could be placed to make the environment as welcoming as possible.
- Human resources: Music therapist.

Schedule

The chronological planning of the sessions will be organized cyclically for a total of two months, every Thursday from 6:00 p.m. to 7:00 p.m. Each patient will undergo an initial assessment on an individual basis to determine their suitability to start mid-programme or early in the cycle. Since the activities contain greater physical contact and interaction between peers, the sessions will be started in the middle of the program, approximately in session 5.

On the other hand, if they have very low levels of results, who present rejection of interaction or physical contact, little communication or mistrust, they should start from session 1 to work in a personalized way that prepares them to work with the group in an ideal way.

Music therapy sessions

The general objective of the sessions will be to implement the following intervention proposal in which music therapy serves as a primary element of the entire process. As secondary objectives:

- Recognize and learn to manage anxiety and personal stress, the formation or transformation of a new image, and the system of relationships.
- Correct distorted perceptions.
- Improve emotional expression through music.
- Work on relaxation to improve concentration and return to calm, among others.

The main approach will be receptive, although it is proposed to complement it through the active Nordoff Robins method by combining it with activities that work on verbal, plastic or written expression. Thanks to this multimodal approach, the aim is to develop the patient's creative, communicative and social aspects.

This proposal proposes the realization of 8 music therapy sessions distributed once a week with a duration of 45

minutes in a group way. The structure of the sessions will be symmetrical. It will be organized cyclically so that each of the users can start halfway through or at the beginning of the project, depending on the results of the initial evaluation and the emotional and personal state in which they are.

Thus, physical contact and interpersonal work will be gradual and less invasive for the users, since this aspect is worked on specifically in the second half of the process. The sessions are organized into welcome activities, warm-ups, activities, cool-downs, sharing, and farewells.

The activities found are singing and group listening through verbal and written expression; songwriting technique, rhythm work, improvisation with musical instruments; listening and relaxation activities to achieve self-relaxation; movement and body expression, aimed at releasing tensions and emotions through the body, with the aim of promoting greater cohesion in the group.

Carpente & Aigen (2019) expose how the use of songs and participation in music can facilitate communication, emotional expression and psychological well-being in adults. This is why the use of songs close to both the individual and group ISO is included. These songs will improve interpersonal and intrapersonal relationships, allow one to express oneself, connect with oneself and with the group and develop a new form of expression.

The analysis of song messages is of significant importance, both emotionally, personally and socially. It contributes to the promotion of creativity, self-esteem and interest among users since, according to Kirkwood (1999), "self-esteem is one of the personal tools that women could use to restore their power and defend themselves from the emotional impact of abuse" (p. 101).

Finally, it will be combined with listening to recorded music, along with moments of interpretation and improvisation, since according to Fernández-Company et al., (2022) and Gamella-González (2023), this intervention approach in which both listening and interpretation intervene involves the application of a wide range of sensorimotor, cognitive and emotional processes.

Data collection and analysis

The evaluation process will be divided into three parts: initial evaluation, continuous evaluation and final report. To carry out a systematic follow-up of the entire process and document all the sessions held, goals set, achievements achieved, and any other relevant details, a record sheet will be completed in each session. This tool is essen

Table 2

Structure of the sessions

1. Welcome: Activation of active listening and reduction of alertness and fear.
2. Warm-up: Introduction to the motivation of the session.
3. Activities: conscious body activation activities, perceptual development...
4. Sharing: Representation and symbolization activities.
5 and 6. Farewell: Farewell song and return to calm.

Source: Own elaboration.

tial for the music therapist and will be organized into two parts: on the one hand, it will contain information about the users. On the other, the following seven specific areas will be structured: psychological, emotional, physical, rhythmic, melodic, vocal and instrumental.

Each section will have three items that indicate the degree of achievement: optimal, sufficient, improvable or unsuitable. In addition, it will have sufficient space to detail the SOAP information: subjective, objective, analysis and plan, where the data described personally will be housed, what has been observed in the initial evaluation, and the subsequent planning that will be carried out.

The initial evaluation is of paramount importance, as it sets the stage for a correct work and observation of the evolution of the user. It helps the music therapist to know and determine the most outstanding aspects that will guide him to carry out a work focused on the objectives previously set. Next, data will be collected every two sessions, which is called continuous evaluation and in the last phase that corresponds to the preparation of the final report, the music therapist will be able to compare and check the evolution of the process from the initial evaluation to the end of the last session.

Therefore, to carry out a complete evaluation, quantitative analysis will be combined through the analysis of the data obtained through observation, as well as qualitative analysis through the calculation of the measures of central, average and median tendency. According to Beck et al. (1996), "The BDI-II is a 21-item self-report instrument that assesses common cognitive symptoms of depression and is considered a valid and reliable instrument for the detection of depression in the general population" (p.3); therefore, the data collected in these assessments will tacitly show the levels of stress, improvement in self-esteem, as well as physical, sleep quality, decreased anxiety, decrease in fatal thoughts or self-destructive behaviours,

among others. Each item will be rated from 0 to 3, with 0 being the absence of the symptom and three its greatest exponent.

RESULTS

Positive experience in research already carried out with patients and similar contexts provides an optimistic frame of reference and guides music therapy goals. The proposal is to apply music therapy consistently with the aforementioned approaches, so it is plausible to expect significant improvements in the specific symptoms being addressed. It is crucial to recognize that while expectations are based on previous positive outcomes, each individual and each situation is unique. Therefore, the treatment design is not rigid, but flexible and open to adjustments based on each patient's individual response to the music therapy process, ensuring a patient-centered approach.

This adaptive approach ensures personalized care and maximizes the chances of plausibly achieving positive outcomes. The expectations generated from the evidence mentioned in the following research are as follows: According to the study carried out by Hirigoyen (1999), the results of the intervention would be related to:

Through the results of the different groups, the analysis of variance (herein after ANOVA) would be applied to specific data sets to determine consistent patterns and understand the variations in the data. In this way, it seeks to examine how the impact of music therapy can reduce stress among these groups.

The interpretation of the ANOVA data will be carried out through statistical significance, through multiple comparison tests, and thus detect possible group differences, allowing to establish a solid basis and to be able to establish conclusions about the effectiveness of musical intervention with this type of patient.

Table 3

Symptoms derived from bullying

General stress	Chronic fatigue Generalised anxiety Insomnia Headaches
Psychosomatic disorders	Hypertension Eczema Ulcers
Self-destructive disorders	Bulimia Alcoholism Drug addiction

Note: Adapted from Hirigoyen (1999)

Therefore, it is expected to achieve similar results, taking into account studies such as the one carried out with abused women in shelters by Hernández-Ruiz (2005), where it is verified how working with music therapy at a personal level reduced stress levels, thus improving the quality of sleep. At the interpersonal level, it is expected to improve the quality of life of patients by helping to increase their self-esteem and enjoy emotional and physical well-being again, thus promoting their comprehensive recovery and strengthening their ability to face both personal and group challenges. For this reason, the study carried out by Curtis (2015) is taken into account, where he states:

"Through music, it is easier to break down the communication barriers that they may have verbally, the barriers to relate to oth-er people, thus breaking the social isolation to which they have been subjected for a long time. What we want to achieve is that these women have a good quality of life, can restore their basic capacities of identity, confidence, autonomy, initiative and develop a life of their own." (p.37)

The indicators of the study carried out by Taets, Gunnar Flauco, De Cunto et al. (2013) are also highlighted, where the Wilcoxon test demonstrated that the use of music therapy in health professionals suffering from stress was effective at the end of the sessions, observing a significant reduction of 60% (Δ =-60%, $p<0.001$).

According to the results of García-Viniegras et al. (1997), passive music therapy of the pro-intellectual type helps to counteract the negative effect of stress, both from the point of view of the anxiety perceived by the subject and the performance of their intellectual abilities, taking into account that cognitive processes (attention, memory, concentration) are also affected by a high degree of anxiety or stress.

This study shows the possibility of incorporating passive music therapy in intervention proposals. He defends the breadth of applications offered by music therapy and highlights its usefulness, especially in the approach to stress reduction. It is emphasized that the effects resulting from sexual harassment in the workplace coincide with the benefits observed in patients who experience work stress and depressive states.

It also confirms how music can play a crucial role in redirecting the patient from a depressive state to a more lively and joyful state through the application of musical genres close to the user's tastes. It supports the consideration of music therapy as a valuable tool in the manage-

ment of emotional states, providing encouraging prospects for its application in therapeutic contexts.

In conclusion, a positive response is expected from the patients, who are supported through the work with sound facts. Both emotionally and socially, music therapy can offer great value in helping to process emotions, improve communication and expression, as well as a reconnection with the person that would help improve the quality of life of patients through a deep approach and care that delves into the intimate and painful emotions of the workers.

CONCLUSIONS

In general terms, this proposal will contribute to the implementation of music therapy in the social sphere and, more specifically, in the female work context. Given the complexity of the subject, characterized by low visibility and frequent legislative changes, the lack of studies in the field of social music therapy compared to other areas, such as the clinical one, is evident.

This lack has complicated the comparison with the results of research already carried out in the same field that could serve as a basis to support the proposal and reach more solid conclusions. In addition, it would be positive to analyze the psycho-emotional aspects derived from a post-traumatic work situation in order to delve into the casuistry of the problems mentioned above.

In short, sexual harassment in the workplace is a serious and multidimensional problem that affects not only the mental health of the victims but also their work performance, interpersonal relationships and social dynamics as a whole. The lack of consensus on the definition of sexual harassment in the workplace reflects the complexity of the phenomenon, but its negative impact on women's lives is undeniable.

In this way, the harmful consequences of sexual harassment at work, especially in women, evidencing demotivation, abandonment of work, lack of communication, and anxiety, among other effects. The intervention proposal presented in this paper addresses this problem from a multidisciplinary perspective, proposing the inclusion of music therapy as an essential component in the care of affected women (Gimeno et al., 2001; Matud et al., 2013).

Likewise, the conceptualization of sexual harassment in the workplace, considering gender violence, abuse of power and a sexist work environment, highlights the complexity and diverse manifestations of this phenomenon in the workplace. A lack of support and assistance to victims can lead to even more serious consequences, including post-traumatic stress disorder and suicidal thoughts.

For this reason, music therapy is presented as a valuable tool in intervention, based on studies that show its effectiveness in improving the mental and physical health of people affected by similar situations, such as work stress. The ability of music therapy to stimulate active listening, encourage creativity and improvisation, and counteract the negative effects of stress makes it an important option to complement the existing services inequality centres for women.

In conclusion, through this proposal for intervention with music therapy, the importance of addressing sexual harassment comprehensively is highlighted, recognizing its consequences on the mental and physical health of the victims. The inclusion of music therapy in multidisciplinary teams offers an innovative and promising perspective to improve the well-being of affected women, thus contributing to the construction of healthier and more equitable work environments.

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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.

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The author declare that he has developed this proposal and elaborated the academic article.

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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 depersonaliza-tion, in care professions, there can also be a significant decrease in per-sonal 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 anxie-ty 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; Clem-ents-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 Svärdström (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 elements, 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 interor 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

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
STAGE 1 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
STAGE 2 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
STAGE 3 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
STAGE 4 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
STAGE 5 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
STAGE 6 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
STAGE 7 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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BURNOUT LIMITS OUR SONORITY. MUSIC THERAPY RESTORES TIMBRE AND TONE

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MUSIC THERAPY FOR SPEECH REHABILITATION IN PARKINSON'S DISEASE

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Abstract
Parkinson's Disease is a neurodegenerative disease that causes deterioration of the nervous system and, among the generality of symptoms it produces, the ability to speak in the person who suffers from it decreases.
As healthcare professionals, caregivers, and individuals affected by Parkinson's Disease, your role in this intervention proposal is crucial. Together, we aim to rehabilitate the speech mechanisms impaired by the disease, enabling the affected person to express themselves orally in a comprehensible manner and function independently in their daily environment.
The methodology used to recover these mechanisms is based on techniques developed by Thaut and Hömberg in what is called Neurological Music Therapy, an aspect of music therapy aimed at preserving or rehabilitating cognitive, motor and language dysfunctions caused by sudden injuries or neurological degeneration conditions.
In the case of language dysfunctions, singing therapeutically involves, on the one hand, relaxation, breathing and vocal emission activities to improve phonation; on the other hand, exercises aimed at recovering the mobility of the articulatory organs for the adequate production of vowels and letters and, finally, rhythm, intonation, melody and accentuation activities to recover the expressiveness of speech.

Keywords: music therapy, parkinson's, speech, rehabilitation, voice.

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BACKGROUND

The characteristics of Parkinson's speech and voice are determined by the way and degree to which the disease progressively deteriorates the processes of breathing, phonation, resonance, articulation and prosody in those who suffer from it (González & Bevilacqua, 2012).

According to Martínez-Sánchez (2010), people with PD have an abnormal breathing pattern due to decreased cerebral blood supply and lack of muscle mobility. Accordingly, Martínez-Sánchez et al. (2016) believe that this breathing anomaly prevents the lungs from receiving the necessary air, generating problems such as a sharp decrease in airflow with numerous interruptions in airflow, prolonged pauses to breathe between words and hypophony, which is the notable decrease in voice volume. Finally, Parrón (2017) points out that these patients have altered breathing, with an inadequate dosage of air during phonation and little functionality in phonorespiratory coordination.

Phonation

Phonation is the act of producing sound, and the airways must be clear, relaxed, and free of any tension so that they can be produced properly (Colón & Lazo, 2018). Martínez-Sánchez (2010) describes that, as the PD patient does not meet these requirements, his typical voice is hoarse, harsh, weak and of a low tone, as a result of his limited mobility in the vocal cords. For his part, Miller (2017) observes hypophonia as low intensity and describes it as blown, weak, trembling, hoarse, muffled, and choppy. Along the same lines,

Chiaramonte and Bonfiglio (2020) believe that the difficulty in modulating the intensity of the voice is due to the impossibility of properly closing the glottis, which leads to involuntary leakage of air during speech production, resulting in a notable decrease in phonation time, as well as highly unstable phonation.

Resonance is the sound generated by the movement of the vocal cords, once projected into the space of the supraglottic cavities, which include the pharyngeal cavity, the oral cavity, and the nasal cavity. Resonance increases vocal power and richness, but according to González and Bevilacqua (2012), resonance is affected for two reasons in people with Parkinson's disease.

First, the soft palate, with limited mobility, does not properly close the nasal passage, resulting in a higher-pitched, monotone nasal voice. Second, the difficulty in opening the mouth properly reduces the resonator function of the oral cavity, resulting in a significant loss of power and sound richness. Parrón (2017) argues that this problem is related to the inefficiency in the contraction and elevation of the soft palate, which allows air to escape into the nostrils, producing a nasal effect on phonation.

During the articulation process, the organs involved adopt different positions to allow the modification of the vocal tract and produce the voice. Parkinson's disease alters the stability of these organs due to the tremors it generates and, according to Martínez-Sánchez (2010), speech sounds decay, significantly reducing its intelligibility. For his part, Miller (2017) believes that the typical PD joint is characterized by imprecision due to a lack of muscle strength and tone, to which he adds a decrease in joint amplitude, coordination, and precision.

Dysfunctions of Parkinson's disease

Similarly, Chiaramonte and Bonfiglio (2020) reached three important conclusions. First, they found that this disease causes a decrease in the strength, extension and speed of the articulatory organs that hinder the production of speech. The second place is the rigidity and bradykinesia (slowness of movements) inherent to PD that affects the muscles and mobility of the patient's lips, tongue, and jaw, which makes it extremely difficult to articulate words. Finally, the reduction in the range of movements due to PD also has negative repercussions on saliva control, chewing and swallowing.

Finally, with respect to prosody, there are three relevant phenomena in the act of speaking: accentuation, intonation, and rhythm. The essential function of these three phenomena is to group the sounds of speech into blocks, called rhythmic groups, to facilitate the decoding and understanding of the message (Miller, 2012). This same author, in the same study, observes a monotonous speech in PD patients that makes it difficult to express their own emotions.

The study conducted by Martínez-Sánchez et al. (2016) identifies several characteristics associated with deficient prosody in patients with Parkinson's disease (PD). These features include significant difficulties in speech motor control, the presence of micro-pauses during speech, and a general decrease in the speed of articulation of words. Parrón (2017) describes that the fundamental frequency of the voice of those affected is very little variable, which means that the ability to sing is lost. Again, Miller (2017) observes difficulties in fluency and rhythm during the speech process.

For their part, Chiaramonte and Bonfiglio (2020) found a series of prosodic dysfunctions, such as low sound intensity produced by tension in the laryngeal and respiratory muscles. In addition, a wide reduction in the range of sound frequency was found to be caused by the decrease in mobility of the pharyngeal-laryngeal tract and rigidity in the cricothyroid muscle, which controls the length and tension of the vocal folds. This produces reductions in stress, use of short sentences, few variations in tone and intensity of speech and a dysfunction in the ability to generate and recognize rhythmic patterns in words and sentences.

Neurological Music Therapy

In order to treat these symptoms produced by the neurological deterioration of both this disease and others with the same character, at the end of the nineties, Michael Thaut, Gerald McIntosh, Volker Hoemberg, Corene Thaut and Ruth Rice developed neuro-logical music therapy (NMT). They also founded the Academy of Neurologic Music Therapy (2014) at the Center for Biomedical Music

Research at the University of Colorado, working together with the Institute of Neurorehabilitation of the Faculty of Medicine of the University of Düsseldorf (Jauset-Berrocal & Soria-Urios, 2018). According to Thaut and Hömberg (2016), NMT is based on the application of standardized and individualized musical interventions based on the latest scientific advances and aimed at preserving or rehabilitating cognitive, motor and language dysfunctions caused by supervening injuries or neurological degeneration conditions.

Neurological music therapy (Thaut, 2010) introduces various techniques that, in line with the current knowledge of musical perception, act by influencing the neural mechanisms involved in these functions, which supposes a stimulus in the damaged brain area that can lead to an activation or an improvement of the dysfunction suffered.

According to Thaut and Hömberg (2016), Neurological Music Therapy is based on scientific knowledge about brain musical perception, acquired thanks to the latest technologies in the field of neuroimaging, such as computerized axial tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), electroencephalography (EEG) and magnetoencephalography (MEG).

The foundation of NMT has four pillars or theoretical principles. The first is based on the technology of neuroimaging studies, which show that music causes an almost global activation of the brain, stimulating the neuronal interaction between both hemispheres and activating the various brain structures involved in the perception of each musical element (Warren, 2008).

The second pillar is based on the effectiveness of performing musical activities to facilitate the recovery of lost or affected functions (Altenmüller et al., 2013), retraining and integrating injured areas of the brain, as well as forming new neural connections. This is what is called neuroplasticity.

The third pillar is based on the evidence that non-musical functions affected by brain injury or accident can be accessed through music, thanks to the existence of neural circuits shared between musical functions and functions of everyday life (Schlaug et al., 2008).

Finally, the fourth pillar is based on rhythm as an auditory stimulus, which is capable of creating a temporal platform on which the brain becomes capable of anticipating each pulsation and programming the necessary movements (Bahrami et al., 2017), demonstrating the existence of rhythmic synchronization or coordinated activity of auditory neurons and motor neurons. Preparing the motor system and facilitating the quality and execution of the movements. This last point is mainly applied to patients with Parkinson's and other types of brain injuries in the form of rhythmic exercises, both for the rehabilitation of limb movement and language rehabilitation (Jauset-Berrocal, 2016).

NMT is aimed at providing support in the rehabilitation of the three areas affected by neurodegenerative diseases: the cognitive, motor and language areas. For each of these areas, Thaut and Hömberg (2016) have developed a set of techniques specialized in the different disorders that those affected may suffer.

With regard to the area of language, these authors have designed up to eight intervention techniques for language rehabilitation, of which, in the intervention proposal presented, the following have been used:

- Motor and Respiratory Exercises (OMREX), whose objective is to enhance the control of the respiratory system through relaxation, breathing and musical vocalization activities;
- Therapeutic Singing (TS), whose purpose is to strengthen the respiratory system, facilitate the initiation and development of speech and improve the articulation of words, using the interpretation of songs for this purpose;
- Rhythmic Speech Cuing (RSC), which uses rhythmic patterns produced by body percussion, percussion instruments and metronome, on which phrases from the chosen song are recited to regulate and coordinate the movements of the oro-facial muscles involved in speech, thus controlling the speed of speech, as well as the inflexion of speech;
- Musical Speech Stimulation (MUSTIM), which encourages the spontaneous generation of speech through the practice of ending and starting words and phrases extracted from the chosen song, thus stimulating prosodic language and non-propositional speech;
- Vocal Intonation Therapy (VIT) uses the musical vocalization of useful phrases imitating the prosody, inflexion and rhythm of normal speech, with the appropriate musical accompaniment, to facilitate its learning and application in everyday use.

Thus, this model of music therapy aims to rehabilitate phonation, articulation and speech prosody that deteriorated due to Parkinson's disease, with the aim of improving the quality of life of affected people, who gradually see how their ability to speak, to express their feelings, to

transmit their opinion is reduced, to the point that they could even stop communicating with the people around them and this can really have very serious consequences, such as ending up isolated from the world around them (González & Bevilacqua, 2012). In addition, this loss of communication ability can also cause significant damage to the PD patient in other areas, such as the emotional area, since, due to the difficulty in maintaining communication with their environment, they may be immersed in a depressive state produced by their linguistic inability (Olanow et al., 2009).

MATERIALS AND METHOD

Participants

The recipient of this intervention proposal is a fictitious 76-year-old patient whose ability to speak has already begun to deteriorate PD. His voice volume is weak; he needs to pause numerous times to breathe between words. His voice is thin, flat, and nasal, with little power and sound richness. Their ability to articulate is also affected. Their speech is made up of short and linear sentences with hardly any accentuation, and they have a slow and not very fluid rhythm that makes it difficult to be intelligible.

Activities

All the activities in this proposal are centred around the beloved carol "Ya se van los pastores" (anonymous, twentieth century). This song holds a special place in the patient's heart, evoking memories of his childhood. The emotional resonance of this song is a key factor in its selection for this intervention. The activities are divided into three blocks, each focusing on phonation, articulation, and prosody.

For the block of phonation activities, the technique used is OM-REX, and its objective is to enhance the control of the respiratory system through relaxation, breathing and emission activities that can be carried out standing or in a sitting position with the back straight, depending on the physical condition of the patient at the time of the session. These activities are designed for practicing and assimilating costo-diaphragmatic breathing. They include exercises to relax the neck and shoulders, facial massages to relieve muscle tension in the face, vocalization exercises, and the use of a plunger flute to strengthen the respiratory system.

Forock of articulation activities will utilize the TS technique, which. It strengthens the respiratory system, facilitates the initiation and development of speech, and improves word articulation through singing. The song was cut into short fragments (see Table 1) to train the phonemes of the Tables. These phonemes will be grouped into five categories based on their production method, providing an approach to articulation training.

Table 1

Phoneme structure

PHONEMES	SOUNDS
bilabial	/b/, /m/, /p/
labiodental and dental	/f/, /d/, /t/, /s/),
Alveolar	/n/, /l/, /r/, /rr/
Palatal and Prepalatal	/ñ/, /y/, /ch/
Sails	/k/, /g/, /j/

Note. Subdivision of phonemes according to placement in pronunciation. Own elaboration.

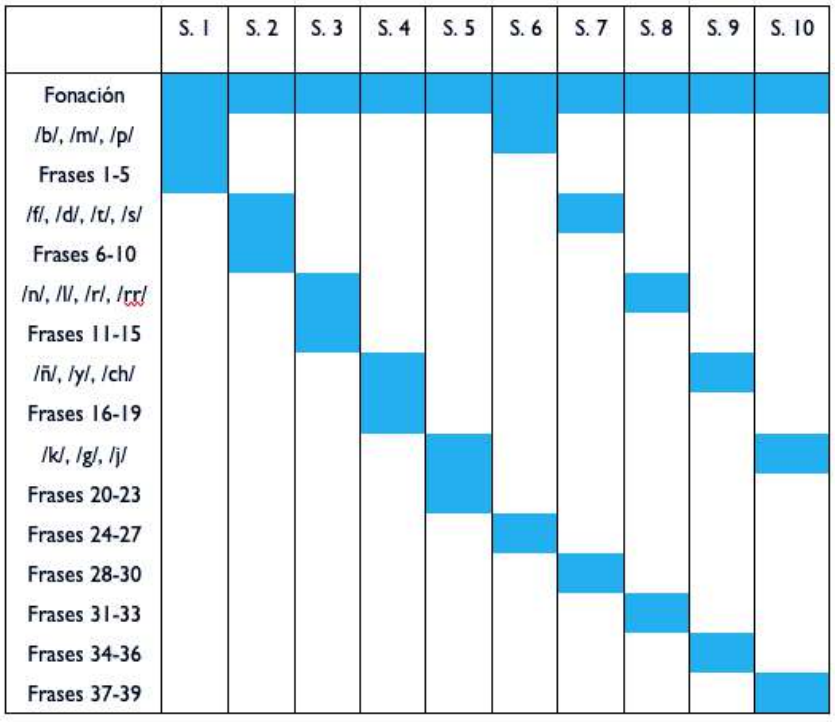
As for the block of activities related to prosody, the CSR, MUSTIM and VIT techniques will be used, working on each of the phrases of the song, which will serve as a formal structure for the therapy. RSC uses rhythmic patterns, produced by body percussion, percussion instruments and metronome, to awaken the normal inflexion of speech, establishing a rhythmic base on which the phrases of the song are practised and which will mark the speed of the speech, as well as the stressed syllables that will allow the correct expressiveness of the patient. In MUSLIM, the music therapist encourages spontaneous speech generation by practising the completion and beginning of words and phrases extracted from the song in a kind of musical game of questions and answers. Finally, in VIT, the musical vocalization practised in the phrases of the song will be used to extrapolate it to other phrases useful in everyday life, imitating the prosody, inflexion and rhythm of normal speech.

Schedule

The duration of the intervention is scheduled for five weeks and consists of ten sessions, distributed at the rate of two weekly sessions of sixty minutes each. The following table shows the distribution and sequencing of content to be carried out in each session.

Table 1

Schedule of sessions Intervention proposal



Note: Temporal distribution of phoneme use throughout the sessions. Own elaboration

All sessions will have the same structure: they will begin with relaxation, breathing and emission activities to properly prepare the muscles that will participate in the production of speech; then, articulation exercises will be carried out, and, finally, the activities corresponding to prosody will be carried out.

Resources

The necessary material resources are, first of all, those related to the furniture: a medium-sized room, well ventilated and with good lighting (natural if possible), two comfortable chairs with armrests, a 90x60cm whiteboard with marker and eraser and a 37x157cm standing mirror. Second, the necessary technical equipment consists of an audio player device and an audio and video recording device. Finally, the musical instruments chosen for the intervention will be an electronic keyboard and small percussion instruments for shared use by the music therapist/patient: a Chinese box, a tambourine, a triangle and two plunger flutes. Due to the individual approach of this intervention proposal, human resources will be limited only to the music therapist in charge of performing the intervention. In reference to the economic investment, since the room where the sessions will be held, the audio player, the electronic keyboard, the percussion instruments, the audio and video recording device, the mirror, the blackboard, the marker and the eraser will be the property of the music therapist, this will be limited to covering the salary of the music therapist for the entire intervention, plus a proportional part to cover the expenses of the investment made in the workshop, which will mean a total cost of the therapy of 600 euros.

Evaluation

The evaluation aims to measure and clearly reflect the client's evolution in relation to specific parameters: the degree of tension of the muscles involved in breathing, the degree of mobility of the orofacial muscles and articulatory organs involved in speech and, finally, the melodic and rhythmic capacity of the voice.

To account for this evolution, the client's status will be taken as a starting point using a validated anamnesis questionnaire (Zurita, 2005). Regarding these parameters, on the day of the first session, the relevant data will be collected at the scheduled time using the selected assessment instruments until the end of the therapy.

The final phase of the evaluation process will be, once the data generated throughout the intervention have been collected and conveniently stored, to proceed to analysis to obtain the results of the evolution in the aforementioned parameters and thus know the impact that the therapy has produced in the subject participating in the study.

To collect and record all the data that will be generated throughout the intervention process, different evaluation instruments will be used, such as:

- Form to reflect the personal data and anamnesis of the therapy user developed by Zurita (2005).
- VHI 30 test for vocal disability developed by Jacobson et al. (1997).
- The questionnaire for the clinical evaluation of speech to know the state of the orofacial anatomy, the oral motor control capacity, the state of the basic motor processes of speech and the functional capacity of the user's speech, developed by González and Bevilacqua (2012).
- The musical preferences questionnaire.
- Registration form for each session.
- Recording of each session.
- The therapy satisfaction questionnaire.

Three stages of action have been established for data collection:

1. The first will be prior to the start of the intervention, where the personal data and anamnesis form, the VHI 30 Test, as well as the questionnaire for the clinical evaluation of speech and the questionnaire of musical preferences, will be completed.
2. The second phase will be carried out during the intervention phase, in which the data will be collected through the session registration form and the recording of each session.
3. The last one, once the intervention is finished, where the VHI 30 Test and the questionnaire for the clinical evaluation of speech will be performed again. The user must also complete a questionnaire aimed at knowing their degree of satisfaction with the therapy received.

In relation to the analysis of the data obtained, the personal data and anamnesis form provide the necessary personal data about the client. It serves to contextualize their clinical status at the time of the intervention, providing important information on the current state of the disease that must be taken into account throughout the process. In relation to the musical preferences questionnaire allows the music therapist to understand the patient's tastes and predilections better in order to select musical material that is attractive and motivating, thus achieving a better and more profitable development of the sessions (Amorós-Sánchez et al., 2024)

The importance of observation in the evaluation process is reflected in the record sheets and recordings of each session, which show the work carried out day by day and the progress that the patient is carrying out, as well as inform the music therapist about the possible changes that should be made in the methodology to increase the effectiveness of the therapy.

As for the data obtained in the VHI 30 test and the questionnaire for the clinical evaluation of speech, both those carried out prior to the intervention and those carried out after the intervention is over will be compared with the aim of identifying the type of evolution that the user has experienced (Fernández, Gamella, & García, 2024).

Finally, the therapy satisfaction questionnaire offers data of great interest to the music therapist, not only about the therapy itself but also about the sensations that the patient has experienced with the methodology used and with the treatment received from the professional. This information must be rigorously re-viewed to apply the appropriate changes, if necessary, to achieve greater satisfaction in future interventions.

For the correct handling of the data that will be collected with the evaluation instruments, these data must be kept in an appropriate place. Firstly, the documents in paper format, such as the personal data and anamnesis form, the VHI 30 tests, the questionnaires for the clinical assessment of speech, the musical preferences questionnaire, the record sheets for each session and the therapy opinion questionnaire, all labelled with the patient's full name and the date of collection, they will be stored in a folder intended for this purpose.

Secondly, the recordings of the sessions will be stored on a single hard disk, indicating at the beginning of each recording the number and date of the session. They must be transcribed for the extraction and classification of the relevant information that they may contain, identifying them with the number and date of the session of each one and saved in the same folder in which the rest of the documents in paper format are together with the one itself hard disk. In addition, all the criteria of informed consent and signature of permits will be followed according to professional ethical rules (Fattorini & Gamella, 2021).

Finally, in order to proceed with the proper analysis of the data, they must be imported into a format that allows their clear interpretation: the VHI 30 tests and the questionnaires for the clinical evaluation of speech will be transferred to double-bar graphs to appreciate the results before and after therapy. In contrast, the evolution of their data will be analyzed in the session registration sheets according to their descriptive statistics and will be represented using graphics for clarity.

RESULTS AND CONCLUSIONS

Since it is an intervention proposal that has not yet been carried out, no real results have been obtained. However, taking into account the conclusions of previous studies, improvements are expected in the phonatory, articulatory, and prosodic areas worked on in therapy. It is expected, therefore, that the patient's voice gains quality, clarity, and power in its emission as a result of the correct performance of costo-diaphragmatic breathing and greater control over the relaxation of the facial muscles. A sufficient recovery of the mobility of the lips, tongue, palate and teeth is also expected, as well as an increase in coordination between them, which allows a correct production of speech sounds; finally, it is expected that the pa-

tient will evolve in such a way that he or she is able to express himself orally in an understandable way, thanks to having achieved a more fluid and stable rhythm in speech. A more marked accentuation and a more expressive melody in speech (Barnish et al., 2016; Fu et al., 2018; Matthews, 2018; Rojas Romero, 2018; Stegemöller et al., 2017 and Tamplin et al., 2019).

As with the results, the conclusions of this intervention proposal must be based on studies that have already been carried out. Regarding the general objective, the rehabilitation of the speech faculty of a person affected by PD in a way that allows him or her to function sufficiently in his or her environment, the conclusion is that it is feasible to achieve this through the resources offered by music therapy, in accordance with the results of the studies of Fodor et al. (2011). García-Casares et al. (2018) and de Leonardi et al. (2018).

On the other hand, studies such as that of Abell et al. (2017) or Barnish et al. (2016) support the possibility of achieving correct respiratory mechanics that allow controlling and optimizing the flow of breathed air to increase power and coordination in the emission of the voice through the OMREX technique applied to relaxation. Breathing and vocal emission.

Regarding the objective of toning the orofacial muscles, and as stated in the studies of Fogg-Rogers et al. (2016) and Han et al. (2018), it is concluded that it is feasible to train them and recover their functionality using the OMREX technique, as well as that it is perfectly feasible to recover the mobility of the articulatory organs, lips, tongue, palate and teeth and the coordination between them to carry out a correct production of language phonemes through the TS technique, as demonstrated in the works of Leonardi et al. (2018), Martínez-Sánchez et al. (2016) and Spina et al. (2016). Finally, the conclusion for the objective of improving the rhythm, intonation, melody and accentuation of speech to make the user's oral expression more understandable is that it is perfectly feasible through the use of the RSC, MUSTIM and VIT techniques in line with the conclusions of the studies of Miller (2012), Pohl et al. (2020) and Rojas-Romero (2018).

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MUSIC THERAPY ALLOWS US TO RESCUE VOICES FROM THE PAST

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MUSIC THERAPY AND SEVERE MENTAL DISORDER: AN INTERVENTION PROPOSAL IN CRPS ARGA

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Abstract
Music therapy has a favourable effect on people suffering from mental disorders, providing benefits in areas such as self-esteem, self-realization and self-image, which are fundamental aspects of improving social skills and interpersonal relationships and will facilitate the process of social integration. It is important to work with this population and even more important to carry it out within a community context. After a bibliographic review and improved knowledge of the characteristics of this population, an intervention is proposed in the Arga Psychosocial Rehabilitation Center (CRPS Arga) in the San Juan/ Donibane neighbourhood (Pamplona). The main objective is the integration of these people into the community life of the neighbourhood, carrying out activities ranging from the most internal work, with the users in the centre itself, to external work, with a musical group formed by neighbours, to finally become an active part of the festive events and the social life of the neighbourhood. The evaluation was carried out using a record sheet and a Likert-type scale questionnaire. It can be affirmed that the development of the project contains all the necessary elements that will allow the execution of the proposed intervention.

Keywords: music therapy, severe mental disorder, mental health, schizophrenia, psychosocial intervention.

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BACKGROUND

This article presents a proposal for a music therapy intervention in the socio-health field, focused on community work. It is aimed at a group of 8 adults suffering from serious mental disorders, users of the Arga Psychosocial Rehabilitation Centre in the Donibane-San Juan neighbourhood (Pamplona, Navarra).

The music therapy intervention is based on carrying out a series of activities aimed at facilitating the relationship and interaction between the people in the group and ultimately promoting the acquisition of the necessary personal and social skills. This will improve or facilitate their entry into the community through subsequent active participation in the musical group (fanfare). Fanfanxar already exists in the neighbourhood.

One of the great difficulties encountered by this population is adapting to "normal" life in their neighbourhood or community, as they lack the social and personal skills to do so. In this sense, several studies show the effectiveness of music therapy in providing this population with resources and social skills, thus favouring socialization and social integration.

Severe Mental Disorder and its main characteristics

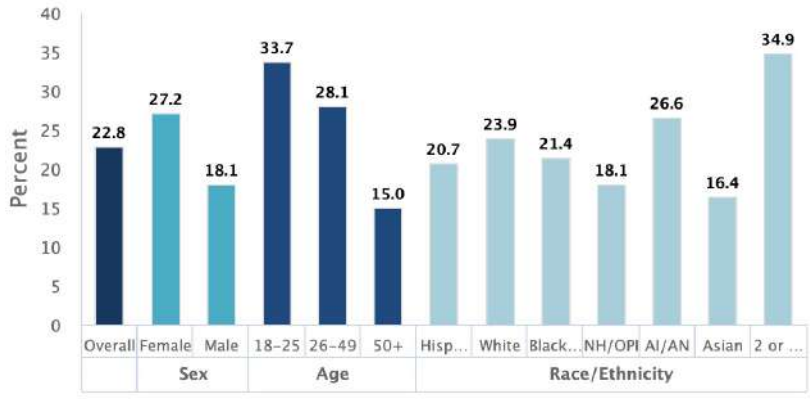
Severe Mental Disorder (SMD) can be defined based on three areas:

- the severity of the diagnosis, referring to psychotic disorders and some personality disorders
- the duration of the illness and the treatment itself, which exceeds two years
- the presence of a disability that affects all areas of life (social, work, family)

Figure 1 shows the prevalence according to data from the American SAMHSA (Substance Abuse and Mental Health Services Administration)

Figure 1

Prevalence of mental illness in adults (USA)



Note: People of Hispanic origin can be of various races; other races/ethnic groups are non-Hispanic. NH/OPI = Native Hawaiian/Other Pacific Islanders | AI/AN = American Indian / Alaska Native. Taken from: https://www.nimh.nih.gov/health/statistics/mental-illness

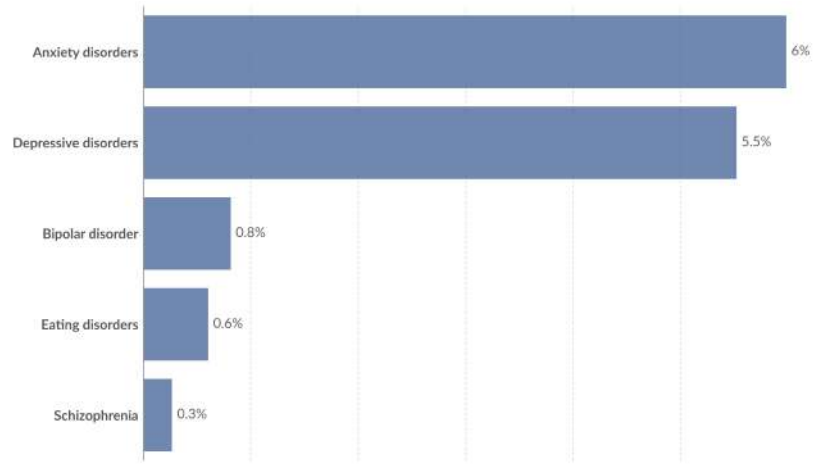
Although each person is unique and the disease affects each one differently, this population has some common characteristics, among others:

- Gaps in social skills and abilities
- Vulnerability to stress
- Little autonomy or dependence on other people and services
- Difficulty in accessing the world of work
- Alteration in behaviour

The prevalence in Spain, with data from 2021 (see Fig. 2), offers us a picture clearly marked by the problems derived from anxiety and depression. All this means, in short, an isolation or distancing from the social environment, caused by the disease itself but also by the social stigma that exists towards these people.

Figure 2

Prevalence of mental health in Spain (2021)



Note: The estimated proportion of people with each mental illness in a given year, regardless of whether they have been diagnosed or not. Based on representative surveys, medical data, and statistical models. Taken from: Dattani, Rodés-Guirao, Ritchie & Roser (2023)

However, not everything is the result of the disease itself. Various factors influence this aspect, and they have to do with the characteristics of the people and the support they have; social isolation is also determined by the lack of community support. The lack of social interrelations and the lack of personal skills prevent the support network and access to resources.

The Psychosocial Rehabilitation Centers - CRPS Arga

These centres are outpatient community resources that aim to help people recover social and personal autonomy and promote and maintain their integration into the community. To do this, the proposed activities must have an external projection and be integrated into the community.

CRPS Arga, located in the San Juan/Donibane neighbourhood, not only conducts activities within the centre itself but also in the community environment, together with other associations and entities in the neighbourhood.

The centre offers 75 places aimed at the population of Pamplona and its region. It is divided into two major programmes: a Day Centre for people with very significant

personal and functional deterioration where basic aspects of care are worked on, and a Rehabilitation Centre, which aims to recover the person by achieving maximum integration.

Treatment plans are established in agreement with the person and the family with dynamic and realistic objectives. The work takes place over two years.

The staff of this centre includes the director-psychologist, a social worker, an occupational therapist, two job trainers, four educators, and administrative and cleaning people.

As mentioned in previous lines, multidisciplinary activities are developed both in the centre itself and in community environments: the wool workshop in the San Juan Xar Neighborhood Association, participation in the neighbourhood's urban gardens, activities with animals on farms, badge workshop with the neighbourhood's child and youth population, etc.

The importance of community work

Offering community leisure and leisure activities is essential for good clinical practice, especially when dealing with people with deficiencies in social relationships. These people are part of the community, so interventions aimed at this population must pay special attention to this aspect and seek to promote integration in the community in which they work.

Users with SMD have a very deficient area of interpersonal relationships and social integration. The concept of themselves (self-concept) that they have induces them to marginalize themselves, which we can call "self-stigma". Added to this is the rejection that society generates towards these people because it considers them different and often dangerous, which we call "social stigma".

Working at the community level is understood as one of the most effective tools for breaking down the barriers of stigma in both directions.

Music Therapy and Severe Mental Disorder

Music therapy is a profession that requires knowledge of psychology, psychotherapy, and music. It is not a question of adding music to psychological treatment; The characterization of this therapy is that the therapeutic instrument is, in itself, music.

This discipline varies depending on the people and their circumstances. In this way, applied to people with more serious mental illnesses, which entail greater mental disorganization, it requires a different type of intervention than those who maintain greater mental organization. In the case of SMT, the most appropriate modality would be music therapy as activity therapy (Pokharel, 2021; Tang et al. 2020; Wang & Agius, 2018).

It is clear that the music therapist does not randomly decide which technique to use but bases the decision on the understanding of what is happening to the sick person and what he or she needs. We must know their needs and their responses to music in order to direct the sessions. In this sense, and the case of people with SMI, the way music is produced is closely related to the pathology they present. Different projects compiled in a publication by Sabbatella (2007) refer to the common elements shared by this type of population:

- Repetitive, monotonous playing in musical improvisations
- Difficulty in finishing a musical improvisation
- Repeating rhythmic and melodic sequences continuously
- Musical productions are fragmented, dispersed and incoherent
- They do not seem to experience music-making as a self-made activity
- They do not find inspiration in music
- Inability to structure a musical production (p.3)

This aspect is interesting since the responses of the musical experience can provide us with tools to, on the one hand, get to know the patient better and, on the other hand, so that they know themselves better.

A study carried out within the public health system in a mental health centre (Loroño, 1996) describes the importance of offering, through music therapy, contexts different from the usual one in order to favour expression, creativity, participation and other experiences that promote and improve individual and group communication channels.

Most of the therapeutic objectives proposed with this population have to do with skills and social relationships. In short, music therapy provides a sense of general well-being that improves interpersonal relationships and, consequently, social interaction. Along these lines, a subsequent publication (Salvador & Martinez, 2013) studies the intervention of music therapy with a group of people with

SMD (schizophrenia). Changes are observed in the social area, with an increase in group cohesion and the sense of belonging.

In order for changes to occur in the dynamics of relationships in the group in the social environment, it is important to work on the concept of identity, self-concept, and the ability to make decisions. In this sense, a study with hospitalized people who have schizophrenia (MacDonald, 2015) provides results where music therapy alleviates the negative identity and self-stigma that most people with SMD suffer to a large extent. Group work connects them with people who have lived similar experiences and improves their knowledge of themselves and interpersonal relationships.

Music Therapy Projects for People with Severe Mental Disorders

In a study dependent on the University of Valencia (Montánchez & Peirats, 2012), researchers collect the methodological practices of music therapy with people with SMD, in this case, with schizophrenia. They provide different practices, as well as aspects related to the organization of the sessions, the most appropriate materials and instruments, recommended techniques, evaluation procedures, and the most appropriate recording systems. They mention aspects to be taken into account, among others:

a) Percussion instruments are recommended. Due to their ease of handling, they are most suitable for this population, taking into account their motor and coordination limitations.

b) The therapeutic bond between the therapist and user and the user's active participation are the factors that most influence the achievement of favourable results.

c) Adapt the reports to people beyond what is standardized by using their records.

d) Conduct assessments at the beginning and end of each session.

e) The most highly regarded nonverbal techniques are relaxation with music and dance therapy. Within these techniques, the recommended activities are body expression, interpretation and singing.

In this way, and with what is extracted from this didactic article, "The Music Therapist and Its Methodological Practices in the Re-education of Schizophrenia" (2012), we would have the basis to establish a session type.

Music therapists use many different techniques, personalizing each intervention to the user. These intervention techniques are used to achieve objectives such as self-expression, expression of emotions, body movement, participation, social interaction, communication, socialization, creativity, and the feeling of group identity (De Witte et al., 2020; Hegde, 2017; Van Assche, from Backer & Vermote, 2015; Carr, Odell-Miller & Priebe, 2013; Edwards, 2006).

INTERVENTION PROPOSAL

It is a proposal for a music therapy intervention aimed at users of the Arga Psychosocial Rehabilitation Centre (CRPS Arga). The intervention aims to facilitate communication and social interaction and improve the neighbourhood's social integration.

To this end, on the one hand, a block of activities aimed at more personal work (promoting and improving intrapersonal and interpersonal relationships) between users within the centre itself is proposed, and on the other hand, other activities that would be aimed at participation in musical activities already existing in the community environment (Fanfanxar musical group). They follow a logical and chronological order; that is, the activities within the centre are the basis and preparation from which you will be able to work and participate in neighbourhood activities.

Objectives

The proposal for music therapy intervention that is presented has an impact, on the one hand, on internal work in order to promote interaction between participants, improve self-esteem or self-concept, verbal and non-verbal expression, etc., understanding these skills as something fundamental and will facilitate entry into the community. On the other hand, participation, together with the musical group Fanfanxar, both in rehearsals and in their subsequent participation in the festive musical events of the neighbourhood, will be the tool or the path for their social integration into the neighbourhood community.

Participants

The intervention approach is aimed at a group of 8 people between 30 and 60 years old who have difficulties in

relating to each other and integrating into the community life of the neighbourhood. The centre where it is to be carried out, CRPS Arga, is located in a central area of the San Juan neighbourhood (Pamplona, Navarra). It is necessary to contextualize where this music therapy proposal is framed, and it is necessary to refer to the community reactivation that has been developing in the neighbourhood for the last ten years.

This community reactivation arises from a need to create a neighbourhood identity, activate life in it, humanize the space and its inhabitants and, above all, seek social integration for all those who make it up. CRPS Arga, together with other groups and entities in the neighbourhood, works with this premise. This offers an optimal scenario for the realization of the proposal that is presented.

Resources

A multidisciplinary team is required to carry out the intervention. Therefore, a music therapist and other professionals from the centre—an occupational therapist, psychologist, social worker, job trainers and techniques in social integration—will be involved.

The material resources that will be required are extensive and varied, ensuring that all aspects of the intervention are thoroughly planned and catered for. These include percussion musical instruments, other instruments such as keyboard and guitar, furniture, writing and painting materials, songbooks, and CDs.

As for technical resources, a comprehensive set of tools is required to ensure the smooth running of the intervention. These include a computer with access to YouTube or Spotify, a projector and screen for visual aids, two speakers for audio, and a digital camera for documentation purposes, along with a CD player for music playback.

Procedure

The sessions

The total durability of the intervention is more than one school year, structured in two modalities of sessions, and all of them are in groups. The sessions that will be held within the centre itself will be 8, lasting 1 hour with a weekly frequency. In the community context, together with the musical group Fanfanxar, rehearsal sessions will be held, lasting 1 hour and a half per week. Finally, participation in the festive events of the neighbourhood, which are 4.

Each of the two blocks of sessions pursues different objectives. The activities carried out within the centre are intended to provide a safe space, encourage verbal and corporal expression, facilitate interaction and promote group cohesion and identity through musical activities and dynamics. The activities in the community context seek to encourage participation in the festive-musical events of the neighbourhood, as well as to facilitate a link not only with the members of the musical group Fanfanxar but also with the neighbours of the neighbourhood; in short, to generate or facilitate a playful, fun and enriching space in the neighbourhood itself.

Music therapy methodology

Following the model of Group Music Therapy proposed and described by Sabbatella (2007), the techniques that will be carried out in this proposal are focused on emotional activation and the promotion of the sense of identity, both individual and collective. In most of the activities proposed, the model of active music therapy (work with songs, musical improvisations, handling of instruments, dances and dynamic games, etc.) is proposed, with few so-called passive (listening to different songs).

These techniques provide an incentive for participants' responses and behaviours at the individual level, but they also promote changes in group dynamics. People see in others those things that we are not able to identify in ourselves. Our peers are the mirror in which we look at ourselves. The learning and modulation that the peer group allows is difficult to achieve in an individual relationship. The group brings structure, security and strength.

Table 1a

Summary of sessions and activities.

In the Neighborhood Community	
Previous session with users	Let's get out of the comfort zone
Previous session with musical group	Contact
Joint Session	Creating music together
Rehearsal sessions and participation in festive	Trials. Public holidays: Holidays, Neighborhood Day Orantzaro, Carnival

Source: own elaboration

Table 1b

Summary of sessions and activities.

At the CRPS Arga Center	
SESSIONS	ACTIVITIES
Session 1	Welcome. Welcome song: Who I am and how I feel
Session 2	Welcome song. How I Show Up and How Others See Me
Session 3	Welcome song. What does music convey to me?
Session 4	Welcome song. The conductor
Session 5	Welcome song. The Statue Game. Putting rhythm to music
Session 6	Welcome song. Let's sing and dance together
Session 7	Welcome song. Approaching the neighborhood...
Session 8	Welcome song. We say goodbye... Collective musical embrace

Source: own elaboration

Table 2a

Schedule.

ACCIONES	sep	oct	nov	dic	jan	feb	mar	apr	may
Previous tasks									
8 MT sessions at the center									
1st Session previous users									
1st Session of the Fanfanxar Musical Group									
Weekly group sessions									

Source: own elaboration

Table 2b

Schedule.

ACCTIONS	jun	sep	dic	feb
Special Events	Parties	Neighborhood Day	Orantzaro	Carnival

Source: own elaboration

Data collection and analysis

A processual evaluation is carried out on a temporary basis: at the beginning and the end of all the sessions and also after each of them. The most widely used data collection tool will be the observational record sheet (see Table 3). During the sessions, it is essential to record all the responses, gestures, participation, etc., of each user in order to collect the most significant events. Depending on the objectives of each session, the items and areas of observation may vary. Documentary support will be very useful during the sessions to ensure that no details are missed.

To collect the participants' subjective impressions, the Likert-type scale is proposed (see Table 4), evaluating from 1 to 5, with one not at all and 5 being a lot, with some items referring to how they have felt. Another type of scale has been designed to assess the degree of satisfaction of the musical group members.

All user participation will be collected following the premises of informed consent and appropriate confidentiality commitments. (Fattorini & Gamella, 2021).

Finally, a form has been designed in order to collect the musical tastes and preferences of each participant, in order to be able to use it in the different activities proposed (see table 6).

Although a bibliographic search of material, such as scales and registers, has been carried out, it has been decided to elaborate them as new material, so that they adapt to reality and are comfortable for the figure of music therapist in their work

RESULTS

This music therapy intervention aims to improve the process of social integration of the users of the CRPS Arga, making them participants in the community life of the neighbourhood. To this end, the proposed model propo

Table 3a

Observation form

Mood at the beginning of the session (Welcome song)								
Person 1:								
Person 2:								
Person 3:								
Person 4:								
Person 5:								
Person 6:								
Person 7:								
Person 8:								
ÍTEMS (yes/no) INDIVIDUAL	s1	s2	s3	s4	s5	s6	s7	s8
Displays an open and relaxed body attitude								
Shows self-confidence and self-assurance								
Maintains active listening, both in musical activities and in subsequent reflections and dialogues								
Actively participate by showing initiative and proposing new ideas								
Express emotions, concerns, or doubts without fear of judgment								
Follow the rhythms or tempos that are proposed								

Source: own elaboration

Table 3b

Observation form

ITEMS (yes/no) WITH THEIR PEERS	s1	s2	s3	s4	s5	s6	s7	s8
Cooperate with the rest of the participants, listening to each other's ideas and respecting different opinions								
Assumes a leadership role with respect to others								
Show commitment to the group in the dynamics								
Shows empathetic listening and respect for other classmates								
Maintains eye contact with the rest of the group during musical activities and during conversations that take place								
Coordinates with the body movements of the rest of the group								
REMARKS								

Source: own elaboration

Table 4

Personal Perception Questionnaire

Name and surname:	DATE				
How have I felt?	1	2	3	4	5
I have felt comfortable and relaxed					
I have felt happy					
I've been feeling energized					
I have been interested in the activity					
I have felt fulfilled or satisfied					
I felt included in the group					
I have felt motivated					
I have felt capable of carrying out the dynamics					

Source: own elaboration

Table 5a

Participation Registration

PARTICIPATION IN TRIALS (YES/NO)						
	Date	Date	Date	Date	Date	Date
S. 1						
S. 2						
S. 3						
S. 4						
S. 5						
S.6						
S. 7						
S. 8						

Source: own elaboration

Table 5b

Participation Registration

PARTICIPATION IN TRIALS (YES/NO)				
	Neighbourhood festivals	Neighborhood Day	Orantzaroa	Carnivals
S. 1				
S. 2				
S. 3				
S. 4				
S. 5				
S.6				
S. 7				
S. 8				

Source: own elaboration

Tabla 6

Quiz on musical preferences

PERSONAL DATA Name and surname: Age:
What does music mean to you?
What kind of music do you listen to? (mark with an X)
Jazz/Blues □ Pop/música contemporánea para adultos □ Electrónica □ Canciones tradicionales vascas □ Músicas del mundo □ Rock/alternativa/indie □. Música clásica □ Country □ Música urbana (hip hop..) □ Jotas navarras □ Otros:
When do you feel the need to listen to music? (mark with an X)
When I need to relax □ When I need to wake up □ When I'm sad □ When I'm happy □ When I need think □ Anytime □ Another situation:
What is the song you like the most? Why?
What music does it cause you rejection? Why?
List your 3 favorite groups or singers

Source: own elaboration

ses internal work with the group itself, understanding it as a basis and preparation to carry out external work in community life. With the musical activities and dynamics proposed in the first block, internally, users would develop a series of personal skills that would improve social relationships and interaction between people in the group, increase their ability to express themselves verbally and non-verbally, improve self-esteem and self-concept, empowerment, skills in conflict resolution and interaction with the group, among others.

The acquisition of these skills would improve or facilitate entry into the community. In addition, this entry into the community life of the neighbourhood would be carried out progressively, in two stages: first, through active participation together with the musical group Fanfanxar in weekly rehearsals, where they would begin to interact outside their nucleus and develop other types of skills, both personal (routine, commitment, communication...) and musical, and finally, in participation in festive-musical events in the neighbourhood.

The fact that they are participants in an action carried out by them would improve their self-concept and self-esteem, among others. They would interact with other neighbours in the neighbourhood, and their sense of belonging would increase, thus improving their general well-being and making their participation in the community life of the neighbourhood more attractive and natural.

Finally, these scales will be endorsed by a self-analysis by the music therapy professional (Fernández, Gamella, & García, 2024).

CONCLUSIONS

The activity presented is a well-defined project with specific sessions and content, which allows flexibility in adapting it to each of the users. Although the bibliographic sources on this topic are not extensive, there is a well-founded theoretical basis that shows the benefits of music therapy in this population. In addition, the elaboration of a material of scales and registers of its own provides naturalness and adequacy.

The progressive intervention approach, from an initial level focused on the person and their peer group, allows laying the foundations to continue progressing in an alien and unknown group, also, as a previous step to being able to integrate into community activities with a feeling of belonging and participation.

Likewise, the effect that this type of experience can have on people's prejudice towards those who have a mental disorder, which is called social stigma, is very important.

The musical activities that are proposed are simple, enjoyable, and provide security and confidence. In addition, each musical activity is linked to at least one objective related to the achievement of personal skills (increasing self-esteem and self-realization, promoting creativity and spontaneity, improving body and emotional expression, working on attentive listening, etc.).

Moreover, as we approach working abroad with the musical group Fanfanxar, the activities and objectives vary and focus more on social skills (learning to work in a group, increasing active participation, creating or fostering an emotional bond, etc.). In short, the musical activities that are proposed serve as a roadmap for the integration of these people into the community life of the neighbourhood in a progressive, playful, and fun way. This model is necessary to achieve the final objective, which is to participate in street performances surrounded by people who enjoy the activity. There is no doubt that carrying out an intervention in the leisure environment is already rewarding in itself and reverts to feelings of well-being.

This is a proposal, so it has not been carried out, and therefore, the details and difficulties that may arise are hypothetical. In addition, the work poses some limitations. The sample chosen is very small, and it would be interesting to be able to expand it and carry out comparable groups in order to conclude what level of impact the intervention has on the real improvement of integration and interpersonal relationships. Another limitation is that today, CRPS Arga does not meet all the necessary conditions to be able to carry out the intervention since it does not have enough material and space for it.

It is considered that it can be a starting point for this type of music therapy intervention, which not only works with users but also proposes other types of actions together with other people, entities, and groups in the neighbourhood to be implemented in other community environments.

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