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**Development of a Method: Jewish Wordless Singing in Music Therapy and Burnout
Prevention with Outpatient Mental Health Clinicians**

Capstone Thesis

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Mental Health Counseling: Music Therapy

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Abstract

Existing literature has shown a rise in burnout levels for mental health clinicians, especially in light of the recent and ongoing COVID-19 pandemic. This capstone project focused on understanding how Jewish wordless melodies (*niggunim*) may be used as a technique in group singing in music therapy as a strategy for preventing clinician burnout. Research has demonstrated that music therapy techniques may be beneficial in addressing the causes and components of burnout though there is minimal research on the use of niggunim in music therapy, and none on the use of niggunim to prevent burnout. A single-session niggunim-based intervention was carried out in a group of three outpatient mental health clinicians practicing at a clinic in the metro Boston area. Data collection and analysis followed a qualitative and arts-based procedure which included written narrative summaries and self-reflection through journaling and niggun improvisation by the researcher. Five main themes were lifted from these reflections including: Self-Consciousness, Mood Elevation, Connection, Anchoring, and Comfort Tied to Familiarity. The results indicate that niggunim-based interventions may be useful in the prevention of burnout in this population and a clinical model based on these themes is proposed.

Keywords: music therapy; burnout; mental health clinicians; niggunim; group singing

Jewish Wordless Singing in Music Therapy and Burnout Prevention with Outpatient Mental Health Clinicians

Introduction

Since the start of the recent COVID-19 pandemic, demand for mental health services has increased worldwide (American Psychological Association, 2021; Podder et al., 2022). As a result, thirty-nine percent of clinicians surveyed in 2021 by the American Psychological Association (APA) have reported an increased workload, and 68% reported an increase in waitlist length. The same survey revealed that 46% of clinicians reported feelings of burnout, an increase from a survey conducted just one year prior (American Psychological Association, 2020). A European survey conducted in 2022 found that almost 60% of mental health workers feel their health was impacted by the increased work demands brought on by the pandemic (Kane et al., 2022). The APA surveys conducted in 2020 and 2021 showed that women, racial/ethnic minorities, and younger clinicians experienced disproportionately high levels of stress and burnout due to COVID-19. Given how widespread burnout amongst mental health workers amidst the COVID-19 pandemic has been, one might even frame the increase in clinician burnout as a secondary pandemic.

Forty-three percent of clinicians reported an increase in adolescents seeking care in 2021 as opposed to just 21% of clinicians reporting the same in 2020 (American Psychological Association). A similar doubling in this statistic was seen in children under 13 by the APA between 2020 and 2021. Research has begun regarding children and adolescents' unique challenges during the pandemic such as virtual schooling, increased exposure to family maltreatment, and family confinement during developmental phases (Craig et al., 2022; Podder et al., 2022).

The most common mental health diagnoses for children and adolescents include ADHD, anxiety, behavior problems, and depression (Center for Disease Control and Prevention, 2022). Childhood anxiety and depression have increased over time since 2000 (Center for Disease Control and Prevention, 2022), and these two disorders have increased in prevalence across all demographics since the COVID-19 pandemic (American Psychological Association, 2021). Prior to the pandemic, 13.6% of children aged 5-17 were receiving mental health treatment by professionals, whether in school, inpatient, or outpatient settings (National Center for Health Statistics, 2019).

As the demand for child and adolescent mental health services continues to be high, the mental health workers treating them continue to be at risk for burnout. Job-related burnout can have a variety of consequences which may negatively impact the employee, the employer, the client, and the workplace culture. Characteristic symptoms of job burnout include diminished creativity and commitment to work, estrangement from work, exhaustion, physical and mental health conditions, cognitive rigidity, and interpersonal problems (Leiter et al., 2015). Substance abuse and suicide have also been linked to burnout (Rholetter, 2021). The APA has estimated that burnout related work absences have cost US industries over \$57 billion yearly (Rholetter, 2021).

Pandemic considerations aside, mental health clinicians face certain special considerations related to burnout. Clinicians are in caregiving roles which are associated with symptoms of burnout (Leiter et al., 2015). Depersonalization, a factor considered in measuring burnout levels (Maslach et al., 2016), is associated with secondary stress and vicarious trauma, two outcomes commonly ascribed to mental health workers due to their exposure to client's traumatic experiences (Leung et al., 2022). The likelihood that a

clinician is exposed to a client's traumatic experience, which may in turn activate their own trauma history and cause overwhelm, is also a consideration for burnout in mental health workers. This phenomenon is commonly referred to as *compassion fatigue*, which is associated with imposter phenomenon (Clark et al., 2022) and feelings of emotional exhaustion and hopelessness (Nagoski & Nagoski, 2019).

Given the vulnerability mental health clinicians have toward the development of burnout, especially in pandemic times, it is important to find methods of burnout prevention for clinicians. Though many clinicians experience burnout, as the pandemic progressed, the APA found clinicians more likely to seek support in preventing burnout (2021). The more resources clinicians have at their disposal for burnout prevention, the more likely they are to feel supported in this endeavor.

For this capstone thesis, I have chosen to develop a clinical method using Jewish wordless melodies (*niggunim*) as a technique in group singing in music therapy to be used as a strategy for preventing clinician burnout. These are melodies I grew up hearing and which continue to play a role in my identity as a Jewish woman, a singer, and a music therapist. There are many types of niggunim (singular: *niggun*), which are typically sung and sometimes played with instruments or danced to. The niggunim I focus on, and which are most characteristic of the genre, are those sung on vocables – syllables like “laiy-laiy-laiy” or “digga-digga-dum.” Though rooted in the mystical Hasidic tradition as a part of ardent prayer, niggunim are used in contemporary Jewish circles for a variety of expressive purposes (Illman, 2016). They retain a power across generations of Jews for their ability to express what words alone cannot (Avenary, 1964).

While there is only one paper examining the use of niggunim in music therapy (Shefsky, 2017), there are elements of niggunim which can be considered therapeutic documented across the literature (Illman, 2016; Malin, 2020; Weisenberg, 2011). Similarly, musical elements of niggunim such as singing (especially in groups), movement, and improvisation, are well documented across music therapy literature (Austin, 2008; Azoulay & Loewy, 2009; Bingham, 2019; Boyd et al., 2020; Coyne, 2020; Densley & Andrews, 2021; Hendry et al., 2022; Loewy, 1995; Meashey, 2020). The positive influence that music therapy, and more specifically creative expression, movement, and social connection, may have on burnout is also well-documented (Downs, 2019; Mao, 2022; Nagoski & Nagoski, 2019; Sias et al., 2020; Yang & Hayes, 2020).

I begin this paper with a brief historical and musicological overview of niggunim, followed by a review of the literature on burnout and the therapeutic application of niggunim and their musical elements. Building on research on the therapeutic applications of niggunim conducted by Hannah Shefsky (2017) and the existing methods of burnout prevention, I posit reasons this music form may be useful for a population of mental health clinicians at an outpatient youth counseling center in the Boston metro area. After grounding my work in this scholarship, I introduce my methods for conducting this study and present the results in the form of thematic analysis of the music created by the group, three niggun improvisations which I created in response to the group, and journal entries in which I reflected on the group and my improvisations. Ultimately, I seek to understand how niggunim can be useful in preventing burnout in outpatient mental health clinicians and propose a clinical model for the treatment of burnout in this population based on the themes which arose in this project.

Niggunim

“Silence is better than speaking, but singing is better than silence.” – Hasidic teaching

Historical Context

Niggunim originated around 1750, in what is now Western Ukraine (Avenary, 1964). The melodies, often sung in groups, were meant to serve as an extension of the existing liturgy, fostering and reflecting an ecstatic communion with G-d, a connection which was meant to be sought by Hasidic Jews in all daily living (Avenary, 1964; Illman, 2016). Today, niggunim are still sung, chanted, and sometimes danced in Jewish congregations as a form of prayer, though their uses have expanded to embodied experiences of expression, emotion, and release, which may or may not directly connect to worship (Illman, 2016). Though traditionally and majoritively sung without instruments and taught to congregations aurally as opposed to through notation, many are recorded and incorporate instrumentation today (Seroussi, 2017).

Throughout history there have been periods of diaspora and mass migration of Jews. In response to these diasporas, pious Jewish sects would often form to uphold Jewish identity, one of these being the Hasids (Avenary, 1964). A central tenet of Hasidic philosophy is the concept of cleaving to G-d in all daily activities (Avenary, 1964). Niggunim arose as a means of cleaving musically, meant to reflect the ecstasy associated with unity with the divine (Avenary, 1964; Illman, 2016). Some niggunim, such as *Nigun Shamil*, were sung to congregations by Rabbis to transmit a feeling associated with a Jewish teaching, the suffering experienced by the Jewish people, and/or the connection to G-d that could allow them to persevere (Seroussi, 2018). Niggunim allowed the Hasidic

people to express their ideology while simultaneously creating community amongst them (Illman, 2016).

Musicality

Though niggunim vary in style, form, mood, and intent, they are bound by common characteristics. They are typically sung on vocables, though at times a phrase from the Torah may be chanted in a meditative, mantra-like fashion (Illman, 2016). Niggunim contain multiple melodic phrases which are repeated, and may be altered by modulation, tempo change, dynamic change, etc. (Loeffler, 2021). Though many have been passed down generationally and become part of the Jewish canon, so to speak, they may be created spontaneously, and the repetitive form allows for musical creativity and improvisation even within previously existing niggunim (Illman, 2016; Loeffler, 2021). Niggunim may be sung with a distinctive dramatic inflection referred to in Yiddish as *krekths* (to moan, sigh, sob) or *kneytsh* (to pinch) (Loeffler, 2021). Indeed, expression is the primary intention of a niggun, meaning the vocal aesthetic value is not important. When sung in contemporary Jewish groups, many stress the importance of having all congregants or group members sing together, as opposed to having professionals performing for spectators (Illman, 2016), contrasting much of the experience of modern Western music.

Contemporary Uses

In 2016, Ruth Illman conducted an ethnographic study in which she held in-depth interviews with London-area progressive Jews, mainly Rabbis, to understand how niggunim are used in contemporary practice. Her results indicate that while niggunim still retain some connection to their Hasidic roots in ecstatic prayer, most are sung for

different reasons today; some even find the more mystical purposes controversial or alienating. Illman's interviewees use niggunim to create community, denote time, create moods, and inspire creativity amidst tradition.

A Note on Spelling

Because the word *niggun* is a transliteration from the Hebrew, נִגּוּן, there are several spellings present in the English language for this root form and its plural. I have chosen to utilize the spellings *niggun* and *niggunim* from the Encyclopedia Judaica (Skolnik & Berenbaum, 2007) unless I refer to quotes using alternative spellings.

Literature Review

Defining Burnout

There is no standard definition of burnout, and it does not exist as a diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (Rholetter, 2021). The term *burnout* was first introduced in 1975 by Freudenberger, who observed the emotional depletion of health-care workers (Leiter et al., 2015). Specifically, he found his clients had lost optimism and a passion for life (Rholetter, 2021). Burnout has since become the study of several scholars. Freudenberger's work influenced the development of an assessment, the Maslach Burnout Inventory (MBI), which has been created as a research instrument to measure burnout in a variety of workers (Leiter et al., 2015; Kavan & Powell, 2021).

The MBI involves three separate, but related rating scales designed to capture feelings of burnout: emotional exhaustion, depersonalization, and personal accomplishment (Leiter et al., 2015; Kavan & Powell, 2021). Within these three categories, the scores also capture measures of exhaustion, cynicism, and professional

efficacy (Kavan & Powell, 2021). One may recognize burnout as a collection of these symptoms, the interweaving of which lead to what is described as “erosion in values, dignity, spirit and will – an erosion of the human soul” (Maslach & Leiter, 2008).

Burnout and Mental Health Clinicians

Causes

When considering the causes of burnout, it is important to look both at individual factors and situational factors, as was done in a report on burnout in the Encyclopedia of Clinical Psychology (Leiter et al., 2015). This report and other studies have highlighted several individual and situational factors relevant to mental health clinicians, including a comprehensive review of 44 qualitative and quantitative studies occurring between 2009 and 2020, focusing on risk factors and effects of burnout on psychotherapists (Yang & Hayes, 2020), and a systematic literature review examining personal trauma and secondary traumatic stress, vicarious trauma, and burnout (Leung et al., 2022).

Individual Factors According to Leiter et al.’s report (2015), a higher level of education may predict a higher level of burnout due to higher levels of responsibility and stress. However, having less experience in a job was also associated with higher rates of burnout. This may be partially explained by the results of a study which examined imposter phenomenon in mental health clinicians while also seeking to understand its relationship to burnout (Clark et al., 2022). The study found a positive correlation between imposter phenomenon and burnout, as well as a negative linear relationship between years of work as a mental health clinician and imposter syndrome. In terms of personality, burnout was documented by as higher in individuals with an external locus of control, aversion to change, an avoidant coping style, and low self-esteem (Leiter et al.,

2015), which Clark and her colleagues found to be traits associated with imposter syndrome.

Though Yang & Hayes' (2020) study found inconsistent data on clinicians' age, experience, and education level in relation to burnout, their study supports some of Leiter and colleagues' (2015) report on individual factors impacting burnout. Yang & Hayes found it plausible that more experienced therapists may have less burnout than their greener counterparts as over time therapists may learn to deal with burnout more effectively. They also found that as clinicians with a higher level of education may treat more complex disorders, they may be more vulnerable to burnout. While their study did not specifically address personality traits of psychotherapists, they did find that burnout rates are positively correlated with levels of psychological distress and post-traumatic stress, which may contribute to the personality factors described by Leiter and his colleagues (2015). However, while Leung et al. (2022) found a positive correlation between mental health workers' personal trauma histories and their experiences of secondary traumatic stress and/or vicarious trauma, they did not find a significant relationship between personal trauma history and burnout. This may also be explained by a clinician's ability to cope with their own personal trauma history, as coping strategies were found to be effective protective mechanisms against burnout (Yang & Hayes, 2020).

Situational Factors Leiter and his colleagues (2015) found situational factors were shown to have a stronger correlation to burnout. These factors include job demands, pressure, role conflict and ambiguity, and work overload. Lack of social support within the workplace was also linked to burnout, as were the emotional demands of a job. The report claims these factors may be exacerbated by organizational characteristics of

burnout including hierarchy, resource and space distribution, and operating rules. More specific to mental health clinicians, Leiter and his colleagues' report found that those employed in caregiving roles are at higher risk for burnout. The report also claims inadequate supervision can exacerbate the emotional demands associated with burnout.

Consistent with this report, Yang and Hayes' (2020) review found situational factors such as job demands (both physical and psychological) and workload - specifically working more than 35 hours per week - were positively correlated with levels of burnout. They also found that support from co-workers and supervisors predicted lower rates of burnout. However, studies focusing a sense of autonomy and workplace setting produced mixed results in terms of correlation to burnout.

Cultural Factors

Gender As of January 20, 2022, an overwhelming majority of mental health clinicians are female (U.S. Bureau of Labor Statistics, 2022). Yang & Hayes' literature review did not reveal significant gender disparity when it comes to burnout, though it did indicate a slightly higher rate of burnout amongst women. The APA's 2020 and 2021 reports on the impact of COVID-19 on clinicians indicated higher levels of burnout in women. A meta-analysis of 6,806 peer-reviewed articles, book chapters, and unpublished doctoral dissertations, found that while levels of burnout remain consistent across the mental health field, women tend to score higher in the emotional exhaustion section of the MBI than their male counterparts (Purvanova & Muros, 2010). A study of questionnaires completed by 1,040 university workers in Africa examining gender differences in burnout amongst university workers also found women scored higher in the reduction in personal achievement section of the MBI (Adekola, 2010). While it is

difficult to say how much more women are impacted by burnout than their male counterparts, or specifically in what ways, the experience of burnout in women is notable given the genderedness of the mental health field, and the fact that this study was conducted with a group of female-identifying individuals.

Race The APA's 2020 and 2021 reports also indicated that counselors from minority racial/ethnic groups experienced higher rates of burnout. Kunimura (2022) recently conducted a literature review investigating the relationship between race and occupational burnout. The results indicated that occupational burnout in minority groups may vary by occupation, and one must not assume that someone's race would cause them to be vulnerable to burnout. However, the review also indicated the way burnout is currently measured may need to be modified to be more culturally sensitive since most studies have used self-reports, and results may indicate the likelihood that someone would report experiencing burnout, as opposed to accurately reflecting burnout levels. Kunimura's research did find that higher rates of burnout in white professionals may influence their racial biases and expression of prejudices. Even if findings were inconsistent in terms of someone from a marginalized group experiencing burnout symptoms, burnout still may negatively impact racial minority groups.

Age The APA's surveys also indicated that younger clinicians experienced higher rates of burnout (2020; 2021). This may be explained by factors explored previously, such as imposter phenomenon (Clark et al., 2022) , or less job experience (Leiter et al., 2015). While studies on the relationship between age and burnout are not exhaustive, there are several that do indicate younger professionals experience a higher rate of burnout.

One study surveyed 2,064 low-ranking government employees in China and found those under 36 (the youngest category surveyed) experienced the highest level of physical and psychological distress due to burnout (Huang et al., 2022). Another survey of 600 Chinese social workers yielded similar results (Xie et al., 2021). While these studies may reflect the Chinese labor force, where job demands tend to be higher on newer employees, the impacts of burnout remain consistent with other studies. A focus group examining burnout and age amongst adult education teachers in the UK also found younger teachers to have higher rates of burnout (Rasheed-Karim, 2020). Some older focus group participants explained this is because over time they have learned to cope better with the stress inherent in their line of work – what would have bothered them years ago no longer does, consistent with findings reported previously that coping strategies learned over time may reduce burnout levels (Yang & Hayes, 2020).

Burnout Prevention

Research into burnout prevention and treatment identifies burnout's antithesis as *work engagement*, which involves energy, involvement, and efficacy (Leiter et al., 2015). Their report claimed interventions that aim to increase these factors are associated with decreased burnout. Some of these interventions can address situational factors by changing workplace culture and/or structure. Others may address individual factors by offering supports around time management, relaxation, assertiveness training, social skills, and team building.

A cross-sectional survey of 210 workers across various industries examined the relationships between perceived task interdependence, coworker communication, and workplace friendship (Sias et al., 2020). The results found that positive relationships with

coworkers protected against workplace stress and increased creativity, innovation, and job satisfaction. Workplace social connections, then, may serve as protective factors against burnout.

Indeed, Yang & Hayes (2020) found that higher levels of co-worker and supervisory support tended to lower burnout rates. Specifically, this support seemed to decrease emotional exhaustion while increasing a sense of personal accomplishment. In addition to social support at work, Yang and Hayes found the practice of mindfulness and the use of cognitive behavioral coping strategies also protected against burnout.

Emily Nagoski, PhD and her sister, Amelia Nagoski, DMA, wrote a highly regarded book on the topic of burnout (2019). Their research indicates that to prevent burnout, one must not deal with just the cause of the burnout (the stressor), but the autonomic nervous system's response (the stress, itself). They have identified six ways to do this, citing physical activity as the most effective, along with breathing, positive social interaction, laughter, affection, and creative expression (p. 15).

Music Therapy and Burnout Prevention

Music therapy has the potential to be a deep resource for increasing work engagement and addressing factors related to burnout. For example, music therapy can provide an outlet for the emotional intensity that may be present in mental health clinicians, build social connections, and provide clinicians with a form of relaxation and self-care. Nan Mao (2022) conducted a study which shows music therapy can stimulate employee's creative inspiration, eliminate fatigue, enhance employee friendships, and improve corporate identity and work efficiency, factors shown previously to be protective against burnout. A study of 51 teachers randomly assigned to two cognitive behavioral

therapy groups – one including music therapy and one without music therapy – showed a greater reduction in burnout amongst teachers receiving music therapy (Cheek et al., 2003). Though the sample size was relatively small and representative only of the teachers who volunteered for the study, it does hold some interesting implications regarding the ability of music to connect people and prevent burnout when compared to talk therapy strategies alone.

Considering the six burnout prevention strategies listed by the Nagoski sisters, music therapy has the potential to contain all six. Niggunim, too, may elicit all six, but it is immediately obvious that that participation in a niggun would require breathing and creative expression, at least the light physical activity involved with singing – more if instrument play or dancing is involved, and hopefully positive social interaction, which might make way for laughter and affection as well.

Therapeutic Qualities of Niggunim

Studies on the use of niggunim in music therapy are limited, excluding one capstone thesis written by Hannah Shefsky (2017). Shefsky explored themes that arose in a group of inpatient psychiatric patients singing and playing niggunim over the course of 11 weeks in three separate music therapy groups. The themes that arose in response to her therapeutic use of niggunim were mind/body connection, positive mood and sense of enjoyment, and meaningful shared experience. Several articles and books discuss these therapeutic qualities and others. These include the ethnographic study by Ruth Illman (2016), an arts-based and ethnographic analysis of a niggun by Malin (2020), a book analyzing oral history and recordings of Jewish music (Summit, 2003), and a book

written by Jewish musician, teacher, and niggunim composer, Joey Weisenberg (2011) on the power of music in Jewish prayer.

Mind/Body Connection – “The Here and Now”

Weisenberg (2011) described music as “purely a here and now experience open to anyone singing a nigrun” (p. 2). This here and now experience is reflected in several other texts and is akin to the experience of mindfulness, presence, or mind/body connection that meditators might describe. Niggunim have been described as immersive melodies that allow participants to maintain engagement because they are repetitive and easily grasped (Illman, 2016; Summit, 2003). The repetition of these melodies, then, may keep us connected to the present moment. The use of the breath, the voice, and the movements of our bodies may keep us connected to ourselves, embodied. However, the level of embodiment may not be therapeutic for or desired by everyone. Illman’s study revealed that for some, the niggunim that inspire free and ecstatic movement may be joyful and welcomed experiences, while others find them distancing and prefer to focus on the practical or social functions of niggunim.

In practical application, Shefsky (2017) observed that singing niggunim inspired participants in her group to move in ways like swaying, waving their arms, or banging on tables, movements that also arise when niggunim are used in more traditional contexts (Illman, 2016). The addition of these movements may indicate a strengthening of the mind/body connection, a returning of the mind to the present moment via connection with the body.

Creating Community

Shefsky found that the singing of niggunim may have helped foster a meaningful shared experience amongst her clients (2017). Weisenberg notes in his intro that “singing brings us closer together, teaches us how to listen to each other on many different levels despite difference” (2011, p. v). This may be true for those singing niggunim together, such as those in Shefsky’s study or Jews gathering for religious service; they also may serve to connect people beyond those immediately present. One of Illman’s interviewees noted:

It’s hard to speak something together, but it’s really easy to sing something together. So the rhythms and the melodies...it’s a point of connection between me and the people that I’m with now as well as the people in tradition, in history (2016, p. 294).

Other interviewees described creating niggunim using melodies from different cultures. While some feel skeptical about incorporating melodies from anywhere outside of Jewish tradition, others felt this was a way to be inclusive and connect outside of the community, thus expanding it.

Yonatan Malin (2020) analyzed a niggun, “Menucha v’simcha” (translation: “Rest and Joy”) in an arts-based research study. This niggun is one often sung around *Shabbos* (translation: Sabbath) tables, where Jews traditionally sit to relax at the end of the week, and many sing niggunim to connect to those around them. While he is clear that this analysis is not to be used as a generalization for all niggunim, his inquiry is relevant to this discussion of niggunim and community. In listening to, singing, and analyzing a transcription of “Menucha v’simcha” Malin observed:

In the A section, I imagine each person at the table nudging, looking at, connecting with those right around her or him. In the B section, I imagine each

person looking across the table, or beyond, to those at other Shabbos tables, near and far” (p. 113).

His imagery is rich with connection, to both the immediate and greater communities. Indeed, niggunim are rarely sung alone (Illman, 2016); the experience is communal, creating a sense of unity at present (Summit, 2003), and connection across space and time.

Perspective Shifting

Several scholars have described niggunim as songs with the ability to create a change in mood or perspective. Some practical examples include Shefsky’s (2017) observation that her clients’ moods and affects were lifted when participating in niggunim, and Illman’s (2016) interviewees utilizing niggunim to build atmosphere more quickly than words alone could, whether that be meditative, joyful, or somewhere in between. Similarly, Illman’s interviewees described sometimes using niggunim to mark time or conjure memories. For example, one might use a niggun to introduce the beginning of a religious service or signify the beginning of a Jewish holiday. This ritualistic use of niggunim is reminiscent of the use of ritual in music therapy practices to create a sense of safety, unity, or closure (McClary, 2007). Some scholars have described the quality of niggunim to shift perspective as something more transcendent, something that brings us to a different place or way of being (Malin, 2020). Weisenberg (2011) contends that singing helps us suspend disbelief momentarily, to “set aside world-views and thought habits and glimpse infinite wonder” (p. vi).

Creativity

Finally, niggunim have been described by some as fosters of creativity. Several of Illman’s interviewees describe spontaneously creating niggunim to liven up religious

services or bring people together (2016). The simple and repetitive form of the song allow for this type of spontaneity while remaining accessible and teachable. The vehicle of singing allows for improvisation, spontaneous harmonies and rhythms, and freedom of expression (Weisenberg, 2011).

Elements of Niggunim in Music Therapy

The niggunim described thus far are melodies sung in groups on non-verbal vocalizations that may also be improvised or danced to and are used for a variety of purposes which can be therapeutic. These elements – the use of voice, nonverbal vocalization, group singing, improvisation, and movement – have been utilized frequently in music therapy practice.

The Use of Voice

One qualitative study sought to define the therapeutic singing voice by analyzing four music therapists' use of voice in their clinical practices (Bingham, 2019). Results showed the therapists used singing for a variety of purposes reminiscent of the reasons niggunim are used in Jewish practice, including to structure sessions, create or enhance social connection, reflect or create moods, improve communication, or conjure memories. Kelly Meashey (2020) documented many reasons singing in music therapy can be helpful, including to support dementia patients, decrease anxiety and depression, develop intimacy, manage pain, and increase trust. Indeed, an entire theory of music therapy centered around the voice, vocal psychotherapy, has been established to address a variety of therapeutic goals, including reconnecting to the self and others, and healing from trauma (Austin, 2008).

Nonverbal Vocalization

More specific to niggunim are nonverbal vocalizations, part of what many music therapy scholars have documented as early and innately human forms of expression (Austin, 2008; Loewy, 1995; Meashey, 2020). It is perhaps because these types of vocalizations have been experienced by those able to express vocally that niggunim are so accessible (Illman, 2016) and may lend themselves well to music therapy practice.

Joanne Loewy (1995) described three stages of pre-verbal sound making, the second being the strengthening of the connection of the body to the voice, where a child begins to organize their natural sounds into rhythmic, syllabic babbling, like the syllables of a niggun. It is through these and other sounds like cooing, crying, or grunting that human beings begin to express themselves. Diane Austin (2008) uses these types of vocalizations in vocal toning, the use of sustained vowels to restore balance to the body. She uses toning to connect with her clients, and to allow clients to connect with their bodies.

Important to note in examining these primal nonverbal vocalizations is that movement, in most music therapy texts on the voice, is not separate from the voice (Austin, 2008; Loewy, 1995). Loewy notes movement correlates to expression in the same way the voice does, and they often accompany one another. Diane Austin often encourages clients to add movement to their vocalizing to keep them grounded or to enhance the experience. The spontaneous movements that often come with niggun-singing are not to be dismissed as superficial. In fact, they may add significantly to the holistic and embodied experience of singing.

Group Singing and Music Therapy

The power of group singing is widely documented by music therapy scholars. Jake Bradt reviewed literature claiming that human biological processes such as heart rate and respiration can become desynchronized and lead to poor health outcomes, but resynchronized through entrainment to music (Azoulay & Loewy, 2009). This experience of entrainment, especially as it relates to breath, is enhanced through group singing. In another study, six participants of a UK choir were interviewed to better understand the therapeutic benefits of community singing (Hendry et al., 2022). Though scholars found group management to be important for the singing group to be therapeutic, this study revealed that singing in groups meets basic human psychological needs such as learning, autonomy, and connection. A larger survey of 68 community choir participants also revealed group singing can enhance social relationships by building meaningful camaraderie, providing a safe space or personal sanctuary for participants, and uplifting mood (Densley & Andrews, 2021). One researcher studying seven homeless choirs in the UK and 1 in Brazil found participants reported an increased sense of emotional, physical, mental, and social wellbeing (Coyne, 2020). These participants also found the visibility of their choirs was helpful in decreasing stigma. Lastly, a study comparing the effects of group singing on mood and self-esteem as opposed to music listening alone found those singing in groups to have a higher increase in mood than those who only listened to music (Boyd et al., 2020). Though not targeted at this demographic, most participants of this study reported previously singing in groups. It is important to note that singing can be scary for those who don't typically sing in front of others, and more research is warranted to consider the impacts of group singing on less experienced singers. This is

one reason niggunim may be appropriate for music therapy, as the vocal aesthetic value is not important.

Group Vocal Improvisation

The vocal improvisation that niggunim lend themselves toward has also been documented across music therapy literature. One study explored themes arising from six groups of 8 to 10 (54 total) healthy community-dwelling older adults participating in music therapy groups centered around vocal improvisation (Riabzev et al., 2022). The groups consisted of several vocal interventions, improvisatory in nature, including a “gibberish game” (p. 5) which involved the use of non-verbal vocalizations. Researchers found vocal improvisation created space to freely explore one’s voice where many participants experienced a positive shift in attitude about their voices. Indeed, Diane Austin (2008) describes vocal improvisation as a safe space of play, where the process is more important than the product. This space, she posits, is important as it allows adults who have become disconnected from their bodies to reconnect through spontaneous and creative action.

The Niggun as a Technique for Burnout Prevention

Considering the scholarship in this literature, the overlap between current methods of burnout prevention and the therapeutic application of niggunim and their musical elements becomes clearer. Grounded in this literature, I have begun to develop a method of music therapy which may be helpful to mental health clinicians considering the increased level of burnout amongst this population. To stay close to the niggun as a music form, I will reflect on themes arising from a niggun created by a group of outpatient mental health clinicians at a youth counseling center in the greater Boston area,

as well as three niggunim I improvise in response to the group's music and subsequent discussion on the process.

Methods

Participants

The participants in this exploratory thesis project included three staff members at an outpatient youth counseling center in the metro Boston area. The group engaged in a 50-minute single-session study which included a pre- and post-music stress measurement on a Likert scale, filling out the Maslach Burnout Inventory – Human Services Survey (MBI-HSS) assessment, a musical warmup, and participation in a niggun followed by a discussion about the music. Participants had previously been a part of one or two music therapy groups aimed at staff self-care, which occur monthly at the clinic. All participants signed consent forms allowing me to record the session for analysis and were informed no form of the recording, or identifying information would be shared in the research process and the music recording would be destroyed immediately after analysis was complete. Participants were reminded before filling out each form that their written information would only be shared with me. All were informed they could revoke their consent at any point, and all received copies of their signed forms.

Materials

Copies of the consent forms, demographic surveys, stress scales, and MBI-HSS were provided by the researcher along with pens to fill them out. I also provided a variety of percussive instruments (tubano, bongos, frame drums, egg shakers, tambourine, rhythm sticks, cabasas, and sand blocks) and a recording device for the music-making portion of the procedure.

Procedure

A single-session study was the chosen approach for this procedure as it mirrored the already existing staff music therapy group at the clinic, which meets once monthly. The single-session model of therapy was first documented by Moshe Talmon in 1990 and has since been studied as an effective delivery of therapy by several other researchers (Giordano et al., 2022; Hoyt et al., 2020; Talmon, 1990).

The session took place in the “double parlor” of the clinic, a room often used for group therapy. One side of the room contained a table and chairs used for the writing portion of the procedure and the discussion. The other side of the room contained chairs set up in a circle with musical instruments at the center for the music-making portion of the session.

Pre-music Writing

Kelly Meashey (2020) wrote, “it’s so easy to forget how frightening it can be for some to sing yet so important to remember” (p. 76). Before distributing written materials, I thanked the participants for joining, informed them of the scope of the research project, and acknowledged they would be asked to sing, which may feel vulnerable for some people. I invited participants to be brave and to step into a space of non-judgment, reminding them of previous staff groups they may have participated in that involved singing as an enjoyable experience.

Of note, I distributed demographic surveys and stress/burnout assessments described below for me to practice using them as clinical method tools, which I felt was an important part of my procedure for this population. However, nothing from the assessments was used in my analysis of how the group went.

Consent Forms The consent forms described above were distributed, signed by the participants, and collected (See Appendix A).

Demographic Surveys To capture some of the major cultural factors impacting burnout (race, age, work experience, and gender), demographic surveys were distributed to participants, filled out, and returned to me (See Appendix B).

Stress/Burnout Assessments I obtained a copy of the MBI-HSS (Maslach et al., 2016) and created a form for participants to fill out (See Appendix C). This form also included two lines before and after the MBI-HSS for participants to rate their current stress levels on a Likert scale of 1-5, 1 being the lowest, 5 being the highest. This information was for me to note whether stress levels increased or decreased after music-making. Participants were directed to fill out their “pre-music stress rating” and the MBI-HSS. Upon completion, everyone moved from the table to the music circle.

Music Making

Warm-up (5 min) To help participants feel more comfortable with singing, I first led participants in a warm-up involving both instruments and vocalization. I used a large drum to create a steady beat for participants to follow. I began to sing the lyrics to “I’m Gonna Sing My Song,” a song incorporating both English words and non-verbal vocalizations (Thomas, personal communication, 2022) (See Appendix D). After repeating the verse for several repetitions until participants were able to sing along, I demonstrated how the non-verbal vocalizations (in the original verse, “na na-na na na na”) could be substituted for other vocalizations. After a few demonstrations, I asked participants to volunteer their own vocalization substitutions, taking 1-2 suggestions from each participant before ending the warm-up.

Niggun (10 min) I gave a brief historical overview of niggunim, explaining they are wordless melodies from Jewish culture intended to express what words cannot, often sung on non-verbal syllables like the ones in “I’m Gonna Sing My Song”. I asked participants to put down instruments for the time being to honor the vocal tradition of these melodies, informing participants that traditionally they are purely sung, though sometimes instruments or dancing has been added. I invited participants to add movements such as swaying, clapping, or foot-stomping to their singing if they felt inclined.

I introduced the niggun chosen in the moment based on my feeling in the group. I chose one that I had improvised previously when leading another group in niggunim. This niggun is repetitive in nature and thus easy to teach. I began singing and tapping my feet, repeating the niggun until all were singing together. I varied the musical elements such as vocables, dynamics, tempo, articulation, and key as the niggun progressed. I also picked up a tambourine, stood up, and began dancing about halfway through. After the niggun’s close, everyone sat in silence for a moment, taking in the feeling of the music they had created.

Post-music Writing and Discussion

Stress Assessment I directed participants back to the table and instructed them to fill out their post-music stress rating on a Likert scale of 1-5.

Discussion (20 min) I asked participants to verbally reflect on their experience of music-making and asked guiding and clarifying questions as necessary. I took notes on themes she heard arising throughout.

Data Collection

Data collection consisted of the participants' assessments, notes taken during the group discussion, journal entries, and three niggun improvisations created by me - one each after listening to the recording of the warm-up, the niggun, and the discussion (See Appendix E).

Assessments

The assessments below were filled out by all participants. Below is a description of how each assessment was scored, though nothing from the assessments was used in my analysis of the group.

Stress Rating The post-music stress rating was subtracted from the pre-music stress rating to evaluate whether stress was higher or lower after participating in the niggun.

MBI-HSS The MBI-HSS is composed of three categories: Section A (Burnout) captures depressive symptoms associated with work burnout such as chronic fatigue and physical ailments, Section B (Depersonalization) captures symptoms demonstrative of a lack of empathy, Section C (Personal Achievement) captures symptoms associated with a lowered feeling of personal achievement. Each section was separately scored according to the instructions accompanying the assessment (Maslach et al., 2016).

Post-Session Journal

First, I journaled on my immediate thoughts and feelings following the session. I included a narrative summary of the session, aural and visual observations of the participants during music-making, themes arising in the discussion, and personal feelings throughout.

Music Analysis

I adapted a model of music evaluation developed by Rebecca Zarate to analyze the recording of the session (Zarate, 2022). Using Zarate's method as a guide, I identified points of interest in each musical recording, noted where they occurred in time, noticed the musical elements that had shifted, and journaled my recollection of the event as well as my feelings in response to hearing the point of interest. I used this method to analyze the recording of the warm-up, group niggun, and the recordings of her improvisatory niggunim.

Thematic Analysis

In addition to listening over the music recordings, and reflecting on what emerged for me in the listening process, I recorded written accounts of my reflections on the recordings of the group warm-up, niggun, and discussion, as well as each of my individual improvisations. I organized my data into six separate word documents as follows:

- Group Warm-up Journal
 - Music Analysis
 - Immediate Journal Response
 - Reflection on recording
- Group Warm-Up Improvisation
 - Music Analysis
 - Reflection on recording
- Group Niggun Journal
 - Music Analysis
 - Immediate Journal Response
 - Reflection on recording
- Group Niggun Improvisation
 - Music Analysis
 - Reflection on recording
- Group Discussion Journal
 - Immediate Journal Response
 - Reflection on recording
- Group Discussion Improvisation

- Music Analysis
- Reflection on recording

From these six documents, I coded units of meaning following a similar process outlined by Thomas (2003) in an article on inductive analysis of qualitative data. Frequency charts were then created to reflect how often each theme was mentioned in the word documents.

Results

After all journal entries and reflective improvisations were analyzed, a total of 14 meaning units/themes emerged. A visual representation of all 14 themes across all entries is available in Appendix F along with visual representations of the themes emerging in each individual document. Though all 14 themes are important in considering clinicians' experience with a niggun-based music therapy intervention, the analysis focuses on the top 5 themes in more detail while acknowledging other themes with more brevity. The top 5 themes included: *Self-Consciousness*, *Mood Elevation*, *Connection*, *Anchoring*, and *Comfort Tied to Familiarity*.

Figure 1

Frequency of the top 5 themes across all sections

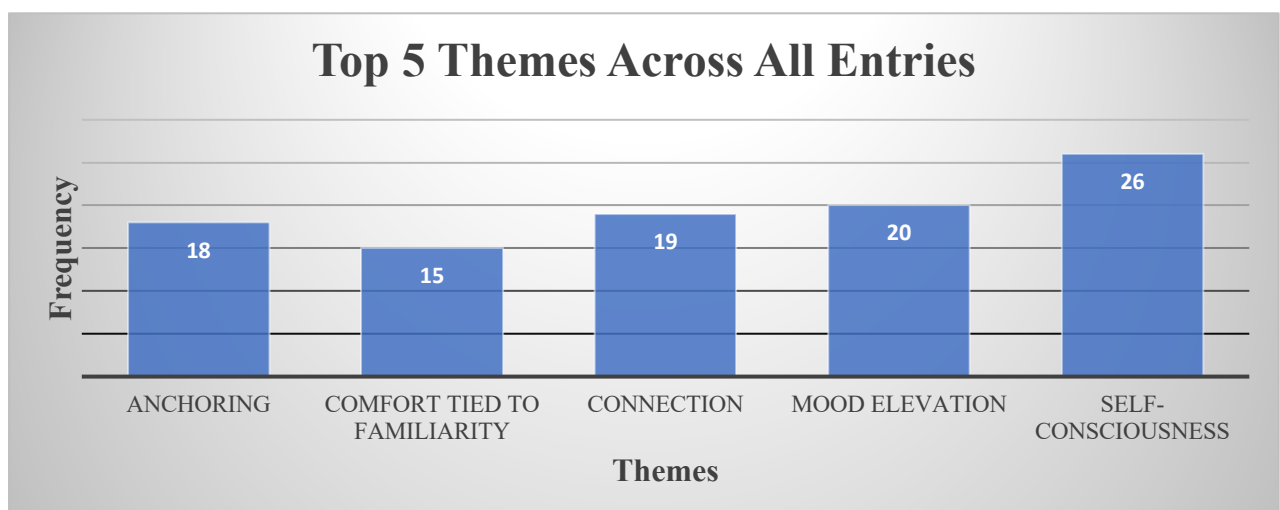
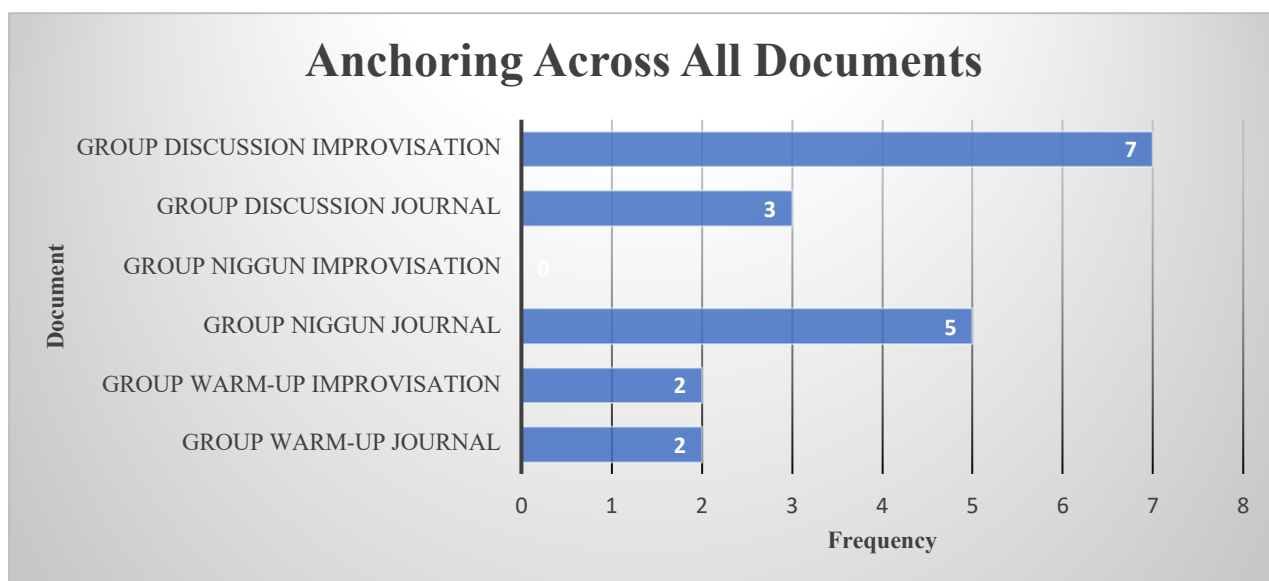


Figure 2

Frequency of Anchoring theme across all documents

**Figure 3**

Frequency of Comfort Tied to Familiarity theme across all documents

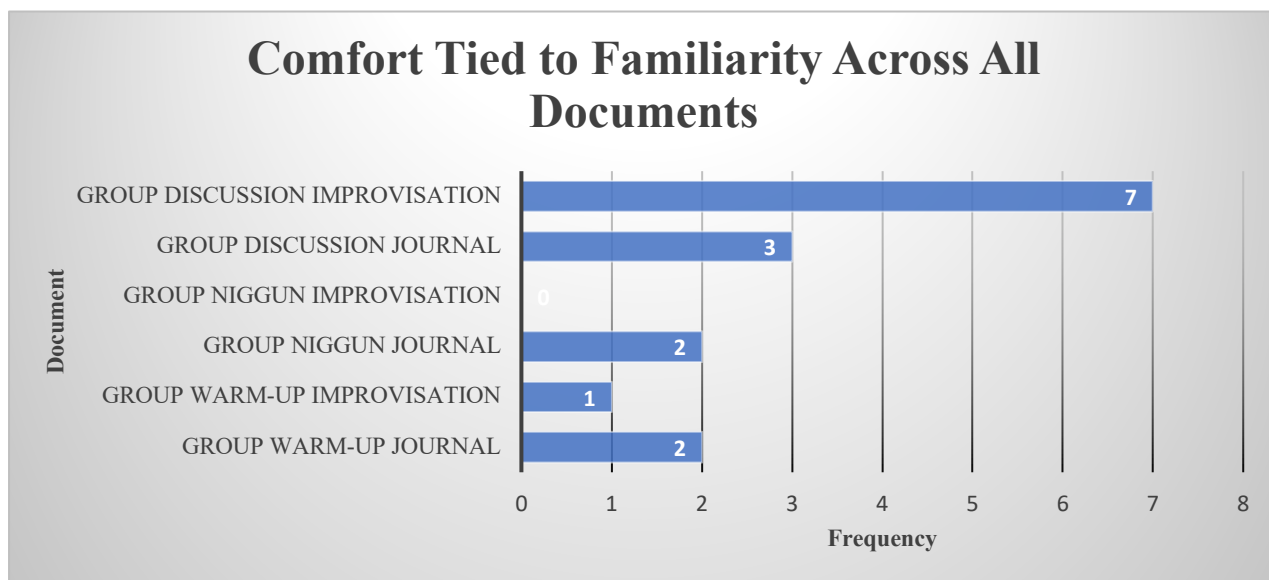
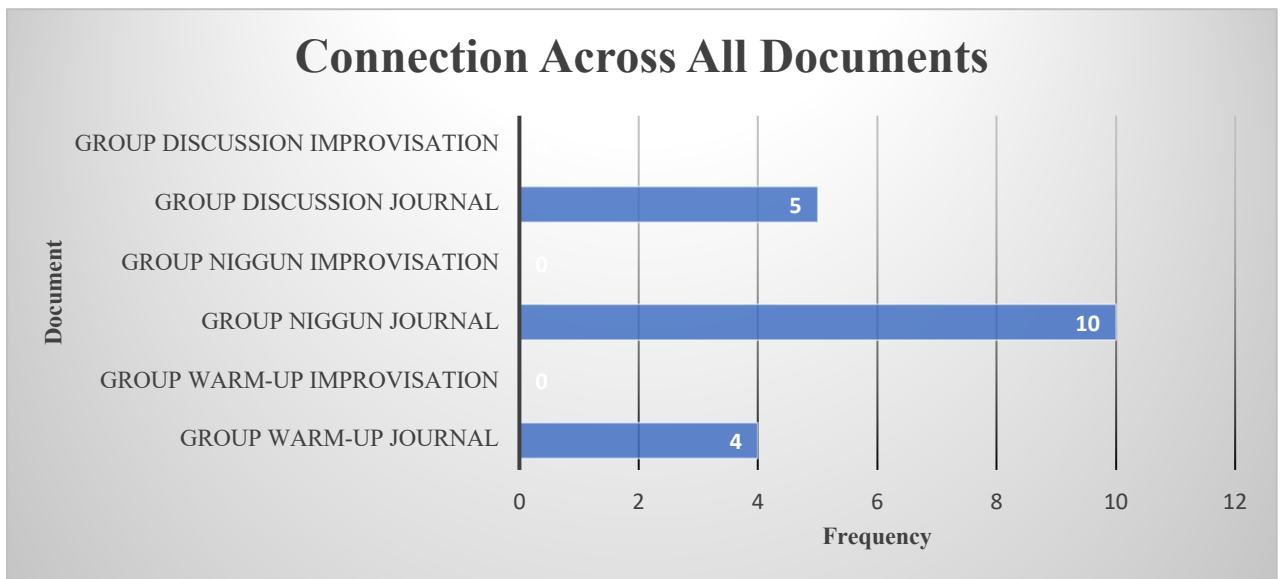


Figure 4

Frequency of Connection theme across all documents

**Figure 5**

Frequency of Mood Elevation theme across all documents

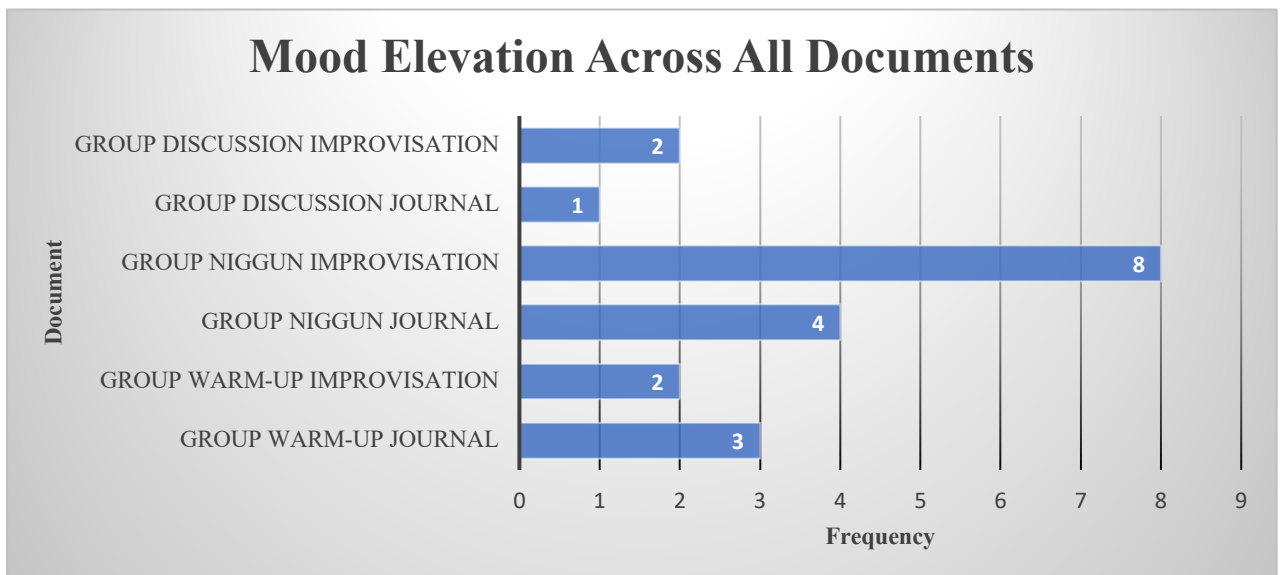
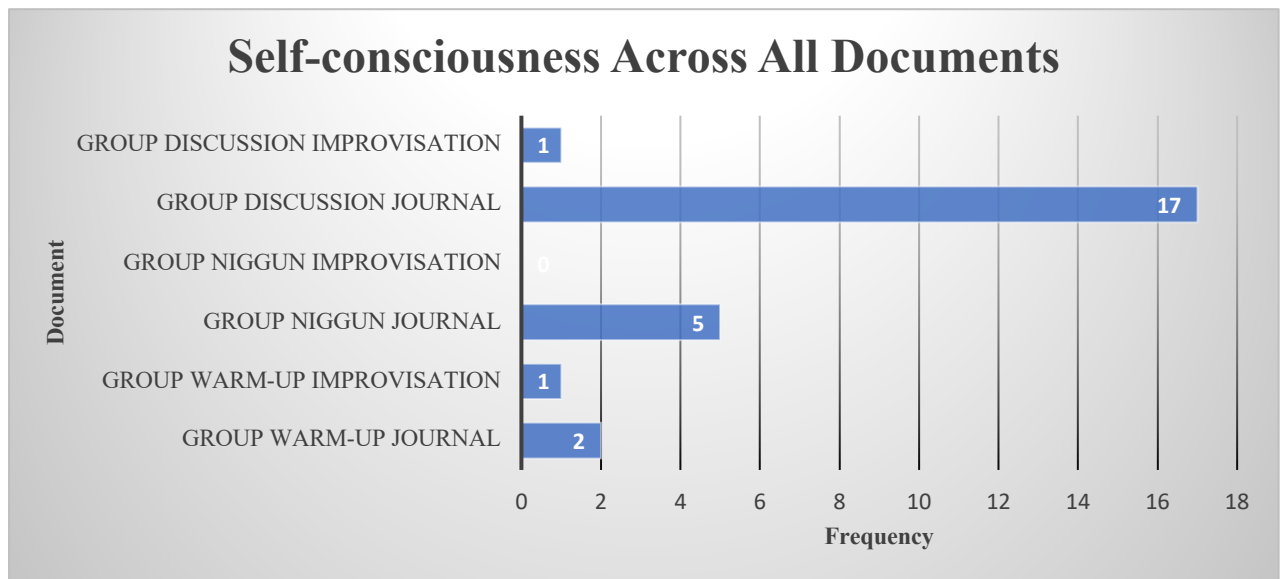


Figure 6

Frequency of Self-consciousness theme across all documents



Discussion

Self-consciousness

In reflecting on the group discussion, I remembered a conversation on self-consciousness being most salient. It is no surprise to me, then, that this theme showed up most frequently in the data. This theme is linked to journal entries on participants' reported performance anxieties, self-criticism, and feelings of personal responsibility for the outcome of this project. When reflecting on how I listened to the recording of the group's music, I noticed how I responded to a theme of hesitancy, many taking a moment to follow my lead or pause before giving suggestions. Though I did not notice any "out of time" or "out of key" music, this seemed to bring up for me a theme of fear which may have been held by group members. This fear of being wrong, the self-criticism, and the feeling of responsibility, I wrote, "reminded me of my own self-criticism of my clinical work." During this session I noticed my own self-consciousness as a group leader, hoping

I would be effective, holding some fear around doing this project “correctly,” though group members expressed gratitude and appreciation for my ability to lead.

The participants’ self-consciousness may have been connected to the vulnerability inherent in singing described by Meashey (2020) and Austin (2008). Further, mental health clinicians are trained in the use of self to create therapeutic relationships, so it would follow that people in this field hold a propensity toward self-awareness and the impact of self on others (Aponte, 2022). This awareness is supportive to the therapeutic process and the therapist at best and destructive at worst if it turns into imposter syndrome (Clark et al., 2022), depersonalization, or reduction in a sense of personal efficacy (Maslach et al., 2016).

Mood Elevation

Mood Elevation was the next most frequently reported theme and the only top 5 theme to appear in every document. This was most frequently evidenced by laughter, whether captured on the recording during music making, or in my personal reflection upon listening to each recording. My journals included entries like, “I found myself smiling, a feeling dwelling in me and rising upward...of lightening, of lifting...leaning toward ecstasy.” and “my movements were fun, almost child-like.” This mood elevation is consistent with Shefsky’s findings (2017) as well as the above research on group singing by Densley & Andrews (2021), Coyne (2020), and Boyd and colleagues (2020), who all found group singing to have a positive impact on mood and emotional well-being.

Connection

Connection came up in every journal entry reflecting on the group's music making. It was evident in the musical entrainment that occurred in both the group warm-up and the group niggun. Members were playing together in time, singing together, and making eye contact. My journal included entries like, "I found myself singing along, which enhanced the feeling of connection to the music and to the group that made it," and "I could see the group as I listened, like I was there again." This is reminiscent of Illman's (2016) interviewees who discussed a niggun's ability to conjure memory, connecting people across time. The ability for a niggun to create connection is consistent with Weisenberg's findings (2011), Shefsky's thematic analysis (2017), and research carried out on singing's ability to build connections and increase intimacy (Austin, 2008; Bingham, 2019; Coyne, 2020; Densley & Andrews, 2021; Hendry et al., 2022; Meashey, 2020).

Anchoring

The term anchoring came from an entry in my group discussion journal documenting one participant acknowledging using me as an "anchor." Indeed, I noticed most participants following my lead, looking to me if they felt lost, and using the repetition of the melody of the niggun to "anchor" themselves and feel grounded. I found myself doing the same while improvising. Most improvisations included an A section which remained consistent that I would stray from to create additional differing sections, always returning to the A section to anchor myself.

I considered the anchoring theme different from yet related to the themes of grounding and embodiment. While listening to the recordings I recorded finding the

repetition grounding, often embodying this with movement which enhanced this feeling of groundedness. If one were to combine the themes of grounding, embodiment, and anchoring into one theme, this would be the most frequent theme across all documents.

This anchoring theme is consistent with Austin's description of using the voice and movement to ground, as well as her role as a vocal psychotherapist to provide a safe relationship to anchor to (2008). The discussion on grounding and embodiment is connected to Shefsky's thematic analysis (2017). Finally, the repetition of a melody as an anchor to the present moment is also discussed by Summit (2003).

Comfort Tied to Familiarity

Perhaps connected to grounding into repetition is the concept of comfort being tied to familiarity. As time went on during group music making, more voices became audible, and often louder. People began laughing and playing more instruments as they settled into the songs. Compared to the warm-up, participants joined in singing the niggun at the second repetition as opposed to the fourth in the warm-up. This may be for several reasons – they had built up comfort to singing together by participating in the warm-up, the melody was repetitive and thus more immediately familiar, and the non-verbal vocalizations became familiar more quickly than words would have. Group members also knew each other previously, and one journal entry remarked on the fact that all members were clinicians trained to create safe spaces for others, and thus might feel safer and more familiar to begin with. Several of my journal entries also remarked on a feeling of nostalgia that I experienced when hearing these Jewish melodies. This connects with Illman's (2016) findings that niggunim can conjure memories, consistent with findings that group singing can do the same (Bingham, 2019). In this case, these

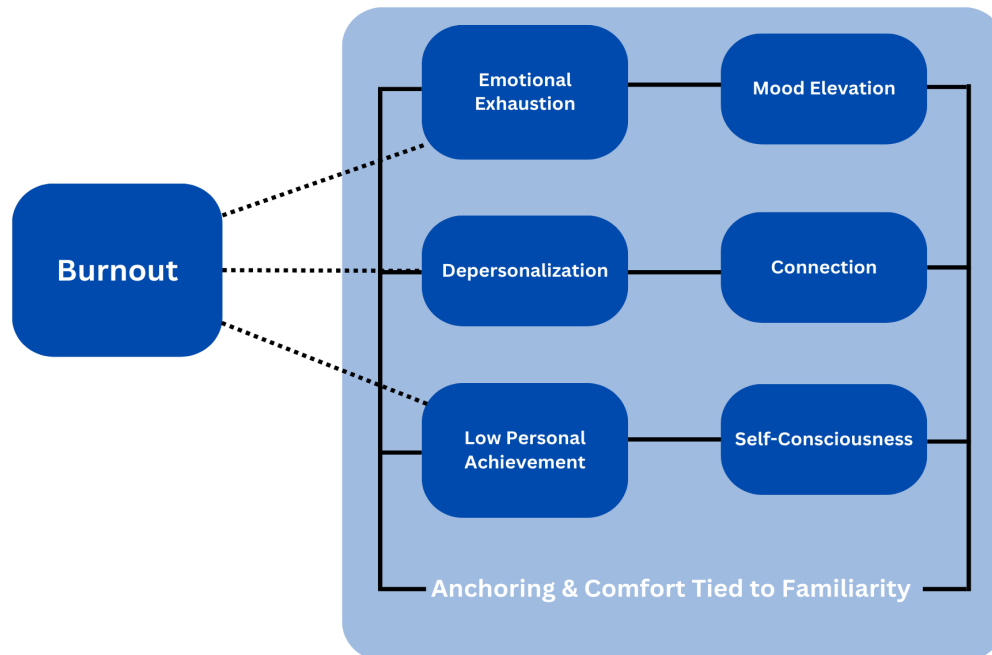
memories created a sense of comfort tied to familiarity, and perhaps also tied to the mood elevation, connection, and sense of anchoring discussed previously.

Other Themes

Nine additional themes emerged from this research that are worth considering, though in-depth discussion of them goes beyond the scope of this capstone thesis and indicate area further research. For example, themes of *Attention*, *Relaxation* and *Energy* came up a moderate amount of times, which hold implications for treatment of the physical symptoms of burnout captured in section A of the MBI-HSS (Maslach et al., 2016). *Acceptance* came up a couple of times in my improvisations as I found myself writing, “I’m unsure of the key, but I’m going with it and it’s okay,” or “I made mistakes, but they were fun to make.” I found this noteworthy as this acceptance has become easier for me over time and with practice. It is interesting to consider this in relation to the theme of Self-consciousness. Perhaps the theme of acceptance would have emerged more often in a group of more experienced musicians.

Transferring Findings to a Proposed Clinical Model

Considering the three components of burnout: emotional exhaustion, depersonalization, and low personal achievement, along with the top five most frequent themes arising from this project, I propose a model of music therapy for treatment of burnout in mental health clinicians. The figure below provides a visual representation of the connection between the components of burnout and the themes from this project and seeks to provide music therapists a structure to consider when tailoring interventions for this population.

Figure 7*Visual Representation of Model for Treatment of Burnout*

The literature has demonstrated that mood elevation and connection are important factors in the treatment of burnout as they connect directly to the emotional exhaustion and depersonalization factors of burnout. The Self-consciousness theme arising from this study appears to be connected to the third factor – low personal achievement. When creating interventions to treat burnout, therapists might consider interventions that elevate mood or allow for emotional release as niggunim do. Group music-making in some form would be preferred to foster connection. When working with groups that may feel self-conscious about their music-making or professional competencies, it may be important to provide a safe space to work through these feelings whether through music or discussion.

The themes of Anchoring and Comfort tied to Familiarity are perhaps most important to consider, as they appear to underscore and permeate all other factors as illustrated above. Musically, this may be achieved a steady grounding beat or simple

repetition like that of a niggun. This familiar anchor may provide a sense of safety, nervous system regulation, and help to foster connection and mood elevation. As participants become more comfortable with the repetition, more grounded in the music, and more familiar with other group members and the therapist, self-consciousness may dissipate as well.

Considerations and Limitations

One of the most obvious limitations of this study is the small sample size. Three members are hardly representative of the population of mental health clinicians, though this project may serve as a preliminary investigation into the possibilities of the use of this method to prevent burnout. Further, there are multiple factors that may have contributed to the participants' experience beyond just participation in a niggun-based intervention on its own. For one, it is hard to say how they would have reacted to the niggun had they not done a warm-up first. It is also difficult to know whether the positive results of mood elevation and connection are related to group singing, group instrument play, or if the niggun itself enhanced them in some way. Also, as this was an exploratory clinical method, no data from the participants' experiences in this initial group was used. The data collected is based on my own observations, feelings, and responses. While I tried to be as unbiased as possible, I carry my own experience, connection to this music, and lens of understanding, so avoiding bias altogether is impossible.

Though themes related to individual factors of burnout and prevention methods were explored, this method does not address the systemic factors related to burnout. Further research, possibly using community music therapy, would need to be undertaken

to consider the use of music therapy, group singing, or this niggun-based method in the prevention of burnout at a systemic level.

Implications

This capstone thesis attempted to explore the ways in which a niggun-based intervention could be used to prevent burnout in mental health clinicians. Specifically, a group of three mental health clinicians practicing at a youth counseling center in the metro Boston area engaged in a method of group singing using a niggun-based intervention and themes were explored, some of which relate directly to previous research on burnout prevention. For example, it has been shown that social engagement (connection), especially amongst coworkers, can aid in the prevention of burnout (Nagoski & Nagoski, 2019; Sias et al., 2020).

Further research on this method could be carried out in different populations to further understand its impact on burnout. Additionally, this method may be used to treat conditions other than burnout and further research would be implicated here as well. Finally, as self-consciousness was a more salient theme in this paper, it would be interesting to see how modifying this method to span several sessions might impact the performance anxiety and self-criticism experienced by participants over time given the other important finding that musical repetition can build familiarity and comfort.

Nevertheless, results from this capstone thesis project yielded an introduction of several important themes for clinicians to consider in clinical practice, and for future researchers to consider to pilot. Burnout is an issue that continues to impact mental health clinicians and others (American Psychological Association, 2020, 2021; Kane et al., 2022; Podder et al., 2022). Both individual and situational or systemic factors are

important to consider when working to prevent or treat burnout (Leiter et al., 2015).

Further research into the causes and effects of burnout, and methods of burnout prevention and treatment may demonstrate a need for employers to incorporate burnout prevention strategies into their organizations to support their employees.

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Appendix A
Consent to Record Music

CONSENT TO RECORD MUSIC

First & Last Name: _____

I agree to allow Music Therapy Student/Intern, **Elizabeth Zinn**, to record and use my musical work and spoken reflections for the following purpose(s):

- Thematic analysis for capstone thesis at Lesley University

It is my understanding that neither my name nor any identifying information will be revealed in any presentation of my musical work.

This consent to record may be revoked by me at any time. I also understand I'll receive a copy of this consent form for my personal records.

Signed _____ Date _____

Appendix B
Demographic Survey

DEMOGRAPHIC INFO

Please fill in as much as you are comfortable sharing.

Age: _____

Gender Identity: _____

Race: _____

of of Years working as a Mental Health professional: _____

Appendix C

Stress/Burnout Assessments

STRESS RATING – PRE-MUSIC (Scale of 1-5): _____

Questions	Never	A Few Times a year	Once a Month	A Few Times a month	Once a Week	A Few Times a week	Every day
Section A	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
TOTAL: SECTION A							

Questions	Never	A Few Times a year	Once a Month	A Few Times a month	Once a Week	A Few Times a week	Every day
Section B	0	1	2	3	4	5	6
I feel I look after certain clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my clients.							
I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
TOTAL: SECTION B							

Questions	Never	A Few Times a year	Once a Month	A Few Times a month	Once a Week	A Few Times a week	Every day
Section C	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my clients feel.							
I look after my clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my clients.							
I feel refreshed when I have been close to my clients at work.							
TOTAL: SECTION C							

STRESS RATING – POST-MUSIC (Scale of 1-5): _____

Appendix D
“I’m Gonna Sing My Song” – Lyrics and Audio



I’m gonna sing my song

Na na-na na na na

I’m gonna sing my song

Na na-na na na na

I’m gonna sing my song

Sing it all day long

Sing it loud, sing it proud, sing it now

Appendix E Niggunim Improvisations

Audio File 1

Niggun Improvisation reflecting on Group Warm-up



Audio File 2

Niggun Improvisation reflecting on Group Niggun



Audio File 3

Niggun Improvisation reflecting on Group Discussion



Appendix F Representation of All Themes Across All Sections

Figure 1

Frequency of themes across all documents

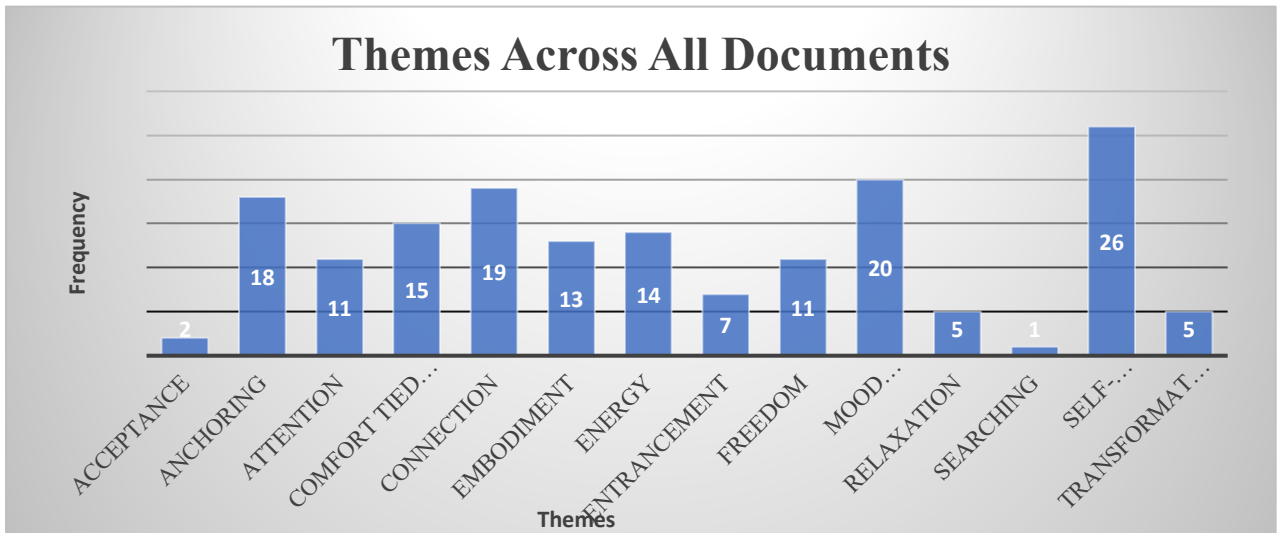


Figure 2

Frequency of themes in Group Warm-up Journal

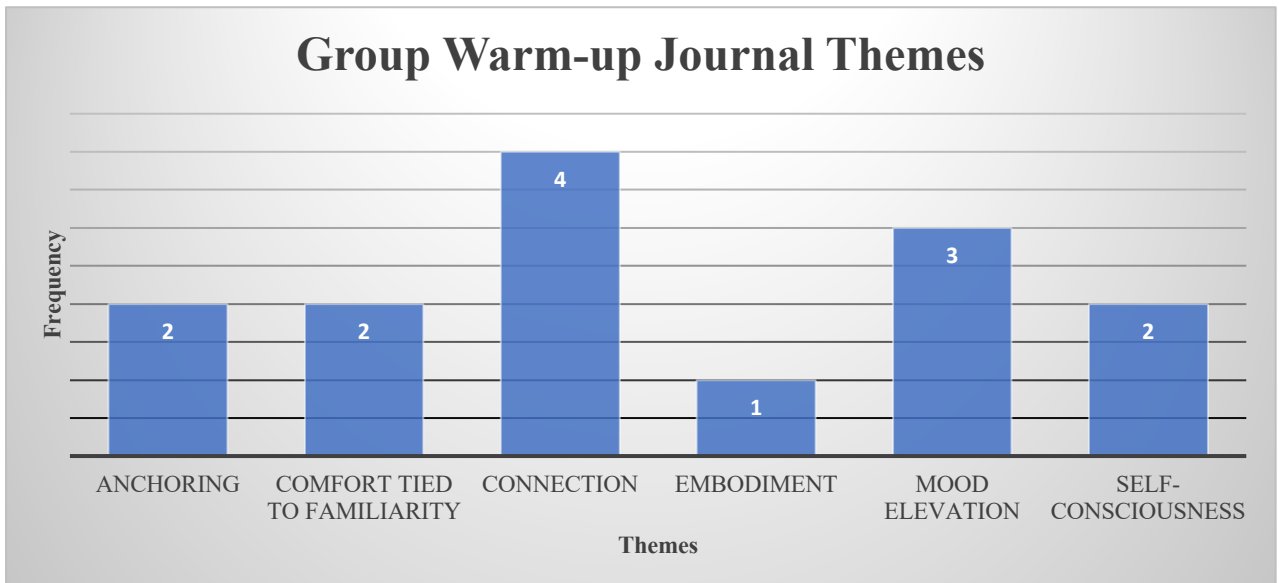


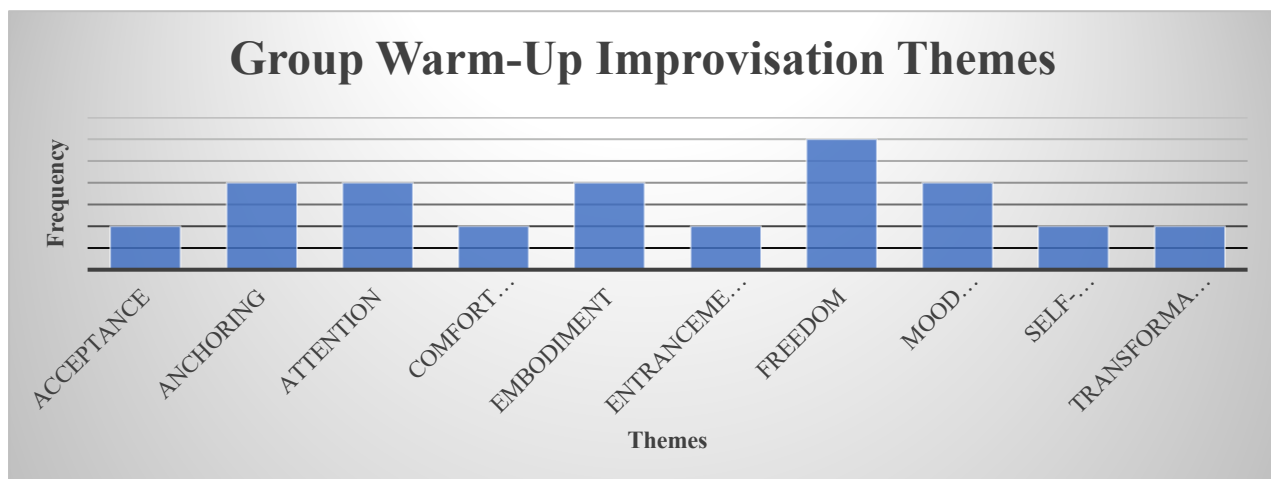
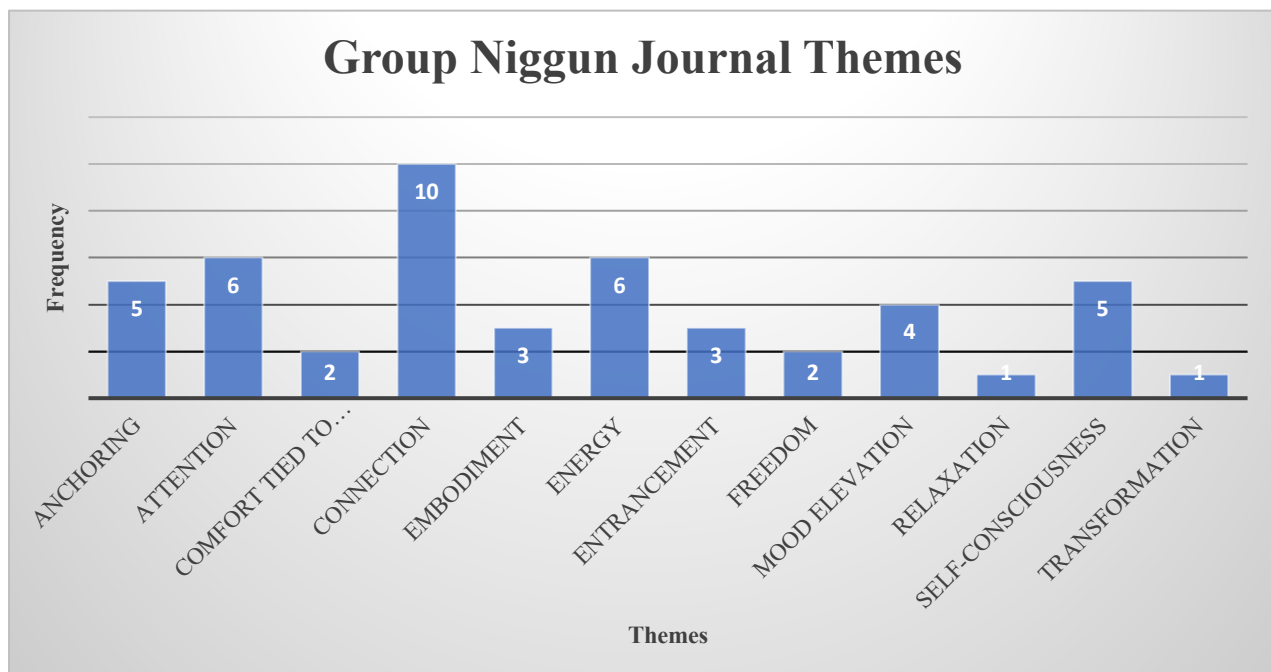
Figure 3*Frequency of themes in Group Warm-up Improvisation***Figure 4***Frequency of themes in Group Niggun Journal*

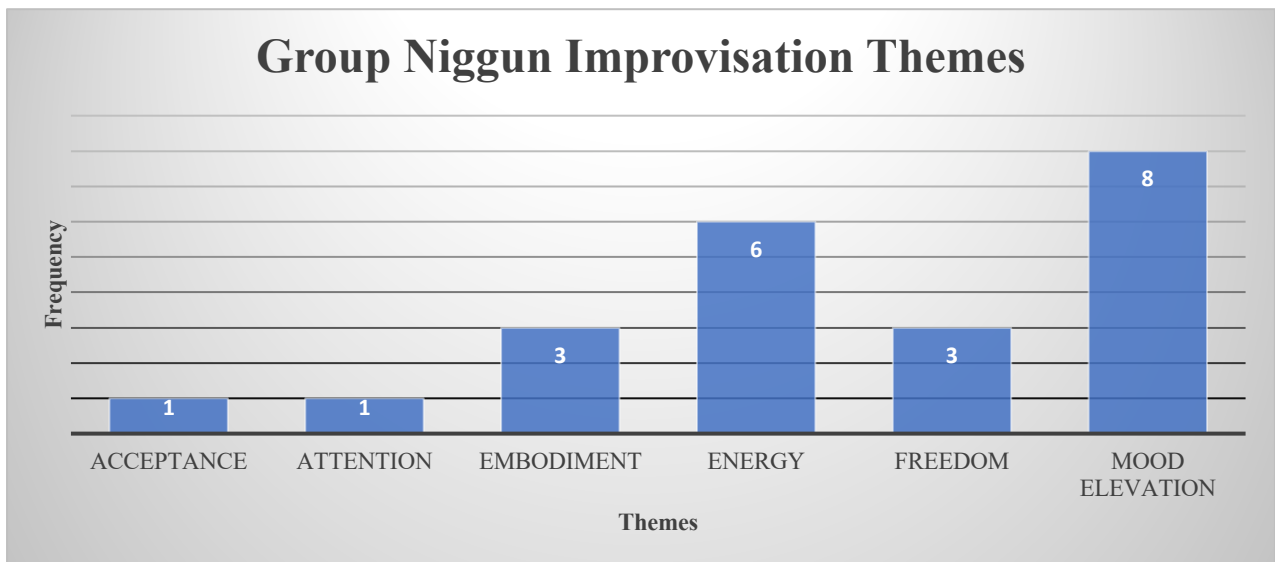
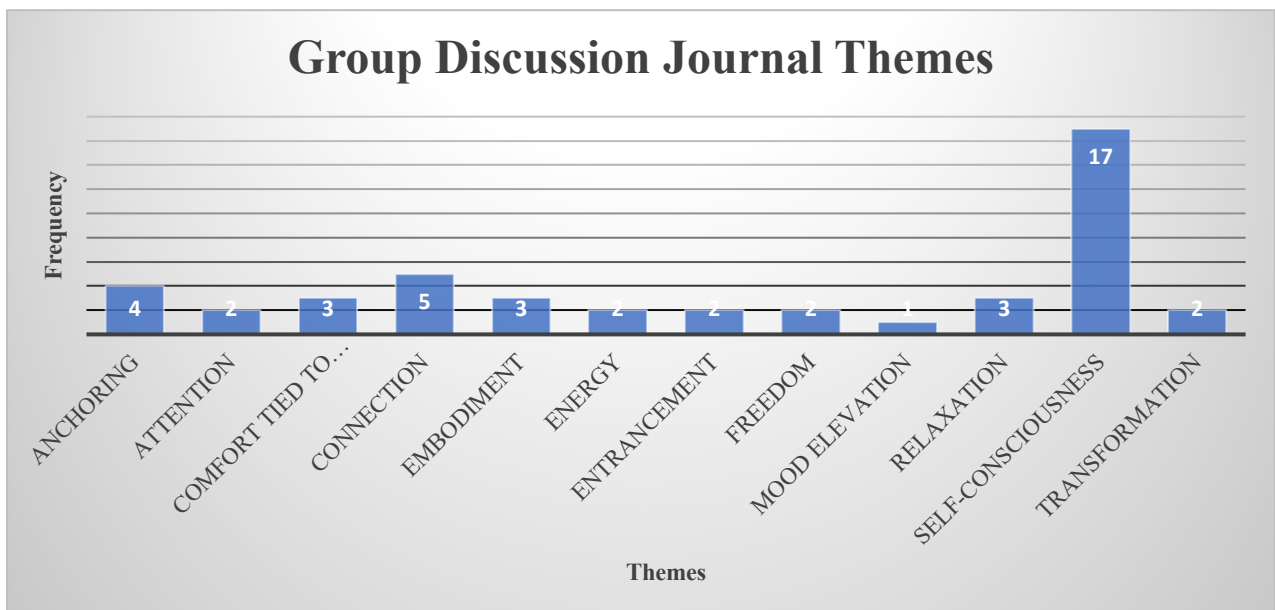
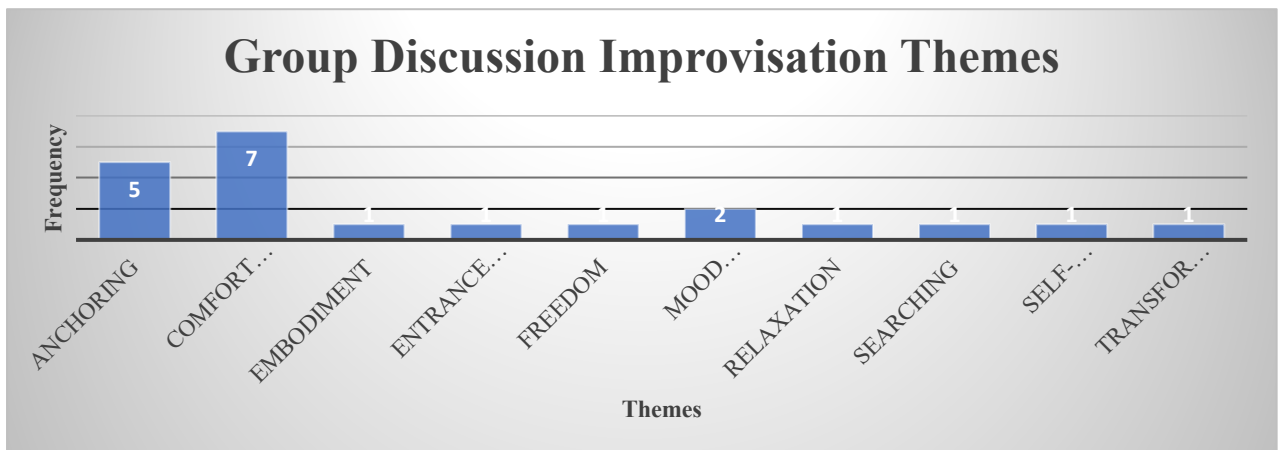
Figure 5*Frequency of themes in Group Niggun Improvisation***Figure 6***Frequency of themes in Group Discussion Journal*

Figure 7

Frequency of themes in Group Discussion Improvisation



THESIS APPROVAL FORM

Lesley University
Graduate School of Arts & Social
Sciences Expressive Therapies
Division
Master of Arts in Clinical Mental Health Counseling: Music Therapy,
MA

Student's Name: Elizabeth Zinn_____

Type of Project: Thesis

Title: Jewish Wordless Singing in Music Therapy and Burnout Prevention with Outpatient Mental Health Clinicians

Date of Graduation: May 20th 2023_____

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Dr. Rebecca Zarate_____