

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.

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 I

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; Clendon-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 emotional 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 esta-

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)

blish conclusions about the effectiveness of musical intervention with this type of patient.

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 other 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% ($\Delta = -60\%$, $p < 0.001$).

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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