Psychology Research, July-Aug. 2026, Vol. 16, No. 4, 197-209
doi:10.17265/2159-5542/2026.04.003

Voice and Spirituality: Icaros, Medicine Songs and Mantras as Instruments of Social Transformation and Connection With the Inner World

Enrica Tifatino
Artemisabcn Multiespai Artistic, Barcelona, Spain
AMAD—Association of Music Therapists, Art Therapists and Dance Therapists of Europe, Barcelona, Spain

Voice and singing have accompanied human communities since ancient times as forms of communication, ritual, emotional expression, social bonding and spiritual practice. Across diverse cultural contexts, vocal music has been used not only to represent beliefs but also to create relationships between individuals, communities, the natural world, and dimensions of experience that may be described as spiritual. Contemporary music therapy increasingly recognizes that musical experience cannot be separated from its cultural, relational, and ecological contexts. This article explores the use of voice and collective singing as experiential resources for self-awareness, interpersonal connection, and community wellbeing, focusing on three distinct but dialogically explored traditions: Amazonian *ícaros*, contemporary *medicine songs*, and mantras. Particular attention is given to Indigenous Latin American cosmologies, while emphasizing that these traditions have different historical, cultural, and spiritual origins and should not be treated as interchangeable practices. A practice-based qualitative methodology was used to examine a workshop developed and presented within the thematic axis "Art, Health and Community". The experiential sequence incorporated body awareness, breathing, natural vocalization, silence, personal vocal expression, mantra repetition, devotional singing, medicine songs, selected ícaro-inspired vocal practices and collective musical journeys. The analysis focused on four experiential dimensions: embodied awareness, emotional expression, spiritual meaning, and social connectedness. The experience suggests that vocalization can function as a transitional space between individual and collective experience. Singing together may facilitate belonging, mutual listening, emotional regulation, and shared meaning, while repetitive vocal practices such as mantra-based singing may support attentional and contemplative processes. These observations are consistent with a growing body of research concerning group singing, wellbeing, and social connection. However, the article argues for cultural humility and intercultural dialogue when incorporating Indigenous and spiritual musical practices into contemporary therapeutic contexts. The therapeutic value of voice should therefore be understood not as an intrinsic or universal property of particular songs, but as emerging from the interaction between musical structure, embodiment, relationship, cultural meaning, and context.

Keywords: music therapy, voice, singing, spirituality, ícaros, medicine songs, mantras, community music therapy, Indigenous Latin American cosmologies, social connection, wellbeing, embodied voice

Enrica Tifatino, Degree in Literature and Philosophy, Music Therapist and Art Therapist, Director, Artemisabcn Multiespai Artistic; Vice President, AMAD—Association of Music Therapists, Art Therapists and Dance Therapists of Europe, Barcelona, Spain.

Introduction

Voice as an Ancestral Human Practice

Before music was formalized as an artistic discipline, before written language and before the development of modern therapeutic professions, human beings used the voice to communicate, coordinate, express emotion and establish relationships.

Crying, calling, chanting, humming, rhythmic vocalization and singing are among the most fundamental forms of human musical behaviour. The voice is simultaneously physiological and relational: It originates in the body, but it reaches beyond the boundaries of the individual. To vocalize is therefore to make one's internal state audible and to enter into a relationship with an external environment.

From this perspective, singing may be understood as more than the production of organized sound. It is an embodied act involving respiration, muscular activity, attention, affect, memory, interpersonal regulation, and cultural meaning.

The contemporary field of music therapy has increasingly moved beyond a strictly biomedical understanding of music. The World Federation of Music Therapy has defined music therapy in terms that include physical, social, communicative, emotional, intellectual, and spiritual health and wellbeing, while explicitly emphasizing the importance of cultural, social, and political contexts (WFMT, 2011) (Federación Mundial de Musicoterapia).

This contextual perspective is particularly relevant when considering vocal traditions that have historically been associated with healing, ritual, and spirituality.

The central proposition of this article is therefore not that singing is inherently "healing", nor that particular traditional songs possess universally transferable therapeutic properties. Rather, it proposes that the human experience of vocalizing, listening, breathing, and singing together can create conditions in which processes of connection, self-awareness, emotional expression, and shared meaning become possible.

Music as a Social Fact

Music is never produced in a cultural vacuum.

The same sound can have radically different meanings depending on who produces it, who receives it, where it occurs, and which worldview gives it significance. A melody can be entertainment in one context, prayer in another, medicine in another, and a marker of collective identity in another.

This observation is particularly important within community music therapy. Community Music Therapy has challenged exclusively individualized approaches to health by considering the relationships between individuals, communities, social environments and musical practices. Stige (2015) and colleagues describe this field as concerned not only with individual health and development but also with participation, social change, and the wider contexts in which musical life occurs (OUP Academic).

Music therefore possesses a dual dimension:

1. Intrapersonal, because it can facilitate awareness of sensations, emotions, memories, and subjective experience; and

2. Interpersonal and social, because musical participation can create synchrony, belonging, shared attention, and collective identity.

Research supports this second dimension. Systematic reviews have reported associations between group singing and social connectedness, confidence, positive emotional states, and wellbeing, although the methodological quality and heterogeneity of the literature require caution when making causal claims (PubMed).

The voice is especially significant because it does not require an external instrument. The body itself becomes the instrument.

Indigenous Latin American Cosmologies and Musical Healing

The relationship between music, health, and spirituality becomes particularly complex when considering Indigenous traditions.

In many Indigenous societies, Western distinctions between "music", "medicine", "religion", "ecology", "community", and "daily life" do not necessarily correspond to local conceptualizations. A musical practice can simultaneously be social, spiritual, ecological, educational, and therapeutic.

Research with the Muisca Community of Cota, Colombia, for example, demonstrated that music was integrated into community activities and healing practices, while the community's understanding of health differed substantially from dominant biomedical conceptualizations. The authors emphasize that culturally appropriate work requires intercultural dialogue rather than the imposition of dominant health frameworks (Revistas UNAL).

This point is essential for the present discussion.

The term *ícaro* is commonly associated with healing songs in Amazonian vegetalista and Indigenous contexts, particularly among Shipibo-Konibo communities. Ethnographic descriptions indicate that these songs may operate within ceremonial systems in which sound, plants, healing, cosmology, visual patterns, and spiritual relationships are interconnected (ResearchGate).

However, the contemporary international use of the word *ícaro* has expanded considerably beyond its original cultural contexts. In wellness environments, the term is sometimes used to describe a broad category of "healing songs", potentially obscuring the specific knowledge systems, responsibilities, and cultural contexts from which the practice originates.

For this reason, the present article deliberately avoids treating *ícaros*, contemporary "medicine songs" and mantras as equivalent.

They are different traditions.

Ícaros belong to particular Amazonian ritual and healing systems. "Medicine song" is a broad contemporary expression used in different spiritual and musical communities and does not represent one homogeneous Indigenous tradition. Mantras have roots in South Asian religious and contemplative traditions and should not be categorized as Indigenous Latin American practices.

The value of bringing them into dialogue lies not in erasing their differences, but in examining what the human act of intentional vocalization can reveal about music, embodiment, spirituality, and community.

Voice, Spirituality and the Inner World

Spirituality is difficult to operationalize because it encompasses diverse cultural, philosophical, and religious understandings.

Within this article, spirituality is not defined as adherence to a particular religion. It refers more broadly to experiences of meaning, interconnectedness, transcendence, inner orientation, belonging, and relationship with something perceived as larger than the individual self.

From this perspective, singing can become a contemplative practice.

Repetition reduces the demand for continuous verbal formulation. Breath becomes perceptible. Vibratory sensations become more salient. Attention moves toward sound. Silence becomes part of the musical experience.

The individual may experience a shift from “performing a song” toward “being present within sound”.

There is emerging empirical support for some aspects of repetitive vocal meditation. A systematic review and meta-analysis of mantra-based meditation found small-to-moderate effects on anxiety, depression, stress, post-traumatic stress symptoms, and mental-health-related quality of life, while also emphasizing risks of bias and limitations in the evidence base (PubMed).

More recent research has specifically examined spiritual wellbeing. A 2025 systematic review and meta-analysis of mantram repetition reported a positive pooled effect on spiritual wellbeing across seven studies, while emphasizing the need for further research to establish the reliability and generalizability of these findings (PubMed).

These findings do not demonstrate that a particular mantra or vocal tradition “heals” an individual. They do, however, support the investigation of repetitive vocal practice as a potentially meaningful component of contemplative and wellbeing-oriented interventions.

Methodology

Research Design

The present work adopts a practice-based, qualitative, and phenomenological-reflective approach.

Rather than presenting a controlled clinical trial, the article examines a music-based experiential workshop developed within the thematic axis “Art, Health and Community” and presented at the CLAM (Congreso Latino Americano de Musicoterapia) Congress.

The objective was not to determine the clinical efficacy of ícaros, medicine songs or mantras, but to investigate how intentional vocal practice could be used as a framework for exploring:

- bodily awareness;
- breathing and vocal presence;
- emotional expression;
- self-perception;
- contemplative attention;
- spirituality and meaning;
- interpersonal listening;
- collective participation; and
- experiences of belonging.

This distinction is methodologically important because evidence concerning group singing and mantra-based practices cannot automatically be transferred to culturally specific Indigenous healing traditions.

Conceptual Framework

The workshop was situated at the intersection of three areas:

A. Music therapy:

Music was considered as a relational and embodied medium through which participants could explore aspects of their physical, emotional, social, and spiritual experience.

B. Community Music Therapy:

The workshop incorporated principles associated with community-oriented practice, particularly participation, resource orientation, social connection, ecological awareness, and reflection. Community Music

Therapy explicitly challenges approaches that isolate the individual from the social and cultural contexts of musical experience (OUP Academic).

C. Intercultural and culturally humble practice:

The inclusion of traditions originating outside Western clinical practice requires cultural humility. Contemporary scholarship in music therapy increasingly emphasizes the need to recognize how power, coloniality, cultural identity, and professional authority shape therapeutic relationships (Taylor & Francis).

Accordingly, the workshop did not present Indigenous vocal traditions as techniques to be extracted from their original contexts and converted into therapeutic technologies.

Instead, they were introduced as culturally situated practices whose existence invites music therapists to question the boundaries between music, ritual, community, body, and spirituality.

Experiential Sequence

The workshop was organized as a progressive movement from individual embodiment toward collective musical experience.

Phase 1: Body and presence:

Participants were invited to bring attention to the body through stillness, movement, breathing, and internal listening.

The purpose was to establish the body as the first musical instrument.

Rather than beginning with melody, the process began with silence and respiration.

Phase 2: Breath and sound:

Breathing was progressively transformed into audible exhalation.

Participants explored:

- humming;
- sustained tones;
- vowel sounds;
- resonance;
- changes in pitch;
- changes in intensity; and
- the relationship between breath and vocalization.

The objective was to reduce performance-oriented concerns and encourage vocal exploration.

Phase 3: The voice of the self:

Participants were invited to explore their own name as a vocal sound.

The exercise, conceptualized as a “power mantra”, transformed the personal name from a linguistic identifier into a repeated vocal symbol.

The intention was not to prescribe a supernatural effect but to investigate the relationship between voice, identity, and embodied self-recognition.

Phase 4: Medicine songs and ícaros:

The workshop introduced selected vocal practices associated with medicine-song traditions and Amazonian ícaros within an explicitly intercultural framework.

Participants were invited to listen, repeat, improvise, and experience the voice as a relational rather than performative phenomenon.

The emphasis was placed on listening, respect, and embodied experience, rather than imitation of Indigenous ceremonial authority.

Phase 5: Mantra and contemplative repetition:

Repetition was introduced as a musical structure capable of sustaining attention.

Rather than focusing exclusively on semantic meaning, participants were encouraged to notice:

- breath;
- vibration;
- resonance;
- rhythm;
- repetition;
- silence; and
- changes in subjective attention.

Phase 6: Collective singing:

The final stages moved toward shared singing.

Individual voices became part of a collective sound field.

This progression can be represented as:

Silence → Breath → Individual Voice → Repetition → Shared Voice → Collective Sound.

The sequence was designed to move from intrapersonal awareness toward interpersonal connection.

Observational Dimensions

The qualitative analysis was organized around four dimensions:

Table 1

Experiential Dimensions and Areas of Focus in the Vocal Workshop

Dimension	Experiential focus
Embodiment	Breath, resonance, bodily awareness, and vocal presence
Emotional expression	Access to affect, release, expression, and emotional recognition
Spiritual meaning	Inner connection, contemplation, transcendence, and personal meaning
Social connection	Listening, synchrony, belonging, and collective participation

These dimensions were selected because they correspond both to the structure of the workshop and to established areas of interest within music therapy and community music practice.

Ethical and Cultural Considerations

The workshop was not designed to reproduce an Indigenous healing ceremony.

This distinction is fundamental.

The use of the term *ícaro* requires particular care because these songs may constitute culturally embedded forms of knowledge rather than generic musical material. Their meaning and function are inseparable from specific communities, languages, apprenticeship systems, ceremonial contexts, and cosmologies.

Consequently, contemporary music therapists working with such material should consider:

1. the origin of the musical practice;
2. whether permission has been obtained where appropriate;
3. the difference between learning from a tradition and appropriating it;

4. whether Indigenous practitioners and knowledge holders are represented;
5. whether the terminology being used is culturally accurate;
6. whether the musical material is being removed from its original ceremonial function; and
7. whether claims of therapeutic efficacy exceed the available evidence.

This is particularly relevant in the context of decolonizing music therapy. Recent scholarship from Indigenous and Black Latine music therapy perspectives has highlighted how Western professional systems can reproduce processes of cultural erasure and assimilation when they fail to acknowledge alternative epistemologies (voices.no).

Results

The Voice as an Embodied Instrument

The first experiential outcome identified was the emergence of greater awareness of the relationship between respiration and vocalization.

The voice cannot be separated from the body. Unlike an external instrument, it is produced internally and therefore provides continuous sensory feedback.

The process of moving from silence to breath and from breath to sound created a progressive shift from observation to participation.

The participant did not initially need to "sing correctly". The primary task was to listen to the body.

This distinction is significant in therapeutic contexts because conventional ideas about singing frequently involve performance anxiety, judgment, and comparison.

By removing the requirement for musical competence, vocalization can become accessible to participants who do not identify as singers.

The therapeutic potential therefore lies partly in deconstructing the idea that the voice belongs only to trained musicians.

Voice and Emotional Expression

The second dimension concerned emotional expression.

Vocal sound contains characteristics that are not entirely dependent on verbal language: intensity, rhythm, pitch, duration, timbre, breath pressure, and silence.

Consequently, the voice can communicate affective states before these states are cognitively formulated.

From a music therapy perspective, this is relevant because musical interaction can provide a non-verbal pathway for expressing and communicating subjective experience.

The workshop consequently treated vocalization not primarily as the production of aesthetically correct sound but as an opportunity for participants to encounter their own sonic identity.

The movement from "How do I sound?" toward "What do I experience when I sound?" represented an important conceptual shift.

Repetition and Contemplative Attention

The third dimension emerged through repetitive vocal structures.

Repetition can initially appear musically simple, yet psychologically it can produce a complex change in attentional orientation.

Instead of continually anticipating new musical information, participants can focus on subtle variations within a relatively stable sonic pattern.

This can facilitate:

- sustained attention;
- awareness of respiration;
- sensory grounding;
- reduction of verbal activity;
- rhythmic organization; and
- contemplative states.

This interpretation is compatible with the available evidence concerning mantra-based meditation, although the evidence should not be overgeneralized. Current research suggests potential benefits for stress, anxiety, and other mental-health-related outcomes, but methodological limitations remain (PubMed).

From Individual Voice to Collective Sound

A central finding of the experiential model was the transformation of the voice from an individual phenomenon into a collective one.

When participants sing together, the individual voice remains present but becomes part of a larger sonic structure.

This produces an important relational paradox:

The individual does not disappear within the group; the individual becomes audible through relationship with the group.

Group singing research provides empirical support for this observation. Reviews have identified associations between collective singing and social support, belonging, confidence, positive emotional states, and wellbeing (PubMed).

Recent systematic research continues to indicate potential relationships between group singing, social connectedness, self-concept, and wellbeing, while emphasizing the need for stronger longitudinal and mixed-method research (PubMed).

Thus, the collective voice can be understood as a potential social technology: It creates a temporary acoustic environment in which participants must simultaneously maintain their individuality and attend to others.

Singing as Social Participation

The experience also supports the proposition that singing can create forms of participation that do not depend entirely on verbal communication.

A person may participate through:

- humming;
- breathing;
- sustained tones;
- silence;
- listening;
- responding;
- repetition;
- improvisation; or
- full vocal expression.

This creates multiple levels of participation.

Such flexibility is particularly relevant for community-based practice because inclusion does not necessarily mean that everyone participates in the same way.

Community Music Therapy literature emphasizes precisely this contextual and participatory dimension of musical practice. Music can become a means through which individuals and communities negotiate identity, participation, relationships, and social inclusion (OUP Academic).

Spirituality as a Relational Experience

The fourth dimension concerned spirituality.

Participants were not required to adopt a particular religious belief.

Instead, spirituality emerged as a possible experiential category associated with:

- inner silence;
- connection;
- meaning;
- presence;
- gratitude;
- belonging;
- transcendence; and
- relationship with something larger than the individual.

This is particularly relevant to contemporary music therapy because spirituality has increasingly been acknowledged as one dimension of human wellbeing, while remaining culturally sensitive and individually defined.

The voice can function here as a bridge between physiological experience and symbolic meaning.

Breath becomes sound.

Sound becomes repetition.

Repetition becomes attention.

Attention can become presence.

Presence can become meaning.

Meaning can become relationship.

This sequence should not be interpreted as a universal therapeutic mechanism. Rather, it describes one possible experiential pathway through which intentional vocal practice may acquire personal and collective significance.

Discussion

Beyond the Idea of Music as a Therapeutic Object

One of the main implications of this work is the need to move beyond the idea that music is simply an object that a therapist “applies” to a patient.

Music is also an activity, a relationship, and a social practice.

In community contexts, the question is therefore not only:

What effect does this song have on this person?

but also:

What happens between people when they make sound together?

This shift is consistent with the development of Community Music Therapy, which emphasizes relationships between musical experience, individual identity, social context, and community participation (OUP Academic).

The voice makes this relational dimension particularly visible because the musical instrument is the human body itself.

From "Healing Music" to Meaningful Musical Experience

The expression "healing music" is increasingly common in contemporary wellness culture.

However, from an academic and professional perspective, the term requires careful examination.

A song does not possess a universal therapeutic meaning independently of context.

The same vocal practice can be experienced as:

- sacred;
- aesthetic;
- meditative;
- culturally significant;
- emotionally evocative;
- socially bonding;
- spiritually meaningful; or
- simply enjoyable.

Its effects depend upon the interaction between the musical structure, participant expectations, cultural meaning, therapeutic relationship, and social context.

This is why it would be scientifically inappropriate to claim that ícaros, medicine songs, or mantras intrinsically "heal".

What can be investigated is how participation in culturally meaningful vocal practices may influence measurable or describable dimensions of wellbeing.

The Importance of Cultural Humility

The most important ethical issue raised by this work concerns cultural appropriation.

There is a growing international interest in Indigenous healing practices, plant medicines, ceremonies, ancestral songs, and spiritual traditions.

This interest can create opportunities for intercultural dialogue, but it can also reproduce colonial dynamics.

Extracting an Indigenous song from its cultural context, renaming it "healing music", commercializing it, and presenting it as a universal therapeutic technique risk reducing a complex knowledge system to a marketable intervention.

The Colombian Muisca case demonstrates the importance of intercultural dialogue in health-related work and warns against assuming that Indigenous communities share the same definitions of health, illness, and therapeutic practice as dominant societies (Revistas UNAL).

Accordingly, future music therapy practice should prioritize:

relationship before extraction, context before technique, dialogue before appropriation, and humility before authority.

The Distinction Between Tradition and Adaptation

A further issue concerns adaptation.

Can a Western-trained music therapist use elements inspired by traditional vocal practices?

Potentially, yes—but only if the adaptation is transparent.

There is an ethical difference between saying:

“This is an Indigenous healing song that I can use therapeutically with anyone”.

and saying:

“I have learned from this tradition and am exploring the human possibilities of breath, repetition, vocal resonance, and collective singing within my own professional context”.

The second position acknowledges cultural boundaries.

It also recognizes that a therapist does not become a representative of an Indigenous tradition simply by learning some of its songs.

This distinction should be incorporated into professional education.

Social Transformation Through Collective Voice

The title of this work refers to “social transformation” because collective singing can be understood as a small-scale model of social participation.

A group singing together must negotiate:

- listening;
- individual expression;
- collective rhythm;
- leadership;
- response;
- silence;
- difference;
- coordination; and
- shared space.

These are also social processes.

From this perspective, collective singing can function as a rehearsal for community.

Community Music Therapy has explicitly connected musical participation with social justice, empowerment, and social change (ScienceDirect).

Music does not transform society automatically. However, musical spaces can create conditions in which alternative forms of relationship become possible.

This may be particularly significant for populations experiencing isolation, marginalization, or loss of social identity.

Limitations

Several limitations must be acknowledged.

First, the present work is not a randomized controlled trial and therefore cannot establish causal relationships between vocal practice and health outcomes.

Second, the workshop format does not permit the effects of individual musical components to be isolated.

Third, experiences of spirituality are highly culturally and personally mediated.

Fourth, the term “medicine song” is heterogeneous and cannot be treated as a standardized intervention.

Fifth, empirical research specifically examining ícaros within music therapy remains limited compared with the substantially larger literature concerning group singing and mantra-based practices.

Finally, the use of Indigenous musical material requires continuing consultation with Indigenous knowledge holders and communities. Future research should therefore include participatory and intercultural methodologies rather than relying exclusively on Western academic frameworks.

Conclusions

The human voice represents one of the most immediate points of intersection between body, emotion, identity, relationship, and culture.

The experiential work presented here suggests that intentional vocal practices can create meaningful spaces for self-awareness, emotional expression, contemplative attention, and social connection.

The movement from silence to breath, from breath to individual voice, and from individual voice to collective singing provides a simple but powerful experiential trajectory: The body becomes sound, sound becomes relationship, and relationship becomes community.

The exploration of ícaros, medicine songs, and mantras also invites music therapy to reconsider its own epistemological boundaries.

These traditions should not be reduced to techniques, nor should their cultural differences be erased. Their relevance lies partly in challenging the assumption that music, health, spirituality, and community are necessarily separate domains.

For contemporary music therapy, the challenge is not to appropriate ancestral practices but to enter into dialogue with them.

This requires cultural humility, ethical reflection, and recognition of the knowledge systems from which these practices emerge.

Future research should investigate vocal and collective musical practices through mixed-method, participatory and culturally grounded designs. Such studies could examine physiological, psychological, social, and spiritual dimensions of vocal participation while allowing participants and communities to define what wellbeing and healing mean within their own contexts.

Ultimately, the therapeutic potential of the voice may not reside in the voice alone.

It may reside in the relationship created when one person dares to make their inner world audible—and another person listens.

And when many voices enter the same sonic space, music can become more than an individual practice.

It can become a way of belonging.

References

Álvarez-Figueroa, N., & Bautista, E. (2025). Black and Indigenous Latine perspectives on Western music therapy leadership coloniality. *Voices: A World Forum for Music Therapy, 25*(3). doi:10.15845/voices.v25i3.4564 (voices.no)

Ansdell, G. (2014). Revisiting "Community music therapy and the winds of change": An original article and a retrospective evaluation. *International Journal of Community Music, 7*(1), 11-45. doi:10.1386/ijcm.7.1.11_1 (Intellect)

Álvarez-Pérez, Y., Rivero-Santana, A., Perestelo-Pérez, L., Duarte-Díaz, A., Ramos-García, V., Toledo-Chávarri, A., … Serrano-Aguilar, P. (2022). Effectiveness of mantra-based meditation on mental health: A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health, 19*(6), 3380. doi:10.3390/ijerph19063380 (PubMed)

Campbell, Q., Bodkin-Allen, S., & Swain, N. (2022). Group singing improves both physical and psychological wellbeing in people with and without chronic health conditions: A narrative review. *Journal of Health Psychology, 27*(8), 1897-1912. doi:10.1177/13591053211012778 (PubMed)

Glew, S. G., Simonds, L. M., & Williams, E. I. (2021). The effects of group singing on the wellbeing and psychosocial outcomes of children and young people: A systematic integrative review. *Arts & Health, 13*(3), 240-262. doi:10.1080/17533015.2020.1802604 (PubMed)

Hao, L., Zhou, G., Li, J., & Beh, W. F. (2026). The effects of group singing participation on psychological, social, and wellbeing outcomes among children, adolescents, and university students: A systematic literature review. *Arts & Health*. doi:10.1080/17533015.2026.2626429 (PubMed)

Hulett, J. M., Corona, M., Hartman, B. M., & Bormann, J. E. (2023). A systematic review of interventional trials reporting relationships between silent mantram repetition and health in adults. *Complementary Therapies in Clinical Practice, 50*, 101709. doi:10.1016/j.ctcp.2022.101709 (PubMed)

Kuhn, A. L. R., Schneider, J. K., Easton, S. D., Abdullahi, S. G., & Willis, D. D. (2025). Effects of mantram repetition on spiritual well-being: A systematic review and meta-analysis. *Journal of Integrative and Complementary Medicine, 31*(3), 252-263. doi:10.1089/jicm.2024.0348 (PubMed)

Morales-Hernández, L. A., & Urrego-Mendoza, Z. C. (2017). Health, mental health, music and music therapy in a Colombian indigenous community from Cota, 2012–2014. *Revista de la Facultad de Medicina, 65*(3), 461-465. doi:10.15446/revfacmed.v65n3.56413 (Revistas UNAL)

Procter, S. (2011). Reparative musicing: Thinking on the usefulness of social capital theory within music therapy. *Nordic Journal of Music Therapy, 20*(3), 242-262. doi:10.1080/08098131.2010.489998 (Taylor & Francis Online)

Reagon, C., Gale, N., Enright, S., Mann, M., & van Deursen, R. (2016). A mixed-method systematic review to investigate the effect of group singing on health related quality of life. *Complementary Therapies in Medicine, 27*, 1-11. doi:10.1016/j.ctim.2016.03.017 (PubMed)

Stige, B. (2015). Community music therapy. In *The Oxford handbook of music therapy* (pp. 595-621). Oxford: Oxford University Press. doi:10.1093/oxfordhb/9780199639755.013.6 (OUP Academic)

Stige, B., & Aarø, L. E. (2012). *Invitation to community music therapy*. London: Routledge. (Routledge)

World Federation of Music Therapy. (2011). Announcing WFMT's new definition of music therapy. (Federación Mundial de Musicoterapia)

Williams, E., Dingle, G. A., & Clift, S. (2018). A systematic review of mental health and wellbeing outcomes of group singing for adults with a mental health condition. *European Journal of Public Health, 28*(6), 1035-1042. doi:10.1093/eurpub/cky115 (PubMed)