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POSITIONING IN MUSIC THERAPY

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Music therapy as a clinical discipline aspires to the status of science, or at least to a respectable body of evidence-based beliefs. This means being collectively accepted in epistemological terms by the other disciplines of health and therapeutic treatment of people. We started the therapeutic journey on the same path as medicine, which meant embracing positivist and neo-positivist currents, i.e., we decided to climb the steepest slope. Historically, this has led to conceptual and procedural frustrations that have yet to be resolved.

It is well known that epistemic heights vary according to the degree of knowledge that can be achieved. Music therapy has yet to universalise the nature, possibilities, scope, and foundations of its therapeutic principles. Although some practitioners have succeeded in defining the basic premises of the discipline, the cultural heterogeneity of its main independent variable makes it difficult to standardise treatments, evaluation methods and, consequently, results. Giving objectivity to the effects obtained, justifying the achievement of therapeutic goals as a direct result and not a coincidence of a thoughtful and rational intervention methodology, or demonstrating the controlled influence of music on the development of patients, are just some of the collective tasks and challenges that remain unsolved.

In the scientific context, not all statements are valid for the construction of knowledge. It is imperative to avoid any paralogism and sophistry by increasing controls and rigour in observations, experiments, and supervised case studies. The design of music therapy research methodologies must serve to define our identity and assert our true nature. Are we aware of how many institutional refusals there have been to validate music therapy according to models of thought far removed from our clinical essence?

The challenge for music therapists is to recognise and accept their own therapeutic nature. To know, to define and to defend the field of action, to justify the validity of the working tools and the scope of their expressive possibilities to bring benefits to people, and thus to determine the philosophical framework that frames their activity.

As a collective, we need to unify the underlying theory of music therapy. To position what is the attribute of disciplinary knowledge in order to clarify the ontological, metaphysical and epistemological problem we face. From this constructive order, we will be able to dialogue with other disciplines, avoiding the debates that remain outside our competence and taking responsibility for our own means and systems that prove our practices.

The way is no other than research, but that which is organised in coherence with what we are, not with what others demand of us. It is often appropriate to propose reverse definitions. Those which, by recognising what you are not, allow you to define what you really are.

Music therapy does not play in the league of the natural sciences, even though it shares users with medicine. Our premises do not belong to the realm of the exact sciences, so we do not have to respond to their challenges. The social and human sciences have created a space to explain this part of human experience from a cultural, social, emotional, and experiential point of view. This implies a perspective that is not as equidistant as objectivist studies demand. Our challenge is to know how to interpret the meanings derived from the use of music for therapeutic purposes. Let us explain our principles from there, let us clarify the specific contribution of music in therapeutic processes using the appropriate method of inference.

This forces us, within the eclecticism inherent in the discipline, to agree on assessment methods and session analysis tools, to unify intervention models, and to develop research methodologies that are robust enough to validate and exploit the enormous data production that a single process, with a single patient, can potentially generate.

We are asked for evidence, high-end epistemic quality, true propositions, convincing demonstrations, answers that unequivocally explain the therapeutic purposes of music. The field of reflection is growing, but so are the possibilities of establishing that our participation, as an adjuvant treatment, produces timely and significant benefits in people. It is up to us to review, replicate and build on the contributions of those with more and better experience.

See you on the road.

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