

## RECEPTIVE MUSIC THERAPY: BEYOND PASSIVITY



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### Recommended Citation

Fernandez-Company, J. F. (2024). Receptive Music Therapy: Beyond Passivity [Musicoterapia receptiva: más allá de la pasividad]. *Misostenido*, 4(8), 32-35. <https://doi.org/10.59028/misostenido.2024.23>

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**Received:** Sept 2, 2024  
**Accepted:** Sept 7, 2024  
**Published:** Sept 30, 2024

**Financing**  
This proposal does not have any institutional funding.

**Competing interest**  
The author of this proposal declare that they have no conflict of interest.

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

**Ethics approval**  
Not applicable.

**DOI:**  
<https://doi.org/10.59028/misostenido.2024.23>

**Editorial design**  
PhD. David Gamella  
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## Musicoterapia receptiva: más allá de la pasividad

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### ABSTRACT

**Background.** Terminology in music therapy has evolved, particularly in the distinction between receptive and passive music therapy. Traditionally, receptive music therapy, which focuses on listening to music, has been described as passive and can be confused with a lack of patient participation. However, recent studies have emphasized that listening to music involves deep emotional and cognitive processes, thus questioning the validity of the term passive. **Methodology.** A literature review was conducted to analyze the conceptual evolution of receptive music therapy and its implications for perception and clinical practice. In addition, studies of the therapeutic effects of music, its impact on emotional regulation, and cognitive processing during music listening were reviewed. **Results.** The review highlighted that listening to music activates brain regions associated with emotion and memory, challenging the notion of passive music therapy. Patients are actively engaged through emotional and cognitive responses. In addition, receptive music therapy was found to be more effective than active music therapy in certain contexts. **Conclusions.** The transition from the term passive to receptive in the description of music therapy best reflects the active nature of patient involvement and the therapeutic potential of music. This terminological change is essential for an accurate understanding and effective application of music therapy, improving the assessment of its therapeutic benefits and patient adherence to interventions.

**Keywords:** music therapy, receptive, passive, participation, intervention modality.

### RESUMEN

**Antecedentes.** La terminología en musicoterapia ha evolucionado, concretamente en la distinción entre musicoterapia receptiva y pasiva. Tradicionalmente, la musicoterapia receptiva, centrada en la escucha de música, ha sido descrita como pasiva, pudiéndose confundir con falta de participación por parte del paciente. Sin embargo, estudios recientes han incidido en que la escucha musical involucra procesos emocionales y cognitivos profundos, cuestionando la validez del término pasivo. **Metodología.** Se realizó una revisión de la literatura para analizar la evolución conceptual de la musicoterapia receptiva y de su impacto en la percepción y práctica clínica. Adicionalmente, se examinaron estudios sobre los efectos terapéuticos de la música, su impacto en la regulación emocional, y el procesamiento cognitivo durante la escucha musical. **Resultados.** La revisión resaltó que la escucha de música activa regiones cerebrales asociadas a la emoción y la memoria, lo que desafía la concepción del término musicoterapia pasiva. Los pacientes participan activamente mediante respuestas emocionales y cognitivas. Además, se observó que la musicoterapia receptiva puede ser más efectiva que la musicoterapia activa en determinados contextos. **Conclusiones.** La transición del término pasivo a receptivo en la descripción de la musicoterapia refleja mejor la naturaleza activa de la participación del paciente y del potencial terapéutico de la música. Este cambio terminológico es esencial para asentar una comprensión precisa y materializar una aplicación efectiva de la musicoterapia, mejorando la valoración de sus beneficios terapéuticos y la adherencia de los pacientes a las intervenciones.

**Palabras clave:** musicoterapia, receptiva, pasiva, participación, modalidad de intervención.

### BACKGROUND

In recent decades, music therapy has undergone significant advances in techniques, approaches, and the theoretical and conceptual understanding of its practice. One of the key aspects of this evolution has been the change in terminology used to describe the different modalities of intervention. In particular, the use of the term "receptive

music therapy" as opposed to the term "passive music therapy" has been the subject of debate. This distinction is not trivial, as it directly affects the perception and effectiveness of the therapeutic intervention.

The term passive music therapy has persisted in the literature (Altan & Oğuz, 2016; Kabuk et al., 2022; Lynch et al., 2021; Millett & Gooding, 2018; Montello & Coons, 1999). Receptive music therapy, which is characterized by the patient listening to music, has often been described as a passive process. To illustrate this idea, McPherson et al. (2019) use this term to refer to interventions in which patients simply listen to music without being involved in its creation or performance. In contrast, active music therapy is defined as that which involves participation in musical creation or performance.

However, the concept of passivity has been challenged in the contemporary literature. Recent research suggests that listening to music involves a complex network of neurophysiological and emotional processes, suggesting a much more active patient involvement than previously thought. In this sense, Grocke (2016) emphasizes that music not only acts as an auditory stimulus, but also mobilizes deep cognitive, emotional, and physical responses.

### **A critical review of the concept of "passivity" in receptive music therapy**

The criticism of the term passive has already been addressed by Bruscia (1998), who suggested that receptive music therapy should not be seen as a purely passive experience. Instead, he described it as a form of active participation in which the patient interacts with the music in a deep and meaningful way. This approach recognized that listening to music can be a dynamic process involving the evocation of specific physical responses, the exploration of affective states, and the facilitation of cognitive processes such as memory and imagination.

The term passive, derived from the Latin *passīvus*, denotes the absence of action or intervention. In the context of a person, this adjective suggests that the individual allows others to act in his or her place or remains on the sidelines of an action. Synonyms of passive include inactive, inert, immobile, apathetic, listless, disinterested, indifferent, or carefree. On the contrary, the antonym of passive is active or participative, from the Latin *actīvus*, and refers to what or to whom he acts or has the ability to act, and is synonymous with dynamic, energetic, or alive (Real Academia Española [RAE], 2014).

Therefore, the term passive, which refers to something inactive or inert, does not adequately convey the

therapeutic interaction that occurs during a receptive music therapy session. In reality, this process should be viewed as an active experience in which the patient, although not physically involved in the creation of the music, becomes deeply involved in an internal dialogue facilitated by the music.

From a philosophical perspective, this argument is in line with the thinking of Merleau-Ponty (2005), who argues that the term passive can be misleading because it overlooks the complexity of the patient's experience. The author sees perception as a dynamic process, not merely receptive, since perception is an organized process in which the person interprets and gives meaning to the stimuli received. Following this line of analysis, Johnson (2007) extends these arguments by pointing out that perception and aesthetic experiences, such as music, are not limited to the passive reception of sensory information but involve active participation in interpreting and assigning meaning to sensory stimuli. Therefore, in receptive music therapy, the act of listening to and experiencing music must be conceptualized as a deeply active and engaged process.

### **Cognitive and emotional implications of receptive music therapy**

In psychology, the term passivity is often associated with a lack of engagement or activity in the cognitive process, suggesting that the person is not actively participating or effectively processing the experience (Schnitzler et al., 2021). In contrast to this view of passivity, music is precisely a dynamic stimulus that acts as an active catalyst, capable of mobilizing profound responses thanks to the fact that the person actively participates in the process, becoming emotionally and cognitively involved in the musical experience (Fernández-Company et al., 2022; Freitas et al., 2022; García-Rodríguez et al., 2023).

The brain's response to music can produce therapeutic benefits such as reduced anxiety and improved mood, suggesting an active role for responsive music therapy in therapy (Sacks, 2008). Specifically, from a neuroscience perspective, the brain actively processes music, either by listening to it or by performing it. Some studies have shown that listening to music activates brain regions associated with emotion, memory, and reward (Levitin, 2018; Mavridis, 2015; Zatorre, 2015). This suggests that responsive listening involves significant neural engagement, challenging the idea that it is a passive activity.

In practical terms, referring to the process as receptive rather than passive clarifies that the patient is not a mere observer, but an active participant in the therapeutic process

through emotional and cognitive responses to music. This change in terminology better aligns with the goals of music therapy, which often involve personal reflection (Fernández-Company et al., 2024), emotional processing (García-Rodríguez et al., 2021), and introspection (Quintin, 2019; Wigram & Gold, 2006).

In addition, recent studies have shown that receptive music therapy can achieve significant therapeutic effects more quickly than active music therapy (Atiwannapat et al., 2016), and that this modality has been shown to be effective in improving cognitive function and reducing depressive symptoms in older adults with mild cognitive impairment (Xue et al., 2023). Similarly, Tsoi et al. (2018) have also suggested that receptive music therapy may be more effective than active music therapy in certain contexts, highlighting the importance of considering this modality as a valuable and effective intervention in various clinical settings.

## CONCLUSIONS

This position paper is not intended to single anyone out or to criticize the use of terms that have long been part of the common language of music therapy. Rather, the intention is to open a constructive dialogue about how we can unify terminology so that it more accurately reflects the active and profound nature of the therapeutic interventions that are made through receptive music therapy techniques. By adopting the term receptive music therapy, we will not only organize our language in accordance with the advances that allow for the understanding of the role of the patient, but we will also help future professionals to approach their practice with a more current and effective perspective. With gratitude for the previous work of all the authors, I share this reflection, and I trust that, by unifying criteria, it will be possible to evolve for the benefit of our patients and the field of music therapy as a whole.

In my opinion, the definitive transition from the term passive to receptive would not only imply an improvement in conceptual precision, but also a way of recognizing and valuing the active involvement of the patient in music therapy and the profound therapeutic potential of music as a stimulus.

However, despite the criticisms and advances in understanding the active role of the patient in listening to music, it is striking that the term passive music therapy continues to be used by both music therapists and professionals from other disciplines. It is possible that this use persists in part because of terminological inertia or the lack of systematic updating in academic and professional training. However, I believe that terminology influences the

way professionals understand and apply therapeutic interventions, and that the lack of consensus and research focused on music as a stimulus may perpetuate the existence of concepts that are not aligned with current reality.

For this reason, it is imperative that music therapy education engage in deep pedagogical work to address and clarify terminology, especially when students encounter terms such as 'passive music therapy' or 'receptive music therapy' ambiguously in past and contemporary literature.

The confusion that can be caused by the use of outdated terms underscores the importance of promoting a clear and accurate understanding of the discipline. In order to avoid misunderstandings and ensure consistent application of techniques, it is crucial that teachers emphasize the correct use of receptive music therapy, encourage critical reflection on sources that do not use this terminology, or clarify the historical context of the use of these terms. In this way, a more accurate and effective practice can be promoted that is aligned with contemporary advances in the field.

Ultimately, precision in the terminology used can have a direct impact on clinical practice and promote a more accurate understanding of receptive music therapy, helping music therapists to design more effective interventions and communicate more clearly with their patients. In addition, recognizing the patient's active participation through listening may contribute to a greater appreciation of this modality and adherence to treatment.

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# THERAPEUTIC POTENTIAL IS ACTIVATED BY THE IMPACT OF MUSIC

