A Comprehensive Review Classifying Contemporary Global Practices In Music Therapy

Katrina McFerran[1], Vivian Chan[2], Daniel Tague[3], Krzysztof Stachyra ,
Melissa Mercadal-Brotons[5]

[1] he University of Melbourne, Australia
[2] Education and Certification Commission WFM , Hong Kong
[3] Southern Methodist University, USA
   Faculty of Education and Psychology, Maria Curie-Skłodowska University, Poland
[5] Escola Superior de Música de Catalunya, Spain

Abstract

 he World Federation of Music herapy (WFM) identified five models of music therapy at the World Congress of Music herapy in 1999, subsequently recognized as the five international models of music therapy. he selection of these five models acknowledged the work of the leading pioneers at the time who had contributed tremendously to the development of music therapy. Since that time, the profession has continued to develop and evolve with the changing demands in the field that call for a broadening of approaches in practice. his resulted in the emergence of a diverse range of novel music therapy approaches, methods, and models across the globe over the past 20 years. As such, the WFM has acknowledged the need to explore and propose a new 'map' of music therapy practices to provide a more accurate reflection of the field today from a global perspective. Consequently, a working group of WFM council members (the authors) from Australia, Hong Kong, the USA, Poland and Spain was established to classify and report on current practices around the globe that is intentionally inclusive and dynamic. he working group examined published works on music therapy practice currently employed in different regions of the world and conducted two rounds of information collection. he first round invited regional liaisons of the WFM to identify the most common approaches of music therapy practice in their part of the world, and the second round invited music therapy experts and proponents across the globe to classify their form of practice as a model, an approach, a method and technique, an orientation, or an alternative form that do not belong to these categories. his report does not intend to conclusively define models and various forms of music therapy for the profession, but attempts to provide a comprehensive and inclusive overview of contemporary music therapy practices that should be updated and revised periodically. he authors also offer a few points of reflection on the continuing development and evolution of music therapy practices moving forward.

Keywords: music therapy, contemporary models, methods, approaches and orientation, international models, global development of music therapy practices, inclusivity and diversity.

Background to the Project

Five international models of music therapy were recognised in 1999 by the World Federation of Music herapy (WFM) during the 9th World Congress of Music herapy in Washington DC (Wheeler, 2012). he selection of the five models served the purpose of recognising some prominent pioneers from different parts of the world who had made significant contributions to the development of the profession by that time. he recognition was not intended to be inclusive, but rather a symbolic gesture in line with inter-organisational efforts to be sensitive to political considerations(attributed to Aigen, in Wheeler et al. 2012). he five models represented practice across North and South America, Europe and the UK, all of which contained large bodies of professional, qualified music therapists who were members of the WFM .

he five models were:

- Benenzon Music herapy (Argentina), Rolando Benenzon, based on Jungian theory.
- Behavioral Music herapy (USA), Clifford Madsen, based on behaviouralpsychology.
- Nordoff Robbins / Creative Music herapy (UK), Paul Nordoff& Clive Robbins, based on humanistic psychology and Steiner's anthroposophy.
- Analytic Music herapy (UK), Mary Priestly, based on Freudian psychoanalytic theory.
- he Bonny Method of Guided Imagery and Music (USA), Helen Bonny, based on transcendental (and humanistic) psychology.

Since that time, the profession has continued to develop and the demands on the music therapy profession have changed, with many new approaches to practice emerging. here is now significant variation across the different regions covered by the WFM (World Fe-

deration of Music herapy, 2020). hese variations include dominant theoretical orientations, prominence of different music-based methods, stages of development of the music therapy profession in different countries, workforce conditions and vocabularies used to describe practice. Wittgenstein's (1967) idea of family resemblances provides a useful way to understand these diversities in practice, which show «overlapping similarities and resemblances rather than universal, finitely specifiable common properties» (McLachlan, 1981, p. 1). Given this increasing diversity, the WFM has acknowledged the need to explore and map the different approaches that are currently part of the global music therapy profession (family). his led to the establishment of a working group in 2019 comprising council members (the authors) whose task was to better define and describe what constitutes a 'model' in music therapy and to report on current practices around the globe that might be considered as models.

his report details the process of reviewing and classifying global practices in music therapy undertaken by the working group and the conclusions reached. he report is considered comprehensive, as it is based on several engagements: two rounds of correspondence with regional liaisons of the WFM ; ongoing correspondence with an increasingly long list of recognised experts and proponents in music therapy internationally; and continual discussions and debates about the responses received among members of the working group via bi-monthly online meetings. he decision to expand the task beyond 'identifying models' to 'classifying diverse practices around the globe' was to extend discussion beyond 'models' of music therapy in order to recognise an intentionally inclusive and contemporary suite of music therapy practices.

Procedure

he WFM 's global mission and values em-

phasise inclusivity and this was the guiding principle for the reviewing process, requiring extensive dialogue, debate and discussion.

he working group comprised members from Spain, Hong Kong, Australia, Poland and the USA all of whom practiced in different ways, including within medical, educational, private practice and community contexts in their own countries, with varying theoretical influences. Many different opinions were shared during the three years it took to negotiate decisions and determine next steps.

he first topic to be debated was the idea of 'models' and identifying how the different worldviews of the working group members influenced their understanding of this construct. Some members believed models must be based on quantitative evidence of effectiveness. While others thought that would reduce the profession to a small number of testable procedures in the tradition of objectivist research that requires measurement of variables. he authors agreed that it was important to honour the five models that had been identified in 1999 and to undertake further scoping that did not include or challenge the status of the pioneering models, in recognition of the important contribution to the music therapy profession they made at that moment in time. A broad understanding of models was therefore adopted to begin with a focus on those approaches to music therapy practice that have been documented repeatedly in the literature. his scope was then expanded after recognising that newer models and approaches would be important to include, despite having had less time to develop a track record of publications. his decision was influenced by a number of social movements that have become prominent since the pioneering models were identified, particularly recognising the relevant vantage points afforded by postcolonial theory (Young, 2016). For the purposes of our discussions, it was important to recognise that postcolonialism challenges the hierarchy imposed

by Western imperialism where the practices of dominant and privileged cultures are prioritised over marginalised ones. Given the diverse regions represented by the WFM , it was important to carefully monitor colonial assumptions by actively recognising the equal value inherent in diverse approaches favoured around the globe by music therapists.

he group members attempted to demonstrate values of inclusion and egalitarianism in practical ways during the reviewing process. For example, in contrast to conducting a literature review, information was collected by personal communications with practising music therapists using the networks of the working group members who represented different regions (Western Asia, Australia, Eastern Europe, Western Europe, USA). his dialogic and relational approach was congruent with the mission, structures and resources of the WFM . Information gathering began with two rounds of correspondence with the WFM nominated regional representatives. A request was sent to the regional liaisons from the eight regions of the WFM who were asked for their perspectives about the most common approaches in their part of the world. Information from email correspondence was compiled in a list and then the working group members added additional approaches that they were aware of from conference presentations, readings and encounters with music therapists in the diverse regions they represented. hroughout the first year we reflected on the limits of our knowledge and networks and considered new ways to get more information and expand on what had been captured by our initial scoping process.

Examining the initial list of approaches and models, it became clear that some were directly referencing external theoretical 'orientations', a term that Aigen (2014) introduced to the music therapy literature to describe

Table 1. Theoretical orientations, and approaches and models**.**

Theoretical orientations from outside music therapy	Approaches and models from within music therapy
Ecological	Community Music herapy
Critical	Resource-Oriented Music herapy
Cognitive Behavioural	Aesthetic Music herapy
Developmental	Neurologic Music herapy
Humanistic	Family-centred Music herapy
Grief and Loss / Bereavement	Vocal Psychotherapy
	Orff Music herapy
	Dalcroze Music herapy
	Music Centred Music herapy
	NICU Music herapy
	DIR / Floortime M
	Biomedical Foundations of Music herapy

tendencies of thought (p. 223). hese were often psychological or sociological orientations, such as humanistic or ecological music therapy. Other suggestions seemed to be unique to music therapy, although they may have integrated external orientations. We chose to separate these two categories for further consideration (as seen in able 1) which established a group of 'insider' approaches that were developed by music therapists or that were specific to music therapy practice in a particular context.

As the working group examined the emerging list, there was considerable debate about whether the term 'models' provided a sufficient framework for the various practices being described. Stige's (2004) decision to describe Community Music herapy as an 'area of practice' instead of a model was noted, recognising that models are usually deterministic and «linked to specific originators and/or specific theoretical positions, to be shaped for specific client populations or clinical needs, and to be characterized by spe-

cific procedures and techniques» (Stige, 2002b, para. 3). his was extended by Ansdell in claiming community music therapy as an anti-model (Ansdell 2005) in order to avoid the prescriptive tendencies associated with models. Aigen (2014) also questioned whether the idea of models is always relevant or optimal for describing music therapy practices, and relegated them to an early stage of music therapy development, where treatment models that included specific procedures, techniques, goals were considered more necessary in order to align with medical approaches (p. 223). Resolution was achieved by the group recognising that an inclusive attitude would require more diverse options than a singular concept of treatment models with which to describe diverse practices. After considerable debate and experimentation with external approaches from related fields, the group expanded the proposed terms of procedures and methods to include a set of labels that seemed to ade- quately contain the different practices being described in the information provided. his inclu-

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ded orientations, approaches, methods, and models which have been defined in the following ways.

rientations are external tendencies of thought, most often theoretical positions from psychology, sociology and philosophy. hese are often adopted as ways of informing music therapy practice and communicating with others about how practice aligns with theories known to them but are not explanations of music therapy practice.

Approaches are the ways that music therapists describe their practices (the whys), often incorporating external orientations, but also incorporating reference to music-based practices and methods. Understanding of approaches directly guides the practice of music therapists, often with specific reference to workplaces, groups of people and specific needs and usually reflecting cultural, social, political influences.
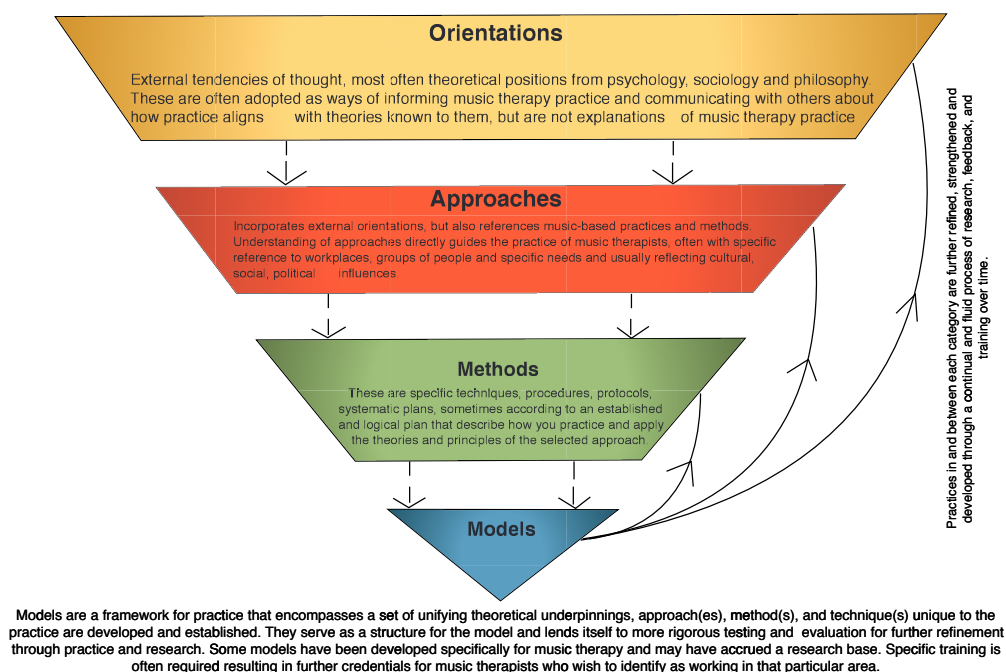
Methods are the music-based ways that music therapists practice (the hows). Practices are identified as a method when specific techniques, procedures, protocols, systematic plans, sometimes according to an established and logical plan that describes how you practice and apply the theories and principles of the selected approach are formulated.

Models are a framework for practice that encompasses a set of unifying theoretical underpinnings, approach(es), method(s), and technique(s) unique to the practice are developed and established. hey serve as a structure for the model and lends itself to more rigorous testing and evaluation for further refinement through practice and research. Some models have been developed specifically for music therapy and may have accrued a body of research literature associated with them. Specific training is often required resulting in further credentials for music therapists who wish to identify as working in that particular area.

Consequently, the working group created a diagram to represent the interaction between these layers. Arrows were included to indicate how various forms of practice emerge and may evolve into models when this is aligned with the worldview of proponents. Figure 1 was created by one of the group members (Chan) as a tool to navigate and classify a potential developmental process of various forms of practice in the field. he triangle shape was used to indicate the greater number of orientations and approaches, and smaller number of models. Models were located at the bottom to avoid the assumption of superiority.

he diagram depicts the dynamic nature of music therapy practice and the fluid ways in which new ideas emerge and are developed. It is intended to encompass the various approaches to practice in the field, where external orientations and internal approaches are embraced and new methods and actions are formulated to align with them. he flow of the practice development process suggests that each category becomes nested within each other as a form of practice evolves from one category to another. For example, in the development of a practice from an orientation to a model, elements of each category are identified/formulated, refined and carried forward when it evolves into the next category. If a practice develops into a model, it comprises a set of theoretical foundations that guide the practice in its approach and in the development of methods and techniques specific to the model. At this stage, the categories align with one other to form the framework and structure of the model. While the proposed development process is directional, it is not hierarchical. he working group was in agreement that all categories were complementary. here are well-founded reasons for the existence of each, such as social advocacy, cultural context, local healthcare systems and perspectives on well-being. Hence, not all forms of practice evolve

The Practice Development Process

Orientations

External tendencies of thought, most often theoretical positions from psychology, sociology and philosophy. These are often adopted as ways of informing music therapy practice and communicating with others about how practice aligns   with theories known to them, but are not explanations   of music therapy practice.

Approaches

Incorporates external orientations, but also references music-based practices and methods. Understanding of approaches directly guides the practice of music therapists, often with specific reference to workplaces, groups of people and specific needs and usually reflecting cultural, social, political   influences

Methods

These are specific techniques, procedures, protocols, systematic plans, sometimes according to an established and logical plan that describe how you practice and apply the theories and principles of the selected approach

Models

Practices in and between each category are further refined, strengthened and developed through a continual and fluid process of research, feedback, and training over time.

Models are a framework for practice that encompasses a set of unifying theoretical underpinnings, approach(es), method(s), and technique(s) unique to the practice are developed and established. They serve as a structure for the model and lends itself to more rigorous testing and evaluation for further refinement through practice and research. Some models have been developed specifically for music therapy and may have accrued a research base. Specific training is often required resulting in further credentials for music therapists who wish to identify as working in that particular area.

Figure 1. A tool to navigate and classify a potential developmental process of various forms of practice in music therapy.

to become a model and are best suited to remain otherwise.

After further review and consideration, the working group decided that greater privilege should be given to the respective experts and proponents regarding how they would categorise their own practices. A further round of correspondence was then sent that invited experts and proponents to identify whether their form of practice might be conceived as a model, an approach, a method and technique, or an orientation, based on an earlier draft of terms. Forty-two people identified as major proponents and initial experts were sent invitations. Reminders and invitations were sent for 6 months, and sometimes the search was widened to include an alternative proponent. 39 responses were ultimately received.   he remaining three were removed because their proponents were not comfortable assigning them into a proposed category. Since this document is a «living» classification tool, further updates and revisions re-

garding these and other approaches, methods and models are expected. Many of the proponents and experts responded to the request in detail, with some providing several (r) pages and lists of references, occasionally documenting new material that has not been published elsewhere. Some attempted to classify their practices within our framework, others did not and questioned the proposed terms.   hese responses were taken into account as we continued the review, iteratively adjusting the terms being used and their definitions to better reflect the types of practices categorised within them.

  able 2 provides a comprehensive classification of global music therapy practices into models, approaches and methods. It is not intended to definitively list all music therapy practices around the globe, but does attempt to provide an inclusive overview of contemporary music therapy practices that should be updated and revised periodically. One publication has been included for each entry

Table 2. Classification of contemporary music therapy practices.

Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Dalcroze Eurhythmics	Approach	Habron, J. (2014). hrough music and into music' – through music and into wellbeing: Dalcroze Eurhythmics as Music herapy. *he Journal for ransdisciplinary Research in Southern Africa. Special Edition, 10*(2), 90–110.	A way of engaging with people based on Improvisation, music & movement with a focus on musical embodiment, synchronised movement, and entrainment.	John Habron*
Orff Music herapy	Model	Orff, G. (1976). Multisensorischer Einsatz der Musik in der herapie mit entwicklungsgestörten Kindern. In *Praktische Psychiatrie; Sonderdruck Musiktherapie in der Psychiatrie* (pp. 36–41).	A client-centered paradigm that assumes innate musicality. General concepts include using a focus on kinesthetic and aural practice to engage participants in layered music involvement according to their capacity.	Gertrude Orff/ Melanie Voigt*
Musical Portrait	Model	Galińska, E. (1989). La musicothérapie cognitive; le portrait musical du patient. *La Revue de Musicothérapie,*1, 33–63.	Focuses on the disturbed structure of the self and working on the patient's identity, both active and receptive techniques. Mostly used in psychiatric settings with many fixed and situational techniques, with specific assumptions: socio-cognitive and integrative.	Elżbieta Galińska
Mobile Music Recreation	Method	Kierył, M. (2004). *Elementy terapii i profilaktyki muzycznej* [Elements of music in therapy and prevention]. Warszawa: MK	Uses an organized set of movement, rhythm, percussion, breathing exercises and relaxation activities stimulated by various music. he exercises refer to human biological rhythms (iso principle), including everyday situations and behaviors from the area of the patient's life into the process of music therapy.	Maciej Kierył

Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Biomedical Music herapy	Approach	aylor, D. (2010). *Biomedical foundations of music therapy.* (2nd ed.). Barton Publications.	Understanding and explaining music therapy through a biomedical perspective. Namely that music can be therapeutic because it influences brain functioning, which in turn allows the use of these effects well beyond the boundaries of the brain.	Dale aylor
NICU Music herapy	Model	Standley, J.M. (2002). A meta-analysis of the efficacy of music therapy for premature infants. *Journal of Pediatric Nursing, 17* (2), 107-113.	Incorporates a range of music therapy methods for premature and medically fragile infants receiving medical treatment in a hospital Neonatal Intensive Care Unit. Purposes include: enhancing medical treatment; managing infant symptoms; nurturing stressed premature infants; educating, involving, and supporting parents in a family-centered paradigm; and enhancing neurodevelopment by providing the earliest early childhood interventions.	Multiple
(Barcello's) Interactive Music herapy	Approach	Barcellos, L.R.M. (1992a). *Cadernos de Musicoterapia 1* [Notebooks on Music herapy 1] Rio de Janeiro: Enelivros. Barcellos, L.R.M. (1992b). *A Movimentação Musical em Musicoterapia: interações e intervenções.* [Musical Movements on Music herapy: Interactions and interventions] *Cadernos de Musicoterapia n. 2.* [Notebooks on Music herapy #2]. Rio de Janeiro: Enelivros.	Non-prescriptive approach incorporating traditional music therapy techniques with "Musical Provocative echnique" and the "Musical Explorative echnique". Musical analysis used to analyze musical content from sessions and theoretically grounded in musicology and music semiology, as well as psychology and therapy theory.	Lia Rejane Mendes Barcellos
(Oldfield's) Interactive Music herapy	Model	Oldfield, A. (2006). *Interactive music therapy, A positive approach – Music therapy at a Child Development Centre.* London, UK: Jessica Kingsley Publishers.	Focus on establishing a constructive musical dialogue with children that emphasises positive experiences - these foster trust and allow feelings to be expressed through music. It is applied with a variety of populations including children with autistic spectrum disorders, relationship difficulties or physical disabilities.	Amelia Oldfield

Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Medical Music herapy	Model	Dileo, C. (Ed.). (1999). *Music herapy and Medicine: Clinical and theoretical applications*. Silver Spring, MD: American Music herapy Association.	Based on biopsychosocial theory to inform the use of music to address medical illness directly through cognitive, psychosocial and spiritual means. he therapeutic relationship is based on resonance with the therapist using research-based, specialized empathic methods and techniques.	Cheryl Dileo
Focal Music herapy in Obstetrics	Model	Federico, G., & Whitwell, G. (2001). Music herapy and Pregnancy. *Journal of Prenatal & Perinatal Psychology & Health, 15*(4),299-311.	Focused on pregnancy and birth that guides future parents in connecting and bonding with their babies using a formal assessment and seven methods. he oretically informed by pre and perinatal psychology, Jung's archetypes, Bowlby's attachment theory, Freud's psychoanalysis, protorhythms, Steiner's anthroposophy, and prenatal ecology.	Gabriel Federico
Feminist Music herapy	Approach	Curtis, S. L. (1996). Singing subversion, singing soul: Women's voices in feminist music therapy (Doctoral dissertation, Concordia University). Hadley, S. (Ed.). (2006). *Feminist perspectives in music therapy*. Barcelona Publishers.	Based in the feminist belief system, with its sociopolitical understanding of the experiences of women, men, and nonbinary individuals within a patriarchal culture. he common principles include: an understanding that the personal is political; a commitment to social change; recognition of the importance of egalitarian relationships (both personal and therapeutic); and valuing of diverse perspectives.	Multiple
Vocal Music Psychotherapy	Model	Austin, D. (2009). *he theory and practice of vocal psychotherapy: Songs of the self*. London, UK: Jessica Kingsley Publishers	he use of breath, sounds, vocal improvisation, songs and dialogue within a client therapist relationship to promote intrapsychic and interpersonal growth and change including two core methods - Vocal Holding and Free Associative Singing. Main theoretical influences include Carl Jung, Object Relations heory and Psychodrama.	Diane Austin

Form of Practice	Expert/Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Plurimodal Music herapy	Model	Schapiro, D., Ferrari, K., Ferrari, Sanchez, V., & Hugo, M. (2007) *Musicoterapia abordaje plurimodal*. Argentina: EDIM Ediciones.	Pluralistic approach to theoretical influences and practice where all the lines of action are equally important and proceed in a client-centered way. Specific techniques were designed to supplement traditional methods, including therapeutic music improvisations, working with songs, stimulation of images and sensations through sound (SISS) and the selective use of edited music.	Multiple
Neurologic Music herapy	Model	haut, M. (2005). *Rhythm, music, and the brain*. New York, NY: Routledge.	Based on neuroscientific research about music perception, cognition, and production. It consists of 20 standardized techniques across the 3 domains of sensorimotor, speech/language, and cognitive rehabilitation.	Michael haut
Consultative Music herapy	Approach	Register, D. (2002). Collaboration and consultation: A survey of board certified music therapists. *Journal of Music herapy, 39*(4), 305-321. Rickson, D. (2012). Music therapy school consultation: A unique practice. *Nordic Journal of Music herapy, 21*(3), 268-285.	Grounded in philosophies and theoretical constructs borrowed from social and educational psychology and music therapy fields. Involves stages of practice including the establishment of therapeutic relationships, collaborative assessment and goal setting, implementation, and follow-up and evaluation.	Multiple
Community Music herapy	Approach	Stige, B., Ansdell, G., Elefant, C., & Pavlicevic, M. (2010). *Where music helps: Community music therapy in action and reflection*. Ashgate.	Emphasises the importance of community, culture, political sensitivity, and localism. Focus on answering the question 'How can music help here, now' by mobilising and orienting actions and reflections in relation to current practical, situational needs.	Multiple

Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Culture-Centred Music herapy	Orientation	Stige, B. (2002). *Culture-Centred Music herapy*. Gilsum, NH: Barcelona Publishers.	A call for increased reflexivity and the ability to reflect upon one's social and cultural position as music therapist. Implications for practice emphasise awareness of the tensions between local and more general perspectives on music therapy.	Brynjulf Stige
Music and Imagery	Model	Summer, L. & Goldberg, F. (2002, September). *Practicing group music and imagery* [Seminar]. European Guided IMagery and Music Conference, Krummedeich, Germany.	Focused on transcending emotional limitations at supportive, re-educative and reconstructive levels. Sessions include prelude, transition, induction, music experience and postlude.	Lisa Summer & Fran Goldberg
Artistic Music herapy	Model	Albornoz, Y, (2013). MAR. Musicoterapia Artística (2013). Mérida: Editorial Venezolana. Universidad de Los Andes. (In English) Albornoz. Y, (2016). *Artistic music therapy: An individual, group and social approach.* New Braunfels. X: Barcelona Publishers.	A sequence of procedures and improvisational experiences that emphasise the artistic impact on the enhancement of human perception and quality of life with a strong emphasis. Indigenous cultures and practices were strong influences in the development of Artistic music therapy, in particular, the practices of the ancestral culture of Abya Yala (indigenous cultures of the American continent).	Yadira Albornoz
herapeutic Choir	Method	Zanini, C.R.O., Leão, E. (2006) herapeutic Choir - A Music herapist Looks at the New Millenium Elderly. *Voices - A World Forum Of Music herapy.* Noruega, 6 (2). Retrieved from: https://voices.no/index.php/voices/article/view/1682/1442> doi.org/10.15845/voices.v6i2.249.	he voice and singing are the main resources used to accomplish therapeutic goals through a protocol that involves seven procedures. akes place in choral groups with existential, humanistic, social psychology, and phenomenological theoretical underpinnings.	Claudia Zanini

Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Aesthetic Music herapy	Method	Lee, C. A. (2003). he architecture of Aesthetic Music herapy. Barcelona Publishers.	he qualities and beauty of music are seen as having equal importance to the non-musical foundations of therapy and therefore music studies and music analysis should be equal to the research focused on therapeutic outcomes. Practical emphasis is on listening, aesthetics, composition, and the balance between musical and clinical form.	Colin Lee
ICMus Model of Social-Community Music herapy	Approach	Pellizari, P. (1993). Musicoterapia Psicoanalftica. El malestar en la voz [Psychoanalytic Music herapy: he Malaise in he Voice] (R.Resio, Ed.). Buenos Aires.	A prominent type of practice, especially in Europe and South America. It gained prominence after the establishment of Analytic Music herapy. Influential work - quoted across Europe as well as South America. Comes after Priestley, but one of the most prominent since.	Patricia Pellizari
Music-Centered Music herapy	Approach	Aigen, K. (2005). Music-centered music therapy. Barcelona Publishers.	hese are all approaches that articulate ways of thinking and specific ideas and values that could be implemented in a variety of more specific models. hey are meant to be informative conceptual frameworks that can be implemented within a variety of models.	Kenneth Aigen
Cognitive Analytic Music herapy	Model	Kellett, S., Hall. J., Compton Dickinson, S. J., (2018) Group cognitive analytic music therapy: a quasi-experimental feasibility study conducted in a high secure hospital, Nordic Journal of Music herapy, doi: 10.1080/08098131.2018.1529697	Group improvisational interventions are used to address three stages of recognition, reformulation and revision. Musical improvisations form the basis for exploring and ameliorating dysfunctional modes of interpersonal relations.	Stella Compton Dickson

Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Humanistic Music herapy	Model	Muñoz, V. (2008). *Musicoterapia humanista: Un modelo de psicoterapia musical.* (tesis de maestria). México: Universidad Iberoamericana.	echniques are derived from theoretical influence of humanistic psychology, as well as Gestalt theory, Core-Energetics theory, Bowlby's attachment theory, Analytical Music herapy and the Bonny Method of Guided Imagery and Music.	Victor Munoz Polit
Resource Oriented Music herapy	Model	Rolvsjord, R. (2010). *Resource Oriented Music herapy.* Barcelona Publishers.	Aligned with the Recovery Model in mental health and integrating positive psychology, empowerment theory, the common factors and contextual approaches to practice. Methods often include the client's preferred music along with other techniques suggested by the client's interests.	Randi Rolvsjord
Social Music herapy	Method/ echnique	Onorio, A. (2012). *Musicoterapia Social: Alternativa emancipadora de promoción de salud* [Social Music therapy: Emancipating alternative for health promotion]. Buenos Aires: Grafica Chilavert.	Group based work with psychoanalytic theoretical underpinnings that are mostly carried out in the socio-educational/socio-community context. he main focus is on the promotion of health using music in the community.	Araceli Onorio & Mercedes Ruiz
Anti-oppressive Music herapy	Approach	Based on Sue Baines' PhD, the first publication was Baines, S. (2013). Music therapy as an anti-oppressive practice. *he Arts in Psychotherapy, 40*(1), 1-5. https://doi.org/http://dx.doi.org/10.1016/j.ai p.2012.09.003	Employs theories, approaches, methods, actions, and practices that actively challenge oppression. Based on the contention that oppression exists in society, does not occur in isolation, and requires multiple theories to address systemic change.	Sue Baines

Form of Practice	Expert/ Proponent classification	Illustrative Publication(s)	Explanation of Classification	Experts/Proponent*
Queer and rans Music herapy	Approach	Bain, C. L., Grzanka, P. R., & Crowe, B. J. (2016). oward a queer music therapy: he implications of queer theory for radically inclusive music therapy. he Arts in Psychotherapy, 50, 22-33.	Incorporates practice explicitly focused on LGB Q+ clients and their needs, as well as queer theory for informing and influencing music therapy. Emphasises the role of queer and trans music therapists and their allies in the creation and promotion of relevant trauma-informed and anti-oppressive approaches in the field.	Multiple
Aesthetic hinking in Music herapy	Approach	Rodríguez Espada, G. (2021) Pensamiento Estético en Musicoterapia II: erritorializaciones: formación, improvisación, técnica y escucha (Autores de Argentina, Eds.). Buenos Aires. Historical: Rodríguez Espada, G. 1990 "Etica y Estética en Musicoterapia" at VI World Congress of Music herapy, Rio de Janeiro.	Music and aesthetics are regarded as social phenomena and agents of change with its power to generate meaning and empower freedom through improvisation. Aesthetics is defined as an openness that seeks and is guided by meaning and freedom in interactions at any given moment rather than an adherence and submission to predisposed rules, forms, and systems in the clinical context.	Gustavo Rodriguez Espalda
Post-Ableist Music herapy (PAM)	Approach	Shaw, C. (2019). Developing post-ableist music therapy: An autoethnography exploring the counterpoint o a therapist experiencing illness/disability [Doctoral, Victoria University of Wellington]. New Zealand.	Defined by relational ethics beyond what was present in the prior practice and draws on aspects of posthumanism, agonistic plurality, disability studies and crip theory. It offers tools that support therapist reflexivity that can be applied to current approaches to increase professional consciousness of ableism.	Carolyn Shaw
CanPau Model	Model	Lazo, P. (2019). Music herapy, social entrepreneurship for early childhood: he CanPau model, Latin American Network of Music herapy for early childhood, 4, 22-28 ISSN 2591-5878,	Developed as a social entrepreneurial project in various settings to meet early childhood developmental and educational needs. Influenced by Piagett, Freud, Klein, Winnicott's and Delalande's child musical development	Paola Lazo

Legend:
Yellow = Developed in the 1960s-1980s
Blue = Developed in the 1990s-2000s
Green = Contemporary/Recent
* = Proponent

based on the information provided by the proponents and experts, and occasionally including two when it seemed necessary to illustrate breadth or more than one key proponent. he people named were those that were identified by consensus or suggested by the people with whom we corresponded. Dates were sometimes estimated when conclusive information was not available. he descriptions are based on our correspondence and information available in publications. his was condensed into two sentences that impartially described key dimensions related to its classification as a model, method, or approach.

Although we worked inclusively through regional liaisons and represented many continents, we are acutely aware that this exercise is limited by our own knowledge and networks. A longer working document will be held by the WFM that was generated during this process and includes more direct references to source, histories, possibilities for classification and perspectives. We welcome responses that will help improve the comprehensiveness and inclusiveness of our review.

As noted, able 2 presents a collection of music therapy practices discovered through the WFM networks used to comprehensively review and classify contemporary practices. After reviewing all the content in the table, one member of the working group (Stachyra) created an illustration of how the different models, methods, approaches came into prominence across time. his enabled us to move beyond either a chronological list or any suggested hierarchy. It also allowed us to visualize why those practices that had emerged more recently might have less literature and research associated, whilst those that are established have had more time to compile relevant materials. he dates were sometimes estimated based on what information we had, if sufficient definitive information was not available (Figure 2).

Reflections

Although this working group was initially tasked with updating the list of music therapy models established by the WFM in 1999, a comprehensive review of global practices resulted in the identification of a more complex
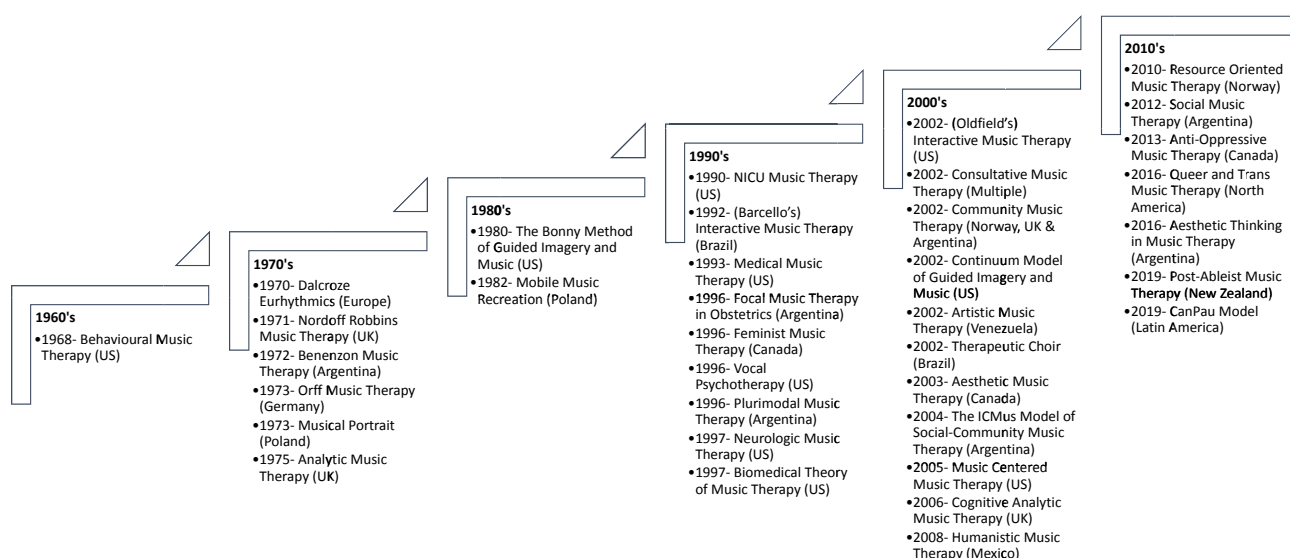

1960's
•1968- Behavioural Music Therapy (US)

1970's
•1970- Dalcroze Eurhythmics (Europe)
•1971- Nordoff Robbins Music Therapy (UK)
•1972- Benenzon Music Therapy (Argentina)
•1973- Orff Music Therapy (Germany)
•1973- Musical Portrait (Poland)
•1975- Analytic Music Therapy (UK)

1980's
•1980- The Bonny Method of Guided Imagery and Music (US)
•1982- Mobile Music Recreation (Poland)

1990's
•1990- NICU Music Therapy (US)
•1992- (Barcello's) Interactive Music Therapy (Brazil)
•1993- Medical Music Therapy (US)
•1996- Focal Music Therapy in Obstetrics (Argentina)
•1996- Feminist Music Therapy (Canada)
•1996- Vocal Psychotherapy (US)
•1996- Plurimodal Music Therapy (Argentina)
•1997- Neurologic Music Therapy (US)
•1997- Biomedical Theory of Music Therapy (US)

2000's
•2002- (Oldfield's) Interactive Music Therapy (US)
•2002- Consultative Music Therapy (Multiple)
•2002- Community Music Therapy (Norway, UK & Argentina)
•2002- Continuum Model of Guided Imagery and Music (US)
•2002- Artistic Music Therapy (Venezuela)
•2002- Therapeutic Choir (Brazil)
•2003- Aesthetic Music Therapy (Canada)
•2004- The ICMus Model of Social-Community Music Therapy (Argentina)
•2005- Music Centered Music Therapy (US)
•2006- Cognitive Analytic Music Therapy (UK)
•2008- Humanistic Music Therapy (Mexico)

2010's
•2010- Resource Oriented Music Therapy (Norway)
•2012- Social Music Therapy (Argentina)
•2013- Anti-Oppressive Music Therapy (Canada)
•2016- Queer and Trans Music Therapy (North America)
•2016- Aesthetic Thinking in Music Therapy (Argentina)
•2019- Post-Ableist Music Therapy (New Zealand)
•2019- CanPau Model (Latin America)

Figure 2. ime Continuum.

suite of approaches, methods and models. The family resemblances (drawing again on Wittgenstein) between all these practices are strong, but the differences and unique features are important in the context of an international federation that recognises diversity but is unified by its shared focus on the use of music for health and wellbeing and in agreement about the need for professional training. The distinctions reflect both cultural and contextual differences in beliefs about what is important to articulate, defend, explain and define for stakeholders in government, organisations, health and education settings and more. In the following paragraphs we will describe some of the issues that we grappled with across the two years of reviewing, using examples from the information collected.

Pioneers

Using the nuanced language we have introduced in this report, the original five international models might be conceived as a list of approaches created by significant international pioneers in our profession. The idea of pioneers and being pioneering is therefore important to consider and continues to be prominent in our review. In the 1990s, these pioneers had not only established a new approach to music therapy, but many were simultaneously advocating for the existence and recognition of the profession. Although the professional practice of music therapy is still not recognised in all countries, there have been some noteworthy successes with government legislation. Therefore we have chosen the language of experts and proponents to distinguish the people that were approached for this exercise from the pioneers who were outstanding in the first 50 years of the profession.

However, there are some individuals who might be classified as pioneers in the list we have generated. These people have not only developed their practices through research, but have also established training programs which they, and their trainees, are solely qualified to teach. These often occur within a business model, where people enroll individually to learn about the approach / model / methods from the expert, who often travels internationally to teach groups in different countries. The people who enroll in these training programs are usually qualified and professional music therapists who are seeking additional professional development from the pioneers. However, either the pressures of a business model or the aspirations of the program leaders mean that this is not always the case. Some training programs led by qualified music therapists outside or affiliated to the university sector also accept non music therapy qualified students in their programs, leading to a mixture of graduates and types of certifications in that approach / method / model. For example, The Academy of Neurologic Music Therapy (2022) has established different sets of credentials and outlined scope of practice guidelines for non musictherapists

Another interesting difference in the emphasis on pioneers in different parts of the globe is related to cultural values. Although people around the world have increased access to diverse cultural beliefs, it is more common in some countries to highlight a single progenitor of a particular approach/model than in others. As one respondent noted:

«A challenge I believe is very important to inform the work group was regarding the column «Pioneer». It is very hard to point out one single individual in charge of a music therapy model, approach, practice, technique, intervention or method. Although it is crucial to cite our colleagues and give them the deserved credits for their work, I believe knowledge is a social construct, and there is a tendency in Mo-

dern Science to name pioneers instead of showing historically and in the society how one construct was developed and later incorporated (some appropriated) and used in music therapy practice -- which resonates with Contemporary Science, Sociology of Science, Epistemology of Science. his belief is informed by the work of Paulo Freire, Rolando Benenzon, Carolyn Kenny and other authors and/or colleagues. So, I would gently recommend the work group to consider this column «Pioneer» with extreme care and caution» (Camila Acosta Gonçalves).

Another facet of the «pioneer» phenomenon is the tendency to honor the experts by aligning with established approaches / methods / models they have developed, even though the practice needs to be altered significantly in different cultural contexts. Cultural factors and the maturity of the profession in a particular region / continent / country may determine how this translational evolution occurs and whether the local music therapists choose to retain the original title. For example, in collectivist countries where the culture values and promotes respectful submission and loyalty to authority figures, it is more common for the original title to be retained and adaptations would resemble the original practice as much as possible (Guess, 2004). his tendency may also be stronger if the profession is in the infancy stage of development and has yet to undergo the process of evolution in the local scene. A clear example is the Paul Nordoff and Clive Robbins tradition of Creative Music herapy, which has been developed as a business with centers around the globe. he inspiration of these pioneers continues to resonate, but the specifics of the practice have been developed in a range of ways in different countries and by different individuals. A different example is NICU music therapy, where Jayne Standley's pioneering research is considered foundational to the field, but practices and research have been developed by a range of individuals in different ways - such as Joanne Loewey in the USA, Helen Shoemark in Australia, Freiderike-Haslbecke in Switzerland - without being re-labelled. he evolutions of practices are natural, however what we found interesting was whether the changes resulted in a new title, or whether the graduates continued to honor the approaches of the pioneers or translate them to suit their own contexts.

Parallel Developments

Another interesting facet that was identified in our review was that of parallel developments. hese were first identified when different proponents used the same terminology in labeling their approach, but closer investigation revealed there were distinctions between them and some had developed without awareness of one another. For example, Lia Rejane Mendos Barcellos has developed an approach called Interactive Music herapy over many decades in Brazil (2016), while Amelia Oldfield has developed an approach of the same name in the UK (Oldfield, 2006). Similarly, Polish music therapist, Elżbieta Galińska published 'La musicothérapie cognitive' in 1989 in France, and Stella Comptom Dickson proposed Cognitive Analytic Music herapy in 2008. Community Music herapy emerged in the UK (Ansdell &Pavlicevic) and Scandinavia (Stige) during the beginning of the century, and theICMus Model of Social-Community Music herapy was developed in South America by Patricia Pellizari in the previous decade, referring to a different approach.

In contrast, the review identified some approaches that were very similar and seemingly influenced by the same ideas, but seeded in another culture and not always aware of one another. It was unclear whether these parallel developments were intentionally influenced by an approach in one country that then evol-

ved differently in another context. For example, Andre Brandalise's use of the term Music Centred Music herapy in South America may be related to Ken Aigen's ideas in North America. Gustavo Rodriguez Espalda's Aesthetic hinking in Music herapy and Colin Lee's Aesthetic Music herapy is another example. It is possible that language differences, lack of travel between countries and more regional-based publishing contributed to these parallels. In addition, professionals in some areas of the world are more actively interested in international developments, while others are satisfied to focus on ideas developed locally.

The Importance of Context

One of the most important influences on the ways approaches, methods and models were described, theorised and researched seemed to be the work context - the type of organisation or institution or particular participants in music therapy. Some found this so significant that they had labeled their approach in a way that completely centralised the setting - such as NICU Music herapy (Standley, 2003). In contrast, the label of Community Music herapy does not refer to practicing in the community, but rather to a systems-oriented logic that prioritises the communities in which music therapy is practiced, which might include hospitals, schools or community settings (Stige, 2002). Others chose labels that reflected their external theoretical or philosophical orientation - such as Aesthetic Music herapy, Post-ableist Music herapy, Resource-Oriented Music herapy, Behavioral Music herapy, Humanistic Music herapy, or Cognitive Analytic Music therapy. A further group emphasized existing, non-music therapy models to which they subscribed, such as Dalcroze Music herapy, Orff Music herapy, and DIR Floortime Music herapy. In fact, "DIR®/Floortime™ was described by our respondents as having «been contextualized into

music therapy», but not an independent method, meaning that music therapists draw on the developmental, individual-difference, relationship-based (DIR) model and incorporate those methods into their music therapy practice (as defined by Goodman, 2013).

Another factor that seemed influential in the explanations offered by respondents was the interaction with other disciplines and health systems in their country and work context. For those located in medical institutions, there was a strong emphasis on the position of music therapy as an allied health profession and this was reflected in the words used and the focus of benefits being described, for example Medical Music herapy, Biopsychosocial Music herapy (BM), Neurologic Music herapy, Cognitive Analytic Music herapy and Consultative Music herapy. For other respondents, the emphasis was on distinguishing between music therapists and other music professionals such as teachers, community musicians and performers. he ways that Analytic Music herapy (AM) evolved differently in different countries seemed to reflect these contextual factors also. he original model was developed in central Europe at the peak of psychoanalytic traditions, and it is this version that is still taught in northeastern America (Molloy University, NY), whereas in Denmark it has been combined with various psychodynamic theories and techniques together to form the «psychodynamic relational model» under the direction of Inge Pederson, who trained with Mary Priestley in the original model. As Inge Pederson further elaborated in her response, it became apparent that the music therapy training program at Aalborg, Denmark needed to include more disciplines with a broader perspective to prepare its students to work in different fields, hence expansion and adaptations were necessary. he program currently has a psychodynamic approach related to relational psychoanalysis, particularly in the understanding of human relationship in and

outside of musical interaction. echniques learned from Mary Priestley were further developed to form new techniques and taught to students in the program. With continual refinement of practice and theory through research, the program has developed into a model known as the «psychodynamic relational model».

Conclusion

he WFM is an international organisation under the auspices of member organisations as well as individuals from the six WHO regions, plus Latin America and the Caribbean and Australia and New Zealand counted as its own region, for a total of eight regions. Advice from all eight regions and many different languages were included in the current analysis. As a result, there are many language issues that have made this task challenging both across languages, and even within the same language groups. In reflecting on the language used in the 1999 resolution to acknowledge five 'models', it was clear that sensitivity to political context should again be demonstrated through the selection of more inclusive and diplomatic language. A more comprehensive review of contemporary music therapy practices around the globe required an expansion of terminology in order to enact inclusivity, rather than simply reflect the practices of dominant and privileged cultures (Young, 2016). he WFM is a point of reference for music therapists around the world where the profession is still developing and to limit our scope to 'models' would have excluded very common and well known practices that are valued and practised skillfully. However, language remained difficult and even the idea of a music therapy method is used in different ways around the globe and even within individual countries. herefore, we do not propose that these words are the 'right' or 'correct' ones, only that they are the words we found most

helpful in pointing to the key issues for the working group.

he report is also likely to be limited by our inability to identify all music therapy methods, models and approaches that are practiced and documented around the globe. Our review indicates that the number of emerging practices is growing exponentially. Music therapy is in a stage of dynamic development, with a high proportion of researchers considering the size of the professional body and knowledge being generated and published frequently in journals such as Journal of Music herapy and Music herapy Perspectives in the USA, Nordic Journal of Music herapy, VOICES and APPROACHES in Europe, as well as many national journals. National journals are usually published in local languages that are not accessed by people from other countries. For example in Poland where two music therapy methods were developed by music therapy pioneers in 1970 and 1980s but were never published in English. In addition, some active music therapy leaders are not interested in publishing but have a strong influence locally and may have developed methods and approaches but only a small group of music therapists who are close to them practice that way.

Despite these limitations, we believe the explanations offered in this report provide a useful, inclusive and non-hierarchical review of some of the most current common and recognised practices of music therapy around the globe. Rather than limiting the report to naming the dominant and long-established traditions, we chose to represent an array of diverse voices from different cultures and countries and expect that this list should continue to expand and be updated over time. It is clear that those models where the pioneer has remained focused and sometimes well-funded to continue to develop and research their ideas have been most visible. However, the degree of visibility is also influenced by

language differences and cultural tendencies. Although the working group has attempted to be comprehensive and clear, it is obviously dominated by English language and European, American and British traditions. We hope this will be expanded, diversified and developed in future iterations.

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