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THE LEGS OF THEORY AND RESEARCH

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The path of research continues in the journal Misostenido. We have no other destiny than to continue accumulating evidence to guide clinical decisions. Our stride is not very long, but it is firm and steady enough to take on future challenges and propose a path to professional consolidation in music therapy.

In the Spanish-speaking context, as an emerging discipline aspiring to recognition, music therapy must primarily address two fronts once the quality and consistency of initial university training has been ensured. The first is the development of evidence-based intervention methodologies. The second is the implementation of a research culture among its members. Both aspects must be interconnected and equally addressed.

Let us think about bodily movements in the act of walking. Walking involves the coordination of various systems. Understanding motor capabilities and sensory information, executive functions, and volitional acts allows us to adjust the strength, balance, and tension of the muscles to organize movement in a coherent and controlled manner. This logic of progress is easily transferable to the development and consolidation of music therapy based on the two aforementioned

fronts.

Our professional advancement also requires the joint participation of the body (the theoretical corpus) and evidence-based practical methodology. The conjunction of both parts, as organs of a single system, supports music therapy as an academic and clinical field and enables movement.

Considering the laterality of the first limb, I wonder about the importance we really give to theoretical foundations. Due to a lack of our principles, we have been building the edifice of music therapy with contributions from other fields such as psychology, neuroscience, and medicine. Their constructs are secure, but we have had to adapt them to our conceptual framework. As translations, they are not fully understood as solid pillars upon which our discipline must be built. This inconsistency makes it easy to confuse them or even ignore them, leading to the use of peremptory supports that are not always solid and consistent.

In this sense, there is a tendency among music therapy students to focus heavily on procedures. They want to know how to make music that moves patients or how to use singing and musical improvisation to manage emotions. They do this without much consideration of why we proceed as we do or where we do it. The focus seems to be more on how to achieve the result than on its origin.

Without an integrated sense of theory, the impact of evaluation and critical analysis diminishes. Without them, supervision is distorted, the rigour of data collection is blurred, and we are distanced from results based on empirical data. Returning to the case, it is as if we have become comfortable walking on one leg, even though we have two.

Let's change sides now. A solid theoretical foundation is not enough if it is not complemented by rigorous practice. Evidence-based practice is the other necessary limb for progress. The incorporation of research protocols into clinical practice represents a step beyond the mere act of making music, for which we inevitably need to coordinate specialized motor skills finely. Strengthening these competencies is

essential to ensure correct movement. At Misostenido, we insist that their development is the core and unequivocal part of professional practice. Without an understanding of our actions, there is no possible explanation, no orientation in time, or criteria for change. Given the type of publication proposals we are forced to reject, several questions arise in this regard:

How many music therapists design their sessions based on validated scales? How many work with control groups? How many validate the items in their questionnaires? How many correlate variables, propose hypotheses, and systematize measurement tools? How many use t-tests, ANOVAs, Pearson classification, or linear regressions to analyze data sets and variables in quantitative models? How many of them perform open, axial, or selective coding and thematic analysis to ensure rigour through triangulation and verification of their qualitative frameworks?

Going a little deeper, questions arise, such as: How many would know how to explain the epistemology of the music therapy model they employ? How many would understand the theoretical foundations of their work? How many would know how to justify the ontological principles of music in music therapy? As can be seen, these questions leave gaps that cannot be filled.

The principle of movement begins with the balance between the parts, with the holistic dialogue of the body preparing to move forward. It is our responsibility to decide whether we opt for a harmonious and articulated movement or whether we choose to limp. The speed and possibilities of the journey will be different.

Integrating the traction of theory in conjunction with the inertia generated by evidence-based research is not an option but a necessity to consolidate music therapy as a clinical and academic discipline. The theory is the centre of gravity; it is the axis on which the system rests. Research is the energy that gives life to the muscles and joints. Together, they multiply music's transformative capacity because they provide us with arguments to define the therapeutic scope of any of our actions.

Understanding why any of the manifestations of well-being occur in sessions allows us to advise and ensure a more direct path to consolidating such results. We have gained much with our practice models. Instead of approaching the person from the perspective of their illness or their deficiency, we know how to view them from the foundation of their humanity. This allows us to work without the urgency of haste and to dialogue with the symptoms and their essential need. Why not do so with the security of an integrated system in which all the pieces fit together and support each other?

Let us look for points of convergence between doing and understanding, between bringing out the musicality in people and knowing where we do it in order to control its effect and impact. By giving meaning to sound, we emphasize the therapeutic effect and thus legitimize the adopted clinical framework. This helps us know which side of science we should be on. In this way, we avoid wandering into places our discipline is not qualified to go.

By understanding the nature of knowledge in music therapy, we will know how to detect the essential steps to respond to patient demands, uncover the essential research problems, and undertake dynamics to resolve them. We will achieve this the day we, as a collective, understand that practice based on empirical evidence guarantees better services for people. Once we are up, let us use both legs to activate the entire therapeutic body and fully direct it toward the integral cause of transforming lives through music.

Let us not renounce scientific and theoretical rigour along the way; let us seek causality and be open to experience. Let us tread firmly into the naturalistic realm,

TABLE OF CONTENTS AUTHORS

<u>Article Leading</u> 3	David José Gamella-González, PhD, S. AEMT
The legs of theory and research	
<u>Paper 1</u> 7	Petra Kern, PhD, MT-BC, MTA, DMtG
Artificial intelligence in music therapy: a new era of personalized care and scalable impacts	
<u>Paper 2</u> 17	D. Francisco Javier Llorens Cardo
The impact of songwriting on the quality of life of for adults with intellectual disabilities	D. Ignacio Manuel Martínez Morales
<u>Paper 3</u> 25	D ^a . Fiona M. McAndrew
The influence of music therapy on adolescent`s motivation and emotional well-being at risk social exclusion	D ^a . Alessia Fattorini Vaca
<u>Paper 4</u> 34	D. Carmen Lorigados Pérez
Influence of music therapy on motivation and emotional wellbeing of adolescents at risk	D ^a María García Rodríguez, PhD
<u>Paper 5</u> 43	D. Antonio Guerrero Sánchez
Music Therapy for stress reduction in healthy adults: a systematic review	D ^a . Inmaculada Godoy Gutiérrez

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