



Maintaining the Dialogue of Influence: Developing Music Therapy Theory in Pace with Practice and Research

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ABSTRACT

The field of music therapy relies upon the ongoing construction of practice, theory and research in order to assure its optimal development. Theory, practice and research create a dialogue of influence, with each carrying the potential to impact the others in significant ways. Due to the reciprocal nature of the relationships among these three practices, it is important that the development of each keeps pace with the others. This article defines key terms related to theory, practice and research, and explores the various relationships among them. A rationale for the importance of theory construction is presented, as well as support for the need to match pace in the development of practice, theory and research. Critical discourse is seen as a necessary process for promoting the evolution of theory in the field of music therapy, and clinicians are empowered to consider their role in achieving this aim.

KEYWORDS

music therapy; theory construction; metatheory; practice; research

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Many traditions within the field of music therapy uphold the importance of balancing theory, practice and research to maintain stability in professional growth. One of the forefathers of music therapy in the United States, E. Thayer Gaston (1968: 408) asserted that “without practice and research, theory is impotent and unproven; without theory and research, practice is blind; and without theory and practice, research is inapplicable”. Aside from the somewhat disempowering wording reflective of the era, Gaston’s edict remains relevant today, when

an increasingly complex constellation of theories, practices and research continue to emerge from many corners of the globe to attempt to shed light on the still-ineffable reality of music therapy.

Theory, practice and research engage in a dialogue of influence; and like any good relationship, questioning, challenging, responding and clarifying are continuously required for ongoing growth. Gaston recognised that as the discipline of music therapy initially developed, there were differences of opinion regarding the primacy of the

music, the therapeutic relationship, or the combination of the two, and that in order to develop in a healthy manner, the field needed “a strong foundation, built upon the interdependence of practice, research, and theory” (Bruscia 2012: 15/1310). It is through discursive practices that our field describes and understands itself, and collectively constructs our theories, practices and research (Ansdell 2003). Theory holds a central place within this construction, as it “shapes and is shaped” by both practice and research (Bruscia 2005: 26/1121). Our field requires the ongoing development of theory, in order to continue to support our efforts to promote advancements in research and understanding of our practices (Gold 2008).

There is continued interest in matters of theory construction within music therapy as evidenced by writings on the topic within specific areas of practice and research (e.g. Daveson, O’Callaghan & Grocke 2008; Ghetti 2012; Mössler 2011), meta-theoretical commentary (e.g. Aigen 2005, 2014; Ansdell 2003; Bonde 2001; Rolvsjord 2010; Ruud 2006; Stige 2002, 2015), and a compendium¹ of theoretical writings (Bruscia 2012). Proponents of various theoretical orientations to the practice of music therapy may make use of particular theories or theoretical constructs, or may be engaged in the process of generating theoretical frameworks. They do so while being situated in a context that supports various epistemological assumptions and ascribes to certain value systems. It is important to appreciate that theory, practice and research are always embedded within particular contexts, and that the evolution of theory is reflective of complex social, political and cultural forces.

Does theory serve a foundational role?

Not everyone within the field of music therapy supports the view of theory as a necessary foundational element for practice. Aigen (2014) challenges conventional wisdom with the evidence that more than a few well-respected practice models (e.g. Analytical Music Therapy, Guided Imagery and Music, Nordoff-Robbins Music Therapy) developed in a pragmatic nature, in the

absence of a pre-existing underlying theoretical foundation. However, practitioners within these models have eventually found theory to be helpful in explaining what they experience in practice, and in conveying such information to others, both inside the field and outside. Thus, in such cases theory functions to explain existing practice, and the increase of pragmatically-developed practice orientations of this type is evidence that “music therapy practice has developed in advance of music therapy theory” (Aigen 2014: 224).

Ambivalent and conflicting opinions of the value of theory in our field may be related to different conceptualisations of what theory is, and how it relates to practice and research. Carolyn Kenny, who is acknowledged as a forerunner in the development of music therapy theory, herself admits to feeling ambivalent toward the use of theory to inform practice, sometimes encouraging her students to “leave their theories outside the door before they enter the therapy room so that they can have a direct experience with clients which will not be predetermined by theory” (Kenny 2000: 65). Kenny feels the urge to embrace the paradox that results from her ambivalence, “and all of the ‘difference,’ which such a tension can endure”. Her “healthy skepticism” enables a “good dialectic” that should promote needed discourse (Kenny 2000: 65).

In an effort to support discourse while promoting clarity and transparency, it is important to define the terms and constructs most seminal to a discussion of music therapy theory, and to begin to propose relationships among those aspects to help clarify the role that theory plays within the discipline. In so doing, I hope to demonstrate the necessity of developing theory in pace with practice and research in order to promote optimal growth of the practice-based profession of music therapy.

DEFINITIONS OF THEORY

Music therapists have defined theory from a variety of perspectives. Bruscia (2012: 17/1310) states,

“theory is a ‘way of thinking’ that the theorist ‘constructs’ about what we do or what we know. As such, it may or may not be a statement of fact, it may or may not be completely true, and it may or may not be verifiable”.

¹ Bruscia’s (2012) compendium of writings on theory is a compilation of various works published by Barcelona Publishers, as well as “theoretical writings” by nine writers who were invited to make original contributions, and it aims to create a “representative and comprehensive sample”.

Thus, theories are constructed by individuals or perhaps small groups of collaborators with a certain frame of reference, and it is possible that various music therapy theories may contradict each other.

Theorising is a form of philosophising that results in the symbolic demarcation of phenomena. Constructs that are central to the understanding of phenomena are described, and the relationships among these constructs are articulated. Theory may be considered “a set of ideas that are logically related to one another” (Bruscia 2014: 199) and provide an explanation for “why we do what we do and for why what we do works” (Aigen 2005: 14).

General theory

Theories may be *general* in nature, encompassing an entire body of phenomena, being relatively “orientation free” and accounting for “most, if not all, music therapy practices” (Bruscia 2005: 1015/1121). The possibility of developing general theory in music therapy has specifically been explored through various avenues, including a panel on the topic at the 4th European Conference of Music Therapy held in Leuven, Belgium (1998) and chaired by Carolyn Kenny and Henk Smeijsters. General theory represents a “grand integration” of various practices and theories within music therapy (Aigen 2005: 38) and various theorists have put forth suggestions for elemental issues to consider when generating a general theory of music therapy (Kenny 2000; Ruud 2006). For example, Kenny (2000) is primarily interested in exploring shared concepts, principles or assumptions across current theories with a hope that such dialogue would enable us to construct a shared understanding across orientations. In contrast to general theories, *specific theories* relate to a portion of an entire body of phenomena, and results are applied in a specific context.

Music therapy theories may be distinguished by the extent and manner in which they apply ideas internal or external to our field. Aigen (2005: 27) discriminates three variations: *recontextualised theory* (describes and explains processes and phenomena in music therapy using terms from other disciplines), *bridging theory* (uses concepts from other disciplines in combination with music therapy concepts without reframing “music therapy processes completely within a construct borrowed from another domain”), and *indigenous theory* (develops concepts exclusively from within the field of music therapy, though ideas from outside the field may be translated into the language and understanding of music therapy).

Indigenous theory

Indigenous music therapy theory may be considered ‘music therapy-centred’ theory, concerned with phenomena that manifest in music therapy settings “as they are perceived and languaged by music therapists, and as they can be understood by other music therapists” (Bruscia 2005: 1021/1121). Such knowledge develops from relationships among music and therapy, and as such is idiosyncratic to the discipline (Daveson, O’Callaghan & Grocke 2008). At times, such as when indigenous theory is developed from grounded theory research that explores client and therapist perspectives, it may also comprise elements of pre-existing theory that are part of the participants’ worldviews (Daveson, O’Callaghan & Grocke 2008), creating a type of hybrid knowledge. While various predecessors developed indigenous theoretical constructs to explain practice (e.g. Gaston & Sears, cited in Gaston 1968; Nordoff & Robbins 1977; Bonny 1980), Aigen (1991) was among the first to systematically advocate for the development of indigenous music therapy theory, and continues to view such theory as being crucial for the maturation of the field (Aigen 2005).

Metatheory

When one theorises about theory, one enters the realm of metatheory (Stige 2002). Metatheory is a “philosophical or theoretical perspective that underpins or overlays a theory”, and it may take the form of a “reflection upon a theory”, or the application of a theory from one discipline to another discipline (Bruscia 2005: 1008/1121). Developing metatheory may involve the analysis of the foundations and manifestation of a specific theory or set of theories. Since it encompasses assumptions, situatedness and values, metatheory influences and interplays with research and practice as well as with theory (Stige 2002). In fact, the increased consideration and examination of metatheory in the field of music therapy may be inspired, in part, by the turn toward critical perspectives influenced by critical theory, postmodernism and deconstructionism that occurred in related fields within the humanities and social sciences (Ansdell 2003).

COMPONENTS AND FUNCTIONS OF THEORY

Theories are comprised of “propositions, theorems, or constructs that give the theorist’s

conceptualization about phenomena within a particular domain” (Bruscia 2005: 1006/1121). A proposition is a “fundamental assertion that the theorist makes about the topic”, while a construct is a single idea used to describe some aspect of a topic (Bruscia 2005: 1006/1121). Precursors to music therapy theory are “limited in time and place and do not constitute theory” (Davieson, O’Callaghan & Grocke 2008: 281), examples of which are descriptions of or reflections upon practice.

Theory serves various purposes with the field of music therapy, as it may

“1) define or delimit practice, 2) describe practice or knowledge in a way that changes perspectives on them, 3) explicate patterns or structures that underpin practice or knowledge, so as to gain new insights, 4) identify cause-effect relationships in practice or knowledge in a way that allows prediction and control of the phenomenon, 5) evaluate practice or knowledge so as to establish priorities” (Bruscia 2005: 1006/1121).

Music therapists wishing to explore specific ways of working or promote a synergy of ideas may use theory to stimulate discourse in the field. For example, Rolvsjord (2010: 9) identified the need for a “more articulated conceptualization and theoretical foundation of music therapy” from a resource-oriented perspective after noticing variations in how other therapists and theorists approached and defined the concept of being resource-oriented. In response to this need, she devoted a book to the “theoretical exploration of the concept of resource-oriented music therapy that links to related discourse in an interdisciplinary academic landscape” (Rolvsjord 2010: 10). Thus, theory may generate a language that articulates a value system and worldview that in turn may enable discourse among practitioners and theorists within a particular domain (Aigen 2005).

Do music therapists make use of theory without awareness of such?

One must wonder if theory operates in the absence of conscious awareness. Theory forms an underlying structure for practice, even if that theory remains unarticulated or undocumented. “Regardless of whether the theory has been clearly articulated by the therapist or theorist, theory provides a foundational structure for all clinical work” (Bruscia 2005: 1007/1121). These theoretical underpinnings influence therapist decisions in the

moment during practice, whether one’s theoretical stance is to be present with the client and intuitively follow the flow of interaction, or to provide a client with certain opportunities based on suppositions about the nature of music and of music therapy. The theoretical undergirding of the music therapist’s practice develops from a combination of contexts linked to training, previous practice, culture, and personal life-world.

Can theory ever be de-contextualised?

Theory develops in context, and the nature of that surrounding context should be made transparent. Music therapists develop within various theoretical traditions and each tradition has its own view of what constitutes important knowledge, how that knowledge is obtained, and how we can articulate the main challenges in our field (Ruud 2006). When music therapists develop theory, such development is necessarily impacted by their frame of reference. For example, when theories are developed to explain phenomena that have cultural or historical elements, they are necessarily embedded in the assumptions, values and norms of their culture and context of origin – a relationship that can be articulated as theory and metatheory respectively (Stige 2002).

Since theories are developed within context, when theory evolves within a certain school of thought, such theory may become entwined with the identity of that school. Mössler (2011: 158) likens the development of theory construction within a scientific school with the developmental concept of “identity formation”, a process in which the integration and differentiation of models may lead to crises, which in turn may stimulate change. Mössler (2011: 158) defines ‘school’ as “a community in the sense of a collective identity, which is linked by a common theory construction consisting of common paradigms”, and in such a school, theory construction functions as “centre piece”. Being aware of and transparent about context helps us avoid constructing music therapy theories that are reductionistic and limited to local interactions devoid of connections to cultural contexts or other forms of practice (Stige 2015). Thus, theories are necessarily contextualised, and in order to fully apprehend a theory, one must understand the context surrounding its development.

REFLECTIONS ON PRACTICE AND RESEARCH

Before considering how theory relates to practice and research, it will be important to explore and define these latter terms. Stige (2015) rightly observes that music therapy theorists seldom elaborate on the concept of practice as such when developing theory – an omission that he finds problematic in regard to such development.

Various music therapy practices are embedded within the historical, cultural and social contexts from which they arose. Similarly, definitions of practice are also coloured by the context within which they were developed. Stige (2002: 200) offers the following definition reflective of a culture-centred understanding of practice: “Music therapy as professional practice is situated health musicking in a planned process of collaboration between client and therapist”. Though it is beyond the scope of this paper to examine each component of Stige’s definition, the definition itself serves as a clear example of a contextualised understanding of music therapy practice, viewed within a particular metatheoretical frame.

Research may be considered “a systematic, self-monitored inquiry that leads to a discovery or new insight that, when documented and disseminated, contributes to or modifies existing knowledge or practice” (Bruscia 2014: 196). The aims of research include: “description, generating theory, and testing theory” (Aigen 2005: 16). Similar to practice, any piece of research is also embedded within a certain cultural and theoretical context. Both practice and research involve “doing” (Stige 2002), though the parties who benefit from the effort varies between the two. This cursory examination of practice and research reinforces the importance that context plays in the formation of and dialogue among theory, practice, and research (see Figure 1).

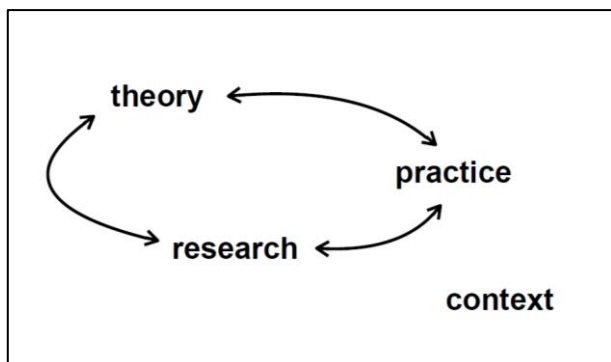


Figure 1: Reciprocal relationships, situated in context

RELATIONSHIPS AMONG THEORY, PRACTICE, RESEARCH AND CONTEXT

When exploring the relationships among theory, practice, research and context, one must consider the ways in which certain elements impact the formation and development of others. We may trace these connections back to their roots. From where do theory, practice and research develop?

How is theory generated?²

As we begin to explore the genesis of theory, the relationships among theory, practice and research become more evident, and theory may develop from any of the three.

Theory may be developed from existing theoretical work. When theory is developed by incorporating elements of pre-existing theories external to the field of music therapy, concepts from these disciplines are “imported into music therapy and then expanded to accommodate the unique character of music therapy” (Bruscia 2005: 1007/1121). As previously mentioned, the resulting music therapy theory may be considered to represent *bridging theory* (Aigen 2005). It is also possible to develop music therapy theory by modifying or expanding upon theoretical work that has developed indigenously from within the field. Such theory may reflect a re-conceptualisation of existing music therapy theory, or a re-contextualisation of it.

Theory may be generated from practice. Theory construction often follows the development of practice, and may arise during an effort to understand and explicate mechanisms underlying important aspects of practice. The concept of ‘music child’ in Nordoff-Robbins music therapy is an example of theory reflecting “practice rather than dictating it” (Aigen 2014: 219). When encompassed within a practice orientation, such as Nordoff-Robbins music therapy, theory operates alongside procedures and techniques in a way that provides direction for therapists engaging in practice (Aigen 2014). In our field it is rather common for theory to develop out of practice as a way to understand and explain such practice. In fact, Aigen feels that the pragmatic development of music therapy theory is

² For a more extensive discussion of the methods of theory construction including explication, integration, philosophical analysis, empirical analysis and reflective synthesis, see Bruscia (2005).

“deeply rooted in the values of music therapy as a service profession [and is] an indication of the epistemology, philosophy of science, and broadly-based humanistic value system that has been embraced by a number of prominent theorists in music therapy” (Aigen 2014: 219).

Pragmatically-developed theory remains closely related to practice, as long as the dialogue between the two elements remains balanced. Such theory must then be modified or expanded as practice develops and shifts. It is possible, however, that practice may begin to shift in response to the way we talk about it and articulate it in theory (Ansdell 2003). This mutual influence illustrates that the relationship between theory and practice is best viewed as being reciprocal in nature (Stige 2002).

The reciprocal relationship between practice and theory is receiving greater scrutiny in the theoretical literature. Stige (2015) explores the relationship among practice, theory and research in music therapy and builds awareness of, and a case for, promoting a “practice turn” in music therapy. By recognising the primacy of practice and exploring its situatedness through such a “practice turn”, Stige believes the discipline and profession will enable new advances in theory development. The practice turn is rooted in practice ontology, which assumes that the human qualities of agency and subjectivity arise from social practices (Stige 2015). It provides a view that balances focus on the individual with focus on larger social structures, and therefore avoids becoming stymied at the extremes of various dualisms (Stige 2015). Embracing the practice turn means shifting to a perspective that views musicking as a social and situated experience of human interaction (Stige 2015). Practice theories that are associated with such a view “highlight the social and performed nature of music’s help, where practice is a site of knowing, not just a site for application of knowledge” (Stige 2015: 4). The practice turn offers a fresh way of examining and engaging with existing music therapy theory, and provides a supportive frame for the generation of new theory.

Theory may be developed from research. Though a variety of research methodologies may be used in the service of theory construction, perhaps the most straightforward example is the use of grounded theory. When using grounded theory, theory is developed inductively from the data through a process of constant comparison, and the resultant theory is ‘grounded’ in the dataset. Grounded theory may be conducted from a variety of theoretical perspectives depending upon

the values of the researchers, including from constructivist or post-positivist standpoints. Saarikallio and Erkkilä (2007) inductively generated theory using a form of grounded theory in the constructivist style of Charmaz. By analysing data from group interviews of eight adolescents and subsequent follow-up forms, the researchers developed an empirically constructed, theoretical modelling of adolescents’ use of music for mood regulation.

Does practice ever develop from theory?

Theory may inform practice to varying degrees, though it is rare that an entire approach to practice would be exclusively derivative of a particular theory. When theory informs practice in a way that expands that practice, theory provides a reference point from which the clinician may depart, depending upon the needs of the client in his or her particular context. The theory prompts the clinician to examine his or her practice in a mindful way, considering when and where that practice matches theory and when and where it departs from it. Our basic assumptions about the nature of music and its therapeutic use create a theoretical context from which we each operate as music therapists. Such theoretical assumptions (even if only individually held by a particular clinician) become foundations of our practice. These suppositions and assumptions reflect theoretical constructs, either previously encountered or not yet articulated.

The importance of matching pace in the development of practice, theory and research

In the examples mentioned previously, it is apparent that practice is important in the formation of most forms of music therapy theory and research, and likewise theory is important for the onward development of practice and research. When these elements become out of sync with each other, tensions arise, and the need for dialogue becomes apparent. In my view, these periods of mismatched development are transitional periods, where there is an opportunity for reflection and growth. For example, Rolvsjord admits that at the beginning of her engagement with two research projects examining an RCT of the effects of resource-oriented music therapy and an explorative, qualitative study targeting theory building (she was part of an international collaboration of music therapy researchers who

developed the research projects), “a resource-oriented approach to music therapy was not clearly described, and this posed challenges to both of the studies” (Rolvjord 2010: 12). However, during the process of simultaneously developing the theoretical conceptualisation of resource-oriented music therapy, she and her colleagues were also exploring user perspectives of the experience, and the effects or outcomes of the approach. Instead of derailing the research process, the research team took this unmatched pacing and its accompanying complexity as a challenge, and engaged fully in exploring the dynamic interactions between theory and practice, which ultimately “enriched the research process”.

A contrasting example may be found within my own theoretical work. As a clinician and then researcher, I have been interested in the role of theory development within the practice of music therapy in medical settings. In Ghetti (2012), I adopted the assumption that better theoretical conceptualisation of the relationships among pertinent factors within the area of “music therapy as procedural support” would create a stronger foundation for subsequent research and provide an impetus for increased sophistication in practice. From a previous review of the literature, I had concluded that clinicians and researchers were attempting to define how music therapy serves to support individuals undergoing invasive medical procedures with a goal of advancing research and practice. However, it was evident that there was not yet sufficient theory developed to explain all areas of current practice or research. To enable philosophical inquiry, I adapted the qualitative media analysis methods of Altheide (1996) to conduct a qualitative document analysis of the extant literature on music therapy as procedural support. The analysis allowed me to “identify key concepts, provide definitions of those concepts, and begin to explicate the relationships between concepts, in an effort to contribute to theory construction” (Ghetti 2012: 4-5). I hoped that this piece of research and the theoretical model that resulted would stimulate discourse and promote further theory construction by clinicians and researchers involved in this area of practice.

CONCLUSIONS

Theories may have practical ramifications for impacting decision-making and informing action in either practice or research, or they may be “reflective” in nature, assisting in the understanding

of certain phenomena by providing insight in certain areas (Bruscia 2005). Theory may inform practice and research, and certainly practice and research should inform theory. Since no single music therapy theory is likely able to articulate elements adequately on both macro and micro levels, it is important to promote the development of a constellation of music therapy theories (Stige 2015). It is important that theory development keeps pace with the evolution of practice and research in the field, and that research stays grounded in both practice and theory.

A key element in promoting theory construction in our field is the ongoing development of critical discourse. Let us venture forward in an environment of lively dialogue and critical discourse, following the example of Aigen (2014: xv) who invites others to critically examine his various positions and conceptualisations, “so that the progressive determination of how music therapy can best be conceptualized can continue into the future”. Thus, we cannot (and should not) avoid arguments, but instead should “welcome [problems] because it is through the discussion of the problems that we arrive upon our solutions” (Kenny 2000: 66). Through generative dialogue, we can enable our profession of music therapy to continue to grow richly, in its theory, practice and research.

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Suggested citation:

Ghetti, C. M. (2015). Maintaining the dialogue of influence: Developing music therapy theory in pace with practice and research. *Approaches: Music Therapy & Special Music Education, Special Issue 7*(1), 30-37.