

EDITORIAL

Special Issue 2026 | Resonances: Sounding Communities for Better Living

Inside the community, alongside clinical practice: Community music therapy as social infrastructure

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Welcome

Welcome to this special issue of *Approaches*, inspired by the International Music Therapy Conference *Resonances: Sounding Communities for Better Living*, held in Verona, Italy on 3–4 October 2025. The initiative was organised by the “E. F. Dall’Abaco” Conservatory of Verona in partnership with the University of Verona, the University and Conservatory of Foggia, the University of Bolzano, the University of Molise, and the European University of Rome, and was funded by the Italian Ministry of University and Research (MUR) through the PRO-BEN project (Progetto per la promozione del benessere psicofisico e la prevenzione delle dipendenze patologiche della popolazione studentesca /Project for the Promotion of Students’ Physical and Psychological Well-being and the Prevention of Pathological Addictions) of the Ministry of University and Research (2025). The conference aimed to explore and promote Community Music Therapy through the voices of some leading scholars and practitioners advancing this practice and its epistemological framework. The contributions included in this special issue examine the role of music and of the music therapist as a driving force for social change and collective health. At the centre of the discussion lies the concept of “resonance,” understood as a fundamental mode of relationship between the individual and the world, and as a possible antidote to the alienation often produced by contemporary life. From prisons to nursing homes, and through to university settings, the contributions presented here offer a vision of music therapy as a form of “social technology” essential for counteracting isolation and promoting multidimensional well-being. The articles invite an interdisciplinary dialogue between music therapy, sociology, and health psychology, reaffirming music as a vital infrastructure for the care of the human being within its social context.

Situating the special issue: Musicking and resonance

Numerous studies and a growing scientific consensus converge in recognising that, in an era marked by profound technological transformations and increasingly complex social challenges, our communities are facing a silent yet pervasive emergency: the rise of social isolation, feelings of alienation, and levels of stress (Jeste et al., 2020). Moreover, several studies (Hong et al., 2024) highlight how isolation is a predictor of negative clinical outcomes comparable to obesity and smoking, emphasising how this ‘silent epidemic’ undermines an individual’s psychosocial functioning, giving rise to anxiety, alienation, and depression. In an important recent editorial, the U.S. Surgeon General’s Advisory (2023), the highest public health authority in the United States, has formally stated that we are experiencing “an epidemic of loneliness and isolation” that harms both individual and societal health, specifically spotlighting the impact of technology (in the section *Impacts of Technology on Social Connection*) as one of the main risk factors for community fragmentation and biological stress.

Against this backdrop, medicine and psychology provide indispensable support, yet they risk remaining confined to a strictly individualistic approach. Some authors, such as Orford (2008), argue that clinical psychology and psychiatry, while essential, suffer from an “individualistic bias”. When addressing problems arising from social alienation and isolation, a purely clinical approach risks “pathologising” the individual, seeking solutions exclusively within the individual (through medication or individual therapy) and neglecting the need to care for the social fabric in which the person is embedded. There is broad agreement that the responses of Western medicine are indispensable in acute phases (Kirmayer et al., 2017), but these may nevertheless prove “limiting” as they remain strongly anchored in a neurobiological and individualistic model.

In order to overcome alienation, a shift is proposed from interventions focused on the individual to “eco-social” interventions capable of rebuilding community networks (Gómez-Carrillo & Kirmayer, 2023). A landmark report by the Lancet Commission on global mental health and sustainable development (Patel et al., 2018) formally acknowledges that while traditional medical and psychological models provide life-saving treatments, they often struggle to prevent alienation when operating exclusively at an individual level. However, it is important to adopt a reflexive stance: contemporary psychiatry and medicine are increasingly promoting eco-social and community-based initiatives to address these very issues of isolation and social fragmentation (Gómez-Carrillo & Kirmayer, 2023). The report explicitly recommends a shift towards community-based interventions, arguing that isolation cannot be addressed solely within clinics, but must also be tackled by strengthening social bonds.

This is where the thematic core of this special issue lies: a renewed appreciation of music, music-making, and music therapy as vital, relational practices that can help reweave the fabric of our collective health. The aim is to reclaim music as a meaningful, dynamic, and intrinsically relational activity. This perspective is grounded in the concept of *musicking* theorised by ethnomusicologist Christopher Small (1998). Small’s visionary musicology has profoundly influenced music education and therapy by de-canonising orthodox views and emphasising the exploratory process over the aesthetic product (Kanellopoulos, 2011). As Parziani (2011) and Tsiris and Papastavrou (2011) suggest, treating music as a verb allows us to reconceptualise power dynamics, empathy, and identity

construction, transforming the musical act into a genuine praxis of health and interdisciplinary dialogue. *Musicking* transcends the rigid Western dichotomy between active performer and passive listener, transforming the sonic event into a complex network of social negotiations, in which each participant contributes to the creation of shared meaning, embodying and structuring, in the here and now of performance; the ideal relations they wish to see realised in the world. When we “musick” together, we temporarily enact a model of the society in which we wish to live: a space of listening, participation, and mutual transformation. This dynamic closely echoes the concept of *resonance* developed by sociologist Hartmut Rosa in his book *Resonance: A Sociology of Our Relationship to the World* (2019).

In this work, Rosa contrasts the alienation produced by the accelerated rhythms of contemporary society with the concept of *resonance*, understood as a specific mode of relating to the world. Resonance is described as a condition in which the subject and the world, or other individuals, enter into a relationship of mutual responsiveness, capable of generating a process of shared transformation, which the author defines as “transformative assimilation”. Notably, Rosa frequently draws on musical experience, such as playing in an orchestra or singing in a choir, as a privileged metaphor for this relational space: a context in which individuals listen to, influence, and mutually transform one another through encounter, without thereby losing their individuality. From this perspective, making music together represents a concrete example of resonant relation, grounded in the balance between openness to the other and the preservation of one’s identity. We hope that the pages of this special edition may resonate with the experience and sensitivity of each reader.

Music as a “cultural immunogen”

The contributions collected in this edition invite us to a profound reflection, proposing musical practice and Community Music Therapy as a “cultural immunogen”. Just as preventive medicine protects against infections through the administration of antigens, making music together provides participants with fundamental socio-psychological “antigens”: vitality, agency (i.e., a sense of self-efficacy and control over one’s actions), a sense of belonging, and meaning (MacDonald et al., 2012; Ruud, 1998).

Even Ruud, in his article contribution, will guide us in understanding how musical participation can offer emotional vitality, meaning-making, and a sense of belonging. Ruud explicitly links these musical benefits to the concept of salutogenesis (originally developed by the medical sociologist Aaron Antonovsky, 1979). From this perspective, the belonging and meaning generated by music act as “General Resistance Resources” (the sociological equivalent of “antigens” or “antibodies”), protecting individuals from psychological breakdown in the face of the stressors of modern life.

This perspective intertwines in a particularly fruitful way with the theory of *resonance* developed by sociologist Hartmut Rosa (2019), which is also carefully explored throughout this edition. Within this framework, music emerges as a powerful antidote to modern alienation, creating a protected space in which the individual and the surrounding world can encounter one another, enter into dialogue, and mutually transform each other in a deep and authentic way. In this regard, we may also cite authors such as Fuchs (2018), who extends Rosa’s sociological theory into the clinical and psychological domain, arguing that resonance occurs at a bodily and emotional level and theorising

that mental health depends on “bodily resonance” with others and with the environment. He defines depression and alienation precisely as a “loss of resonance” (a form of rigidity in which the world becomes mute and unresponsive). Similarly, Mauro Scardovelli introduced in Italy the concept of “dialogo sonoro” (sound dialogue) (1992). Scardovelli argues that modern alienation derives from a narcissistic rigidity of the individual. Music is understood as an exemplary therapeutic space in which people learn to emotionally “resonate” with others, stepping out of their inner prison through an authentic, non-verbal encounter. Community music therapy settings may draw on precisely this dynamic: when shared musical action creates opportunities for forms of engagement that are not exclusively dependent on verbal communication, horizontal axes of resonance (i.e., interpersonal relationships and reciprocal interactions between participants) and diagonal axes of resonance (i.e., embodied and material relationships with objects, including musical instruments) may emerge, potentially mitigating experiences of isolation. By adopting a resource-oriented stance (Stige & Aarø, 2012), this approach addresses not only loneliness, but also broader systemic barriers such as socio-economic deprivation, lack of accessibility, and social inequality, promoting artistic citizenship and human rights. In the work of Tia DeNora, music becomes a “technology of the self” and a “technology of social agency” (DeNora, 2000; 2013), and thus an operational tool for modulating emotions, mobilising latent energies (motivation, vitality), and organising social life, providing a form of “scaffolding” for fragile identities and fostering group resilience (Procter, 2011; Turino, 2008).

This special issue also includes an article by DeNora, who explores the material, social, and technical dynamics through which we experience music, defining them as “relations of musical engagement”. The central aim is to understand how specific modes of musical engagement support social connection and, consequently, the individual’s psychophysical well-being. In order to show how different “relations of engagement” influence our capacity to connect with others, the author compellingly contrasts two diametrically opposed case studies.

The imperfect sound of connection

When reflecting on how these renewed relational dynamics concretely manifest themselves in lived practice, one is naturally led to ask what sound a healthy community actually makes. Aesthetic intuition and training within the Western classical music tradition might suggest an ideal of acoustic purity, perfect intonation, and flawless rhythmic synchrony. However, one of the most provocative contributions in this issue offers an unexpected and profoundly radical therapeutic answer: the sound of well-being does not necessarily take the form of harmonic or formal perfection, but rather that of “*messyphonic musicking*” (as explored in Gary Ansdell’s article contribution to this issue), an inherently “disordered”, heterogeneous, and spontaneous form of music-making.

Through field-based research conducted in contexts such as psychiatric rehabilitation centres, nursing homes, services for individuals with complex needs, and settings of socio-cultural disadvantage, Ansdell’s article guides the reader in discovering how imperfection, noisiness, and the inherent unpredictability of live musical participation can become the defining features of an ethical, welcoming, and safe space. In environments where performance expectations have historically been associated with unattainable standards of excellence (producing exclusion, anxiety, and feelings of inadequacy), *messyphonic musicking* radically deconstructs the Western aesthetic hierarchy.

It is within this vital disorder that neurological, cognitive, and motor differences are not only tolerated but actively valued, allowing each individual to contribute in their own way, through their own sonic and bodily means, without the paralysing fear of aesthetic judgement or diagnostic/medicalising stigma. A voice out of tune, an off-beat percussion strike, or an unexpected shout of joy are not interpreted as errors to be corrected, but as manifestations of presence—sonic identity signatures that deserve to be heard and integrated into the group's polyphonic fabric. This form of sonic co-creation does not merely produce physical sound; it also “furnishes” the social environment emotionally and generates valuable relational capital. Acoustic disorder thus becomes the sonic metaphor for radical inclusion and unconditional acceptance of human vulnerability.

It must be acknowledged that streaming platforms serve a fundamentally different purpose; as DeNora (2000; 2013) highlights, private listening is a vital 'technology of the self' for individual emotional regulation. However, in terms of generating real-time social capital, mutual cooperation, and interpersonal connection, the privatised mode of listening cannot replicate the tribal and evolutionary social glue provided by live, collective musicking. While these technologies have undoubtedly democratised universal access to vast global musical libraries, they also too often confine us within solitary bubbles governed by predictive algorithms. The algorithm offers individuals a perfect reflection of their pre-existing tastes, eliminating the friction of encountering the unknown and drastically limiting human connection. *Messyphonic musicking*, by contrast, compels us to engage with the body, breath, gaze, and “dissonances” of the other.

Ecological transitions and artistic citizenship

The strong drive to move beyond psychological and technological isolation is clearly connected to another central theme of this special issue: the overcoming of the traditional boundaries between the narrow clinical setting (the proverbial “therapy room”) and the patients' every day, public, and community-based lives. The ecological theory of human development, originally formulated by Urie Bronfenbrenner (1979), has profoundly shaped modern music therapy, suggesting that individual health (the microsystem) cannot be separated —or treated in isolation — from the community (mesosystem) and cultural (macrosystem) structures in which it is embedded.

In line with this perspective, Brynjulf Stige's article presents innovative operational models, such as the “Three-Stage Model”, specifically designed to accompany vulnerable individuals through a genuine ecological transition. This approach does not merely deliver treatment; it builds bridges. The ecological transition gradually guides service users from protected clinical treatment (where internal experiences are explored and the therapeutic alliance is built within a very low-demand environment), towards semi-open transitional spaces, and finally to active and independent cultural participation within their local communities (for example, by facilitating involvement in community choirs, town bands, local artistic collectives, or publicly accessible performance events).

Such a pathway, which aims to reposition the individual no longer as a “patient” but as a resource for their own context, is illuminated and supported by the powerful concept of “artistic citizenship”. This reaffirms, with both political and clinical force, the principle that art and musical expression do not belong exclusively to virtuosos, selected talents, or accredited professionals, but constitute fundamental rights of civic participation. These rights enable those who have long been marginalised

through the stigma of mental illness, addiction, disability, or socio-economic deprivation to rebuild their status as persons (personhood) and to recover a stable core of selfhood. In this context, the opportunity to perform, to be heard, and to receive applause is not a mere exercise in narcissistic vanity, but a profound ritual of social reintegration and a form of repair for long-standing wounds related to invisibility.

Prevention domains: Educational contexts, AFAM, and higher education

The applications of these ecological principles demonstrate, moreover, the capacity to extend beyond the traditional boundaries of mental health and psychiatric rehabilitation, reaching broader domains of primary and secondary prevention, such as education and academia. A clear example of this is provided by research on “low-threshold” musical workshops (i.e., requiring no formal prior competencies) offered to university students and, in particular, to students within the AFAM sector (Higher Artistic, Musical and Dance Training), as discussed by Sulla, Caneva, Agueli, Paolino, Baroni and Faccioli in their contribution.

These contexts, historically characterised by extremely high competitive pressure and uncompromising standards of excellence, frequently generate debilitating levels of performance anxiety, burnout, and relational isolation. Paradoxically, the very institutions dedicated to the teaching of art risk becoming breeding grounds for psychological distress when music is reduced to mere evaluative performance. Through shared practices of Community Music Therapy—based on rhythmic synchrony, free improvisation, and non-judgemental vocal exploration—young adults are able to dismantle the rigid, perfection-driven ideals of the classical tradition previously discussed. By embracing an aesthetic of imperfection and *messyphonic musicking*, they can suspend pressing performance expectations, reduce anxiety, and counteract digital isolation.

In these workshops, music once again becomes a tool for emotional regulation, a function extensively documented by contemporary cognitive sciences (Juslin et al., 2010; Saarikallio, 2011; Schäfer et al., 2013; Carlson et al., 2015). Participants rediscover a vital awareness of their own bodies (sound as a direct, unmediated expression of corporeality and breath, as highlighted in various ethnomusicological studies) and a reassuring sense of belonging to their peer group. This preventive approach proves essential not only for safeguarding students’ mental health, but also for the formation of future musicians and professionals capable of engaging with their art in a healthy, resilient, and socially connected way.

In her article, Antonella Coppi highlights the benefits of Community Singing and Community Opera, described as an innovative approach in which community members are not passive spectators but active co-creators (in the writing of the libretto, the music, or the stage design), working alongside professionals. Here, a particular focus is placed on Italy, a country with rich participatory traditions (choirs and brass bands), yet constrained by long-standing institutional divisions (such as the separation between university-based theory and conservatoire practice) and by a persistent elitist bias towards “serious” music. Nevertheless, innovative projects with significant social impact continue to emerge.

The dialogue between clinical practice and community: A constructive perspective

On one hand, Community Music Therapy opens up highly promising—and indeed necessary—socio-cultural horizons, proposing a radically inclusive epistemology of care (Bertoni, 2025; Caneva & Mattiello, 2018; Glynn et al., 2026). On the other hand, clinically oriented music therapy feels compelled to complement this momentum with a critical and constructive perspective, which is essential to ensuring patient safety and the depth and effectiveness of therapeutic interventions (O'Grady & McFerran, 2007; Turry, 2005).

It is not the aim of this editorial to examine in detail the often complex relationship between Community Music Therapy and the wider music therapy field (Tsiris, 2014); however, as highlighted by critical analyses and recent research, the shift from the traditional biomedical model to a community-based ecological model represents a powerful yet highly delicate evolution (Juliá-Sanchis et al., 2020; Caperon et al., 2022; Dykxhoorn et al., 2022; Lynch & King, 2023). This transition should never entail the abandonment of the clinical, psychopathological, and relational competencies that define the identity of the music therapist (O'Grady & McFerran, 2007; Stige & Aarø, 2012; Skånland & Trondalen, 2024; Skånland, 2026).

One might suggest that the true success of Community Music Therapy will depend on the discipline's ability to integrate its activist and participatory drive with clinical wisdom, balancing the desire for immediate social inclusion with the fundamental need to ensure patient safety. Rather than erecting barriers to prevent 'breaches' of therapeutic boundaries, the true success of the discipline lies in its ability to reflexively reframe these boundaries (O'Grady & McFerran, 2007). This involves a continuous negotiation of roles based on the person's choice, agency, and readiness, ensuring that public performances and community engagement empower the vulnerable individual rather than exposing them to trauma (Turry, 2005). The transition towards community- and ecology-oriented models of music therapy does not imply the abandonment of the clinical dimension of the discipline (Stige & Aarø, 2012); rather, it may require a re-elaboration of the music therapist's psychopathological, relational, and ethical competencies within more complex and socioculturally embedded therapeutic contexts (Skånland & Trondalen, 2024; Rolvsjord, 2016).

In conclusion, the articles included in this special issue engage in an intense dialogue with one another, offering a clear, multifaceted, deeply mature, and at times necessarily and constructively critical picture of the current state of the field. We believe that music unequivocally confirms itself as a social technology of inestimable value, capable of transforming both the vulnerable individual and the institutional, environmental, and political contexts in which they live, restoring those axes of resonance that are essential to counteracting the modern pandemic of isolation.

We therefore invite readers to engage with this edition in the sincere hope that this special issue may resonate with them, challenging preconceptions, generating new interdisciplinary reflections, and inspiring increasingly effective practices aimed at making our communities "sound better". This ambitious goal can only be achieved by consistently placing at its centre an ethics of care, rigorous methodological standards in research, and a reverent respect for the unfathomable and wondrous complexity of the human being.

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Author contributions

Enrico Ceccato: Conceptualisation, Methodology, Investigation, formal analysis, Writing – original draft.

Paolo Alberto Caneva: Conceptualisation, Writing – review & editing.

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AI was used for language translation and language enhancement (grammatical correction and improving readability).

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References

- Antonovsky, A. (1979). *Health, stress, and coping*. Jossey-Bass.
- Bertoni, S. (2025). Concepts of music in Community Music Therapy: Reflections from a professional experience. *Voices: A World Forum for Music Therapy*, 25(3). <https://doi.org/10.15845/voices.v25i3.4526>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Caneva, P. A., & Mattiello, S. (2018). *Community music therapy: Itinerari, principi e pratiche per un'altra musicoterapia*. FrancoAngeli.
- Caperon, L., Saville, F., & Ahern, S. (2022). Developing a socio-ecological model for community engagement in a health programme in an underserved urban area. *PLoS ONE*, 17(9), Article e0275092. <https://doi.org/10.1371/journal.pone.0275092>
- Carlson, E., Saarikallio, S., Toiviainen, P., Bogert, B., Kliuchko, M., & Brattico, E. (2015). Maladaptive and adaptive emotion regulation through music: A behavioral and neuroimaging study of males and females. *Frontiers in Human Neuroscience*, 9, Article 466. <https://doi.org/10.3389/fnhum.2015.00466>
- DeNora, T. (2000). *Music in everyday life*. Cambridge University Press.
- DeNora, T. (2013). *Music asylums: Wellbeing through music in everyday life*. Routledge.
- Dykxhoorn, J., Fischer, L., Bayliss, B., et al. (2022). Conceptualising public mental health: Development of a conceptual framework for public mental health. *BMC Public Health*, 22, Article 1407. <https://doi.org/10.1186/s12889-022-13775-9>
- Fuchs, T. (2018). *Ecology of the brain: The phenomenology and biology of the embodied mind*. Oxford University Press.
- Glynn, M., Wrigley, A., & McCaffrey, T. (2026). A qualitative exploration of music therapy practice development in intellectual disability services in Ireland: “The future is the community.” *Nordic Journal of Music Therapy*, 35(1), 4–22. <https://doi.org/10.1080/08098131.2025.2488752>
- Gómez-Carrillo, A., & Kirmayer, L. J. (2023). A cultural-ecosocial systems view for psychiatry. *Frontiers in Psychiatry*, 14, Article 1031390. <https://doi.org/10.3389/fpsy.2023.1031390>
- Hong, J. H., Nakamura, J. S., Sahakari, S. S., Chopik, W. J., Shiba, K., VanderWeele, T. J., & Kim, E. S. (2024). The silent epidemic of loneliness: Identifying the antecedents of loneliness using a lagged exposure-wide approach. *Psychological Medicine*, 54(8), 1519–1532. <https://doi.org/10.1017/S0033291723002581>
- Jeste, D. V., Lee, E. E., & Cacioppo, S. (2020). Battling the modern behavioral epidemic of loneliness: Suggestions for research and interventions. *JAMA Psychiatry*, 77(6), 553–554. <https://doi.org/10.1001/jamapsychiatry.2020.0027>
- Juliá-Sanchis, R., Aguilera-Serrano, C., Megías-Lizancos, F., & Martínez-Riera, J. R. (2020). Evolución y estado del modelo comunitario de atención a la salud mental. *Gaceta Sanitaria*, 34(Suppl. 1), 81–86. <https://doi.org/10.1016/j.gaceta.2020.06.014>
- Juslin, P. N., & Sloboda, J. A. (Eds.). (2010). *Handbook of music and emotion: Theory, research, applications*. Oxford University Press.

- Kirmayer, L. J., Gomez-Carrillo, A., & Veissière, S. (2017). Culture and depression in global mental health: An ecosocial approach to the phenomenology of psychiatric disorders. *Social Science & Medicine*, 183, 163–168. <https://doi.org/10.1016/j.socscimed.2017.04.034>
- Kanellopoulos, P. A. (2011). C. Small and the subversion of canonic music education [in Greek]. *Approaches: An Interdisciplinary Journal of Music Therapy*, 3(2), 48–55. <http://approaches.primarymusic.gr>
- Lynch, H., & King, C. (2023). Engaging with communities and precarity theory to bring new perspectives to public mental health. *Critical Public Health*, 33(5), 594–603. <https://doi.org/10.1080/09581596.2023.2247143>
- MacDonald, R., Kreutz, G., & Mitchell, L. (Eds.). (2012). *Music, health, and wellbeing*. Oxford University Press.
- Office of the Surgeon General. (2023). *Our epidemic of loneliness and isolation: The U.S. Surgeon General's advisory on the healing effects of social connection and community*. U.S. Department of Health and Human Services.
- O'Grady, L., & McFerran, K. (2007). Community music therapy and its relationship to community music: Where does it end? *Nordic Journal of Music Therapy*, 16(1), 14–26. <https://doi.org/10.1080/08098130709478170>
- Orford, J. (2008). *Community psychology: Challenges, controversies and emerging consensus*. John Wiley & Sons.
- Ministero dell'Università e della Ricerca. (n.d.). PRO-BEN 2025. <https://www.gea.mur.gov.it/Bandi/Proben2025>
- Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P. Y., Cooper, J. L., Eaton, J., Herrman, H., Herzallah, M. M., Huang, Y., Jordans, M. J. D., Kleinman, A., Medina-Mora, M. E., Morgan, E., Niaz, U., Omigbodun, O., & Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, 392(10157), 1553–1598. [https://doi.org/10.1016/S0140-6736\(18\)31612-X](https://doi.org/10.1016/S0140-6736(18)31612-X)
- Parziani, D. (2011). Orchestral conducting as educational practice: A Smallian perspective of relationships and pedagogy in youth orchestras. *Approaches: Music Therapy & Special Music Education*, 3(2), 82–88. <http://approaches.primarymusic.gr>
- Procter, S. (2011). Reparative music: Thinking on the usefulness of social capital theory within music therapy. *Nordic Journal of Music Therapy*, 20(3), 242–262. <https://doi.org/10.1080/08098131.2010.489998>
- Rolvjord, R. (2016). Five episodes of clients' contributions to the therapeutic relationship: A qualitative study in adult mental health care. *Nordic Journal of Music Therapy*, 25(2), 159–184. <https://doi.org/10.1080/08098131.2015.1010562>
- Rosa, H. (2019). *Resonance: A sociology of our relationship to the world*. Polity Press.
- Ruud, E. (1998). *Music therapy: Improvisation, communication, and culture*. Barcelona Publishers.
- Saarikallio, S. (2011). Music as emotional self-regulation throughout adulthood. *Psychology of Music*, 39(3), 307–327.
- Scardovelli, M. (1992). *Il dialogo sonoro*. Cappelli Editore.
- Schäfer, T., Sedlmeier, P., Städtler, C., & Huron, D. (2013). The psychological functions of music listening. *Frontiers in Psychology*, 4, Article 511.
- Skånland, M. S. (2026). Friends or not? Navigating the therapeutic bond in music therapy within Flexible Assertive Community Treatment—A qualitative interview study. *Nordic Journal of Music Therapy*, 1–18. <https://doi.org/10.1080/08098131.2026.2613877>
- Skånland, M. S., & Trondalen, G. (2024). The therapeutic relationship in music therapy in a Flexible Assertive Community Treatment team: A joint interview study of service users and their music therapist. *British Journal of Music Therapy*, 38(1), 15–26. <https://doi.org/10.1177/13594575231211298>
- Small, C. (1998). *Musicking: The meanings of performing and listening*. Wesleyan University Press.
- Stige, B., & Aarø, L. E. (2012). *Invitation to community music therapy*. Routledge.
- Tsirir, G. (2014). Community music therapy: Controversies, synergies and ways forward. *International Journal of Community Music*, 7(1), 3–9. <https://doi.org/10.1386/ijcm.7.1.3.2>
- Tsirir, G., & Papastavrou, D. (2011). Musicking: Musical praxis as health and therapy through an interdisciplinary perspective [in Greek]. *Approaches: Music Therapy & Special Music Education*, 3(2), 91–107. <https://doi.org/10.56883/aijmt.2011.511>
- Turino, T. (2008). *Music as social life: The politics of participation*. University of Chicago Press.
- Turry, A. (2005). Music psychotherapy and community music therapy: Questions and considerations. *Voices: A World Forum for Music Therapy*, 5(1). <https://doi.org/10.15845/voices.v5i1.208>