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Music-Centered Approach in Music Therapy: A Scoping Review

Clara Rita Christian
Universitas Pelita Harapan
clararitachristian@gmail.com

Kezia Karnila Putri, MMT, MTA, MT-BC
Universitas Pelita Harapan
kezia.putri@uph.edu

Abstract

The application of a model in music therapy practice is based on a theoretical orientation that plays an important role in the theoretical foundation of clinical practice, education and professional identity of therapists, scientific research, and interprofessional relations. The concept of music-centered approach is still debated by music therapy professionals to this day because its fundamental concepts still differ among practitioners. This research aimed to study the main concepts and characteristics of the music-centered approach in music therapy from various literature published in 1985-2018. The scoping review method with a qualitative approach was used by following the framework of Arksey & O'Malley to answer research questions through a systematic literature search and selection process, data extraction, as well as thematic and descriptive numerical analysis. Ideas about the main concepts and characteristics of the music-centered approach are found in 41 pieces of literature written by 28 individual authors and 3 group authors. Aigen is the author with the largest contribution of ideas (15,22%), and the United States dominates the geographical distribution of the literature (52,17%). Nordoff-Robbins Music Therapy is the most identified model representing music-centered approach (n=15). Various knowledge gaps and issues were discussed, including fundamental issues related to the development of theoretical foundations in the music therapy profession and the issue of information accessibility with accompanying language and cultural dominance.

Keywords: Music-Centered, Music Therapy Approach, Theoretical Orientation, Theoretical Approach, Scoping Review

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Pendekatan *Music-Centered* dalam Terapi Musik: Sebuah Kajian Menyeluruh

Abstrak

Penerapan model dalam praktik terapi musik didasarkan pada orientasi teoritis yang berperan penting dalam landasan teoritis praktis klinis, pendidikan dan identitas terapis profesional, penelitian ilmiah, dan hubungan interprofessional. Konsep dari pendekatan *music-centered* pada musik ini masih diperdebatkan oleh para profesional dalam terapi musik hingga hari ini karena konsep dasar yang masih berbeda di antara para praktisi. Penelitian ini bertujuan untuk mempelajari konsep dan karakteristik utama dari pendekatan *music-centered* dalam terapi musik dari berbagai literatur yang diterbitkan pada tahun 1985-2018. Metode *scoping review* dengan pendekatan kualitatif digunakan dengan mengikuti kerangka Arksey & O'Malley untuk menjawab pertanyaan penelitian melalui proses pencarian dan seleksi literatur yang sistematis, ekstraksi data, serta analisis tematik dan numerik deskriptif. Gagasan mengenai konsep utama dan karakteristik dari pendekatan yang berpusat pada musik ditemukan dalam 41 studi yang ditulis oleh 28 penulis individu dan 3 penulis kelompok. Aigen adalah penulis dengan kontribusi ide terbesar (15,22%), dan Amerika Serikat mendominasi distribusi geografis yang terdapat pada literatur (52,17%). *Nordoff-Robbins Music Therapy* adalah model yang paling dikenal yang mewakili pendekatan *music-centered* (n=15). Berbagai celah dan isu pengetahuan dibahas, termasuk isu-isu mendasar terkait dengan pengembangan landasan teori dalam profesi terapi musik dan isu aksesibilitas informasi dengan dominasi Bahasa dan budaya yang menyertainya.

Keywords: *Music-Centered*, Pendekatan Terapi Musik, Orientasi Teoritis, Pendekatan Teoritis, *Scoping Review*

Introduction

The models in music therapy play an important role in the foundation of clinical practice, education and professional identity of therapists, scientific research, and interprofessional relations (Aigen, 2005; Norcross, 2006; Potvin, 2013; Poznanski & McLennan, 1995; Strupp, 1955; Taylor, 1997; Wheeler, 1983). Various examples of theoretical orientations that formed the basis for music therapy models include the cognitive-behavioral (Gaston, 1968; Michel, 1985), psychoanalytic (Choi, 2008), humanist/person-centered (Bruscia, 1987), medical (Choi, 2008), and music-centered approach (Aigen, 2005). The theoretical orientation in music therapy continues to grow and multiply along with the development of the profession.

Theoretical orientation is a set of well-structured premises that form a theory-based framework to direct the therapist in hypothesizing, constructing, or evaluating matters relating to the clinical process, be it the rationale for implementing a certain intervention, or the client's clinical response in the therapeutic process (Poznanski & McLennan, 1995). This theoretical

framework forms the basis for the application of various practical models (Choi, 2008; Strupp, 1955).

The Role of Theoretical Orientation in Music Therapy

In general, there are five main roles of music therapy theoretical orientation. The first role is to act as the primary foundation of music therapy clinical practice. Theoretical orientation becomes a conceptual framework that assists therapists in understanding client's therapeutic needs, formulating and evaluating interventions, and finding ways to increase the therapeutic impact (Poznanski & McLennan, 1995; Strupp, 1955; Wheeler, 1983). The second role is to base the clinical identity of the therapist. Theoretical orientation reflects the integration between the therapist's personal and professional identity which provides a lens in perceiving everything in clinical practice (Norcross, 2006; Potvin, 2013). The third role is to advance the therapist's skills and knowledge. According to Aigen (2005), theory can expand awareness and reveal opportunities for new perspectives in clinical observation. The fourth role is theoretical orientation can act as a research foundation that provides direction for the development of research topics and focus (e.g., descriptive studies) or act as the final product of research (e.g., grounded theory studies). Finally, theoretical orientation plays a role in building relationships and collaborations between music therapists and professionals from other disciplines. By using theories and concepts that are common to both fields, indirectly, the communication language used becomes similar so that other professionals will find it easier to understand the therapeutic effects of music and collaborate with music therapists (Aigen, 2005).

Issues related to Music Therapy Theoretical Orientation

The field of music therapy has grown rapidly in many countries. However, there are still issues regarding theoretical orientation that may hinder its development. One issue is related to the result of an online survey of American music therapists conducted by Potvin (2013), which shows that there are limitations in the diversity of theoretical orientations identified by music therapists. Therapists tended to only identify themselves between two theoretical traditions that were quite dichotomous, exclusive to the cognitive-behavioral or humanistic/person-centered approach.

There is also an issue with the inconsistency of therapists' perceptions of the term theoretical orientation. Choi in his research (2008) which analyzed the results of a survey assessing awareness of an individual's music therapy practice, stated that a lot of music therapy literature still uses the terms model and theoretical approach interchangeably and equally because there are no clear boundaries. This issue implied the need to clarify the meaning of each philosophical term adapted from other disciplines specifically into the field of music therapy.

Another issue is the limited number of studies related to music therapy theoretical orientation. Theoretical orientation study in music therapy was mostly confined to a therapist, an approach, or a population (Potvin, 2013). Theoretical orientation needs to be developed so that this field has a strong foundation of therapeutic principles, not just relying solely on the therapist's 'talent' (Choi, 2008).

Lastly is an issue related to the opinion of the figures who emphasized the importance of building a theoretical orientation that is specific to the music therapy field. According to Aigen (2005), the development of music therapy theory was dominated by theories re-contextualized from various external disciplines (e.g., neurology, psychoanalysis, behavioral learning). Naturally, music therapy theory based on external disciplines develops faster than indigenous theory, because all disciplines begin by utilizing theories from other disciplines whose systems are relatively complete and recognized. However, as the field of science becomes more established and recognized, practitioners should develop original theories to be able to explain the unique phenomena and qualities that distinguish music therapy from other fields (Aigen, 2005).

This study focused on the music-centered approach in music therapy. Unlike the other approaches in which the theoretical foundation has been well-established; the music-centered approach is still being debated by music therapy professionals (Garred, 2006). This research aimed to study the main concepts and characteristics of the music-centered approach in music therapy from various literature published from 1985 to 2018. The research questions are "What are the authors' perspectives in literature published from 1985 to 2018 on the main concepts and characteristics of music-centered approach in music therapy?" and "How is the distribution of the literature study based on its geographical location, purpose, and year of publication?" The range of years of literature publication is adjusted to the year the theoretical orientation was first proposed by Bonny and colleagues (1985) to the publication year of the latest literature that can be found in this study (Gross, 2018), to provide a comprehensive investigation.

Research Method

The scoping review method was used in this study. The objectives of the scoping review are to provide an overview of the available research evidence (Arksey & O'Malley, 2005), clarify key concepts in the literature (Davis et al., 2009), and identify the main characteristics related to the research topic (Munn et al., 2018). The scoping review was carried out by following the framework of Arksey & O'Malley (2005) to support a comprehensive and structured literature search, maximize the retrieval of relevant information, provide reproducible results, and reduce potential bias.

Relevant studies were identified through electronic databases and manual search. The four electronic databases used (*Music Therapy Perspectives, Voices: A World Forum for Music Therapy, Nordic Journal of Music Therapy, and British Journal of Music Therapy)* were music therapy databases that contained the most relevant literature for the research topic. The manual search was carried out in two ways: a book search in the *Johannes Oentoro Library (Pelita Harapan University)* and a broad scientific literature search using *Google Scholar*.

All literature went through a selection process by eliminating duplicate literature and applying the inclusion criteria (Figure 1). The inclusion criteria were: (1) the literature was published between 1985-2018 (the year range is based on the year the theoretical orientation was first proposed to the publication year of the latest literature that can be found, to provide a comprehensive investigation), (2) the literature has been published in or translated into English or Indonesian (literature in other languages was not included due to limited ability, time, and cost for translation), (3) the literature was available in the full-text format, and (4) the literature contains the author's original views on the main concepts and/or characteristics of the music-centered approach explicitly (to reduce the potential for subjective and biased interpretations). The elimination process resulted in 41 relevant pieces of literature which were then used in the scoping review.

Data extraction was done after the literature elimination process. All 41 pieces of literature went through the data charting process from April 19th to May 4th, 2021. The seven categories of relevant information extracted from each literature were: (1) Author Name, (2) Literature Publication Year, (3) Literature Title, (4) Literature Type, (5) Author Domicile, (6) Main Purpose of Literature, and (7) Main Concepts and Characteristics of the Music-Centered Approach according to the Author.

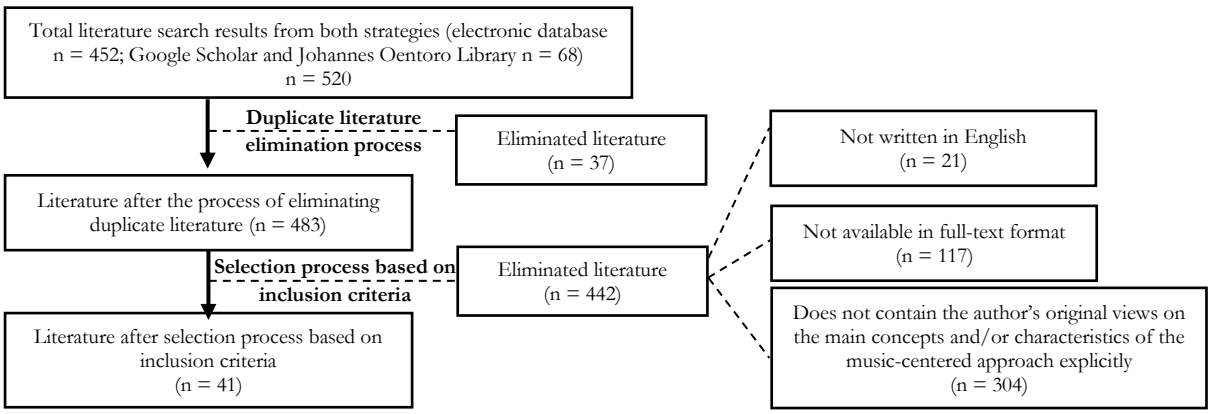


Figure 1. Flowchart of Study Selection Mechanism

Results

The main concepts and characteristics of the music-centered approach found in the 41 pieces of literature were divided into 46 columns. The perspectives in this study were recorded from 28 individual authors and 3 group authors. A lot of the literature found at the initial search

(n=442) were eliminated due to the facts that all the literature were not written in English (n = 21), all the literature were not in full-text format (n = 117), and the literature did not contain the author's original views on the main concepts and/or characteristics of the music-centered approach explicitly (n = 304). The first two causes indicate the existence of problems with information accessibility that can have a significant impact on the development of the music therapy profession internationally.

As for the third cause of elimination, we encountered that many of the authors cited other authors and claimed that these authors had written on 'music-centered' ideas. However, after further exploration, we found that these original authors did not state that their idea was a music-centered perspective. These original authors used other terms such as 'music as therapy' or 'therapy in music' which were then interpreted by other authors as 'music-centered'. Because this study only focuses on the term 'music-centered', the literature that did not use the term were all eliminated. Literature that included the term 'music-centered' in the title and introduction but did not explicitly state the author's perspective on its concepts and characteristics were also eliminated from the collection.

Among all perspectives that we recorded, Aigen was the author with the most column contributions (n = 7; 15.22%). Aigen was followed by Brandalise (n = 5; 10.87%), Ansdell (n = 4; 8.69%), Stige (n = 3; 6.52%), and other 23 individual authors and 1 group author. With his background as a music therapist who focuses on developing and advocating music-centered approach, it is natural that Aigen's literature dominated the column. Aigen's dominance provides a source of information related to music-centered approaches for other professionals. However, there might be other consequences relating to diversity of opinions and repression of other views that may come from different cultures in different countries.

The 41 pieces of literature came from 9 countries spread over 4 continents, with the largest percentage coming from the United States (52.17%) and North America (58.69%) (Figure 2).

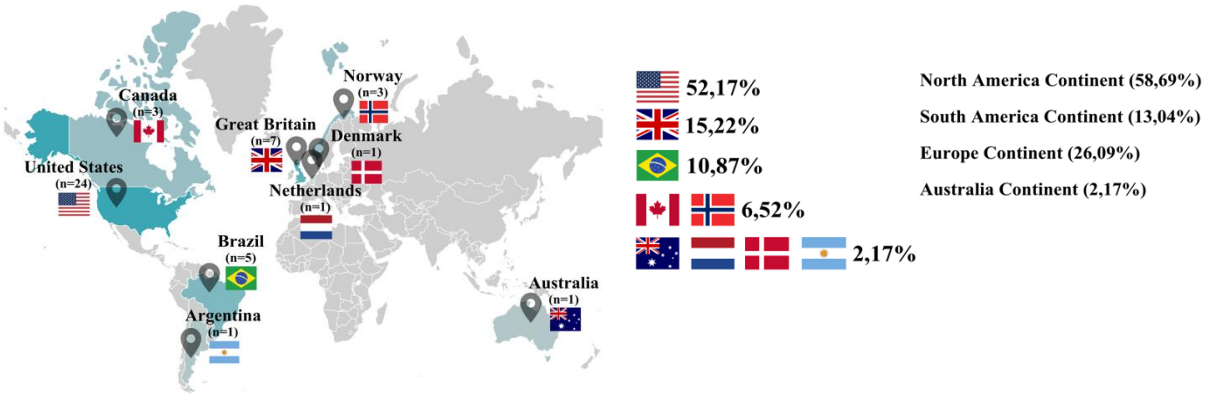
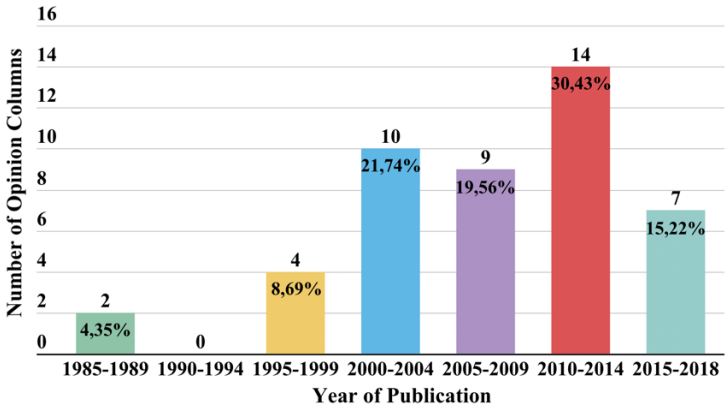


Figure 2. Literature Geographic Distribution Map

The dominance of literature from the United States is reasonable considering the term music-centered was first used in Kansas (Bonny et al., 1985). Thirty-three years later, the geographical distributions of the literature that discuss the main concepts and characteristics of the music-centered approach are still mainly found in the western part of the world. We need to also keep in mind that all literature that were not written in English were not included in this study. This may contribute to the issue regarding geographical domination.

The next observation is that only 6 of the literature focused mainly on discussing the main concepts and characteristics of the music-centered approach, namely the literature from Bonny et al. (1985), Aigen (1999, 2005, 2014), and Brandalise (2004, 2009). It can be observed that 33 years after its inception, the term music-centered is still often only briefly mentioned to describe other methods, models, phenomena, or other theories and concepts. There are not a lot of literature that really focused on the discussion of the main concepts and characteristics of music-centered approach.

The last observation is that the literature describing the concepts and characteristics of the music-centered approach was first published in 1985 by Bonny and colleagues, and the most recent publication was in 2018 by Gross. It can be seen in Figure 3, the literature on the idea of music-centered approach was mostly published in 1999, 2004, and 2012.



Number of Opinion Columns	Year of Publication
4	1999, 2004, 2012
3	2001 & 2005
2	Mid-1980, 1989, 2002, 2006, 2007, 2009
1	2003, 2010, 2011, 2013, 2016, 2018

Figure 3. Year of Literature Publication Distribution Diagram

Based on the chronological review and comparative analysis, it can be concluded that the main concepts and characteristics of the music-centered approach have been suggested and applied to various aspects of music therapy. Bonny, Hesser, & Kenny (1985) first coined the theoretical concept of music-centered to describe music therapy services in "The Bonny Foundation: An Institute for Music-Centered Therapies". Since then, various literature related to the music-centered approach have emerged. Some focused on developing original ideas of music-centered theoretical concepts and characteristics (Ansdell, 1999a, 1999b; Aigen, 1999, 2005, 2013, 2014;

Bonny, 1989; Brandalise, 2004, 2009, 2015; Bruscia, 2005; Epp, 2007; Goodman, 2011; Lee & Khare, 2001; Lee, 2003; Smeijsters, 2012; Lichtensztejn et al., 2014), and some literature focused on developing the concepts and characteristics of music-centered practice, ranging from intervention formats and methods, therapeutic dynamics, the role of therapists and music, to how therapist uses the term music-centered in practice (Aigen, 2005, 2014; Ansdell, 2015; Asch, 2016; Brandalise, 2004, 2009, 2012, 2014, 2015; Clark, 2002; Goodman, 2011; Procter, 2001; Stige, 2004; Summer, 2009; Wood, 2006).

Aside from that, some literature explained the concepts and characteristics of the music-centered approach through its implementation in supervision methods (Lee & Khare, 2001), analytical methods (Brandalise, 2009; Epp, 2007; Lee, 2003), and assessment methods (Lichtensztejn et al., 2014). Some of the literature criticized issues related to the concepts and characteristics of music-centered theories and approaches (Bruscia, 2005; Garred, 2006; Mahoney, 2012; Stige, 2004; Streeter, 1999), and some described advocacy and realm of application of music-centered approach (Aigen, 1999, 2005, 2014). Lastly, we also found literature that explained the position of music-centered theory: among other theories, approaches, or frameworks (Aigen, 2005, 2013, 2014, 2015; Bruscia, 2005; Gross, 2018; Smeijsters, 2012; Turry, 2001), and its relevance to particular frameworks, models, or techniques (Aigen, 2005; 2014; Brandalise, 2015), and among practice guidelines or social issues (Aigen, 2015; Gross, 2018).

Overall, the perspective comparison analysis in this study showed that the basic concepts and characteristics of music-centered approach stem from some of the oldest ideas presented by Bonny and colleagues (1985), that the term music-centered is intended to define a form of therapy that uses music as the core or basis of its practice. Based on our observations, this basic, general concept, was then interpreted, developed, and applied in various and specific ways by many authors, thus creating a variety of conflicting perspectives.

Among the conflicting perspectives, the thematic analysis showed that the main concepts and characteristics of the music-centered approach that most authors agree on besides the basic idea from Bonny and colleagues (1985) are as follows. First, music-centered practitioners believe that music therapy works through the way music works, so the music-centered theory is considered the most capable of explaining how and why music therapy works (Aigen, 2003).

Second, Although the social aspect of therapy creates a framework for change, the dynamic qualities, structures of music, and musical processes remain the key or driving force behind the transformation (Aigen, 1999, 2005; Ansdell, 1999b; Asch, 2016; Baker, 2015; Brandalise, 2004,

2012, 2015; Clark, 2002; Gross, 2018; Lee, 2003; Lichtensztejn et al., 2014; Procter, 2001; Stige, 2004, Wood, 2006).

Third, music is an autonomous self-contained creative experience, which is valued as an end in itself because it can facilitate therapeutic change and has clinical value without needing to be translated into other media (verbal insight or other extramusical strategies). Psychotherapeutic insight can occur within the musical experience (Aigen, 1999, 2005, 2013; Asch 2016; Baker, 2015; Brandalise, 2015; Epp, 2007; Gross, 2018; Lee, 2003; Lichtensztejn. et al., 2014).

Fourth, the role of music is as a medium. This means that the therapeutic relationship lies in the musical relationship, and the reason for joining music therapy is to experience what music uniquely provides, not to achieve nonmusical goals (Aigen, 1999, 2005; Ansdell 1999a; Asch, 2016; Baker, 2015; Epp, 2007; Gross, 2018). The clinical process has convergence with musical development so that intentional musical experience becomes the main focus of the music-centered approach (Aigen, 2005; Asch, 2016; Brandalise 2012, 2015; Lee, 2003; Wood, 2006).

Fifth, there is continuity between non-clinical and clinical musical experiences. Thus, music therapists are musicians who work in a therapeutic context to bring about the inherent benefits of music-based experiences, not therapists who simply use music as a tool to achieve goals that are not specifically related to music (Aigen, 2005; Ansdell, 2015; Asch, 2016).

Sixth, music in musical interaction contains clients' clinical stories. Thus, music reflection, transcription, and analysis are important tools to shed light on the clinical process (understanding needs, monitoring developmental processes, and evaluating the potential for growth) (Aigen, 2005; Brandalise, 2015; Procter, 2001).

Seventh, the music-centered approach is theorized and practiced in varying degrees and ways by music therapists, so that it is not tied exclusively to a particular framework, model, or technique (Aigen, 2005, 2014; Brandalise, 2015; Smeijsters, 2012; Turry, 2001).

Furthermore, based on all the literature that was studied, there was one approach, seven models or frameworks, three techniques, and one method of music therapy practice which were considered by the authors to represent the main concepts and characteristics of the music-centered approach. Nordoff-Robbins Music Therapy (NRMT) was the most identified model representing a music-centered approach (n = 15), followed by BMGIM and Community Music Therapy (n = 5), and AeMT, and Music-Centered Psychotherapy (n = 3). The significant dominance of NRMT model can be caused by its main concepts and philosophies which have a more accurate level of conformity than other models in reflecting the music-centered approach (Aigen, 2005). The dominance is also supported by many authors who consider NRMT as an exemplary model for a

music-centered approach (Aigen, 1999, 2004, 2005, 2014; Ansdell, 1999b; Birnbaum 2014; Brandalise, 2009, 2014, 2015; Goodman, 2011; Lichtensztejn et al., 2014; Mahoney, 2012; Turry, 2001, 2014; Soshensky, 2005).

Then, despite the previous conclusions regarding the seven music-centered ideas that were most agreed upon by the authors, there were numerous fundamental debates among authors regarding the main concepts and characteristics of the music-centered approach in the thematic analysis process that had been carried out. In general, there were five possible causes for the difference in perspective between authors which will be concluded as follows.

First, the difference in perspective may be caused by the nature of the basic idea of the music-centered approach by Bonny and colleagues (1985) which is still broad and does not have clear boundaries regarding their implementation in many aspects. This has led to many different interpretations and developments of the basic idea by many authors, which creates conflicting perspectives. For example, Streeter (1999) interprets that the idea of 'music is the core of the practice' suggests that music-centered approach makes music the sole basis of its therapeutic theory, provides therapeutic experience without reference to nonmusical theory, and denies the importance of psychological theory. Streeter's interpretation contradicts Aigen's assertion (1999) that even though music is the driving force for change, the dynamics of relationships, as well as the client's history are still considered, and that verbal processes are not avoided. Aigen interprets that the music-centered approach has essentially embodied the idea of psychotherapy in itself, and the social aspect is still recognized as the framework for change.

Second, the difference in perspective may be caused by the development of the music therapy profession which was followed by the development of the music-centered approach. This not only caused differences in perspective between authors but also changes in the perspective of an author in his literature that were published at different times. One example is Aigen's change of perspective regarding the role of verbalization in music-centered practice. In his 1999 literature, Aigen explained that with or without the use of verbalization for interpretation does not determine whether a person is practicing with music-centered approach or not. His perspective then changed in 2013, he stated that the presence of interpretation prevents practitioners from working with music-centered approach authentically because the musical process can be an independent therapeutic experience that does not require verbal insight.

Third, the difference in perspective may be due to differences in the theoretical backgrounds and practice contexts of the authors that underlie their professional identities and mindsets. For example, the perspective difference between Streeter (1999) and Aigen (1999) in the

first possible cause category can also be caused by Streeter's theoretical background and practice context which derived from psychoanalytic theory, while Aigen's derived from the theory adopted by NRMT model.

Fourth, the perspective difference may be due to differences in the geographical location and cultural background of the authors. The contribution of music-centered ideas from Brandalise (2004, 2009, 2012, 2014, 2015) who was the only author from Brazil was unique and original. He explored music-centered approach from a different aspect from most authors so that his ideas were not completely the same or contradict the ideas of other authors. However, the literature dominance from the United States, as well as the absence of literature from the Eastern countries, makes this fourth possible causes category unable to be explored extensively.

Lastly, the perspective difference can be caused by different philosophical references that are based on the author's music-centered idea. Musical experiences or interactions that have a central role in the dynamics of music-centered practice are generally referred to as 'music-making' by the majority of authors, as in the literature of Stige (2004), Gross (2018), and Wood (2006). However, Procter (2001) used the term 'musicking' or 'co-musicking' which is inspired by Small's philosophy (1998), while Aigen (2005), Asch (2016), Baker (2015), and Brandalise (2012) used the term 'musicing' which derived from Elliot's philosophy (1995).

Before stating the closing conclusion, various phenomena, issues, and gaps found in the thematic analysis will be described first as follows. First, there was a gap in which the literature discussing music-centered practices only focused on the client population with ASD (Asch, 2016; Brandalise, 2014) and disorder of consciousness (Lichtensztejn et al., 2014).

Second, there were limitations where clear boundaries for the role and use of verbalization aspect in music-centered practice appear to have not been clarified by most authors. Authors tend to explain it by simply stating that music-centered practice was distinguished from verbal-based practice (Bonny et al., 1985) or that there was little verbalization in its practice, which was also not considered a psychotherapeutic intervention (Goodman, 2011), or that the use of verbalization was not avoided, but was also not considered necessary in analyzing and interpreting musical experience (Aigen, 2005; Baker, 2015

Third, there was an interesting phenomenon in Aigen's literature (2014) which describes that the second way for therapists to use the term music-centered (as a temporary stance that can be applied when the principle is relevant for a particular clinical situation) was no different from the directive attitude in a client-centered approach. This is interesting because it meant that there

was an area of similarity in the application of music-centered and client-centered practices, which have been debated as two opposing approaches.

Fourth, we realized that based on this study, the idea of music-centered approach did not respect the diversity of cultural contexts and tends to be Eurocentric. For example, Aigen's argument (2005) that any exploration of the origins of music-centered approach must recognize the central role of NRMT and BMGIM which are theoretical models closely related to Western culture, indicating a tendency in existing music-centered ideas to ignore different thinking possibilities from other countries' or cultures' exploration of music-centered approaches, especially Eastern cultures.

Lastly, there was an issue where Ahonen's idea (2007) that emphasizes the role and therapeutic potential equality of music and verbalization contradicts the basic music-centered idea from Bonny and colleagues (1985) which seemed to be most agreed upon by other authors. It turns out that even a basic idea from the oldest originators of the music-centered approach is not fully agreed upon by the literature that discuss the main concepts and characteristics of the approach. This further indicates that there are extensive contradictions in the fundamental concepts of the music-centered approach, which implies significant consensus issues.

Despite all the developmental evidence, the contradictions among authors regarding the fundamental concepts of the music-centered approach remained extensive and significant, that it cannot be denied that there was no consensus on the main concepts and characteristics of music-centered approach. This meant that a term had long been used in professional discourse but was still interpreted in various ways without any agreed provisions (Aigen, 2005).

Debate is important in establishing a solid foundation of a theoretical idea in any field of science. However, without a scientific deliberation that brings together all authors directly to discuss and integrate various fundamental ideas to reach a common agreement, the consensus will be difficult to achieve. Without consensus on fundamental matters such as the main concepts and characteristics of music-centered approach, professionals in music therapy and other fields might ignore the existence of this approach due to the difficulty of understanding and representing the basis of the approach.

This discussion raises several questions in our minds. First, with the nature of the music therapy profession dealing with diverse client populations that require different rationales for their treatment, is it possible to reach a consensus regarding the fundamental concepts of the music-centered approach? In addition, with various socio-cultural contexts that also gave a rise to

variations in the concept of music and health, is it possible to reach a consensus? Is a consensus still necessary? Can consensus be formed while respecting the diversity of those contexts?

In our opinion, the music-centered approach should be based on a consensus to a certain degree, to at least provide a solid boundary and foundation for its concepts in the field of music therapy, before being variedly applied by authors into various practice contexts and populations. The consensus that will be built must recognize and respect the diversity of music therapy practice contexts, not only the population but also the linguistic and socio-cultural contexts. This can also be applied to other theoretical approaches to strengthen the foundation and general identity integrity of the music therapy profession globally. Certainly, further consideration from music-centered approach figures is needed to assess whether consensus at such a level is realistic to achieve and worth fighting for.

Research Limitations and Suggestions

The limitations of this study include several things. First, the strategy of literature search which was limited to four databases certainly affects the quality and generalizability of the scoping review results. Future studies are recommended to include more relevant databases. Second, this study had a higher bias potential because the review process was only carried out by one researcher who was supervised by a professional music therapist. At least two reviewers are required in a scoping review due to the large number of studies and to minimize potential bias (Joanna Briggs Institute, 2015; Sucharew, 2019). Third, due to language limitations, we were not able to include an extensive number of studies that were written in different languages. Future research is recommended to include various other languages for better research quality and fairness to linguistic and socio-cultural diversity in the music therapy profession. With the various study limitations, the conclusions and discussions in this study cannot be fully used as a quality and fair generalization for the topic of music-centered approach in the music therapy field.

The year range of literature publication in the inclusion criteria can be narrowed to limit the amount of literature and deepen the quality of the review. Researchers can also explore matters such as: (1) how an author's theoretical background and practical context influences his or her perspective on certain aspects in the music therapy field, (2) why the dichotomy issue that is implicitly reflected in music-centered idea from several authors occurs, (3) whether or not the dichotomy issue happens to other theoretical approaches as well, and (4) the implications of the issue. The phenomenon of the existence of areas of similarity in the practical application of music-centered and client-centered approaches can also be explored further.

Related to the issue of lack of professional attention fundamentally in the development and even existence of music therapy theoretical orientation, professionals can begin to explore theory development research to strengthen the basis of therapeutic principles and increase the effectiveness of music therapy practice. One example is by conducting research related to theoretical orientation which is still very limited in number (Choi, 2008; Potvin, 2013). It is also necessary to clarify the exclusive boundaries between the terms model, framework, and theoretical orientation approach which are still used interchangeably and equally in various music therapy literature (Choi, 2008). Professionals can also educate themselves and other therapists to have an accurate and deep understanding of various theoretical orientations.

Finally, professionals need to remain alert to the negative potentials of various theoretical approaches that could create identity problems and segment this field by creating tensions on communication within and outside the profession (Byers, 2012). Regardless of the various contexts, beliefs, and conceptual guidelines that underlie the personal and professional identity of a music therapist, ultimately, "The appropriate clinical stance for a therapist to take at any time is one that can be implemented with integrity and that meets the client's needs." (Aigen, 2005, p. 20).

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