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Practice in Construction:
A Music Therapy Autoethnography in a Decolonial Key

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Abstract

This article offers an autoethnographic reflection on decolonial thinking in music therapy. Based on personal experiences as a Mexican music therapist based in Germany (working with displaced persons, collaborating on community projects in Mexico and the Philippines, and participating in international research networks), the author analyzes the ways in which decolonial perspectives in music therapy permeate his music therapy practice. Key contributions from authors who have written about decolonialism, such as Enrique Dussel, Ramón Grosfoguel, Aníbal Quijano, and Silvia Rivera Cusicanqui, are revisited, as are those from colleagues who have critically addressed coloniality in the field of music therapy, such as the CAMTI Collective. The text proposes a transmodern and pluriversal perspective, recognizing the value of situated knowledge, subjectivity, and intercultural dialogue. It also offers insights into how these terms are used in the author's experiences and thinking. From this perspective, we are invited to think of decolonization not as an achievable goal, but as an ethical, critical, and constantly evolving practice that requires maintaining a certain degree of discomfort with changing structures of knowledge and practice, recognizing contradictions, and opening spaces for dialogue.

Keywords: decolonization; autoethnography; transmodernity; pluriversality

Editorial Comment

The author has lived in many places and reflects on this in his essay, in which he invites us to move away from dogmatic positions when we encounter the work of colleagues who belong to societies different from our own. As Samuel says, being immersed in colonial systems means that there are dynamics from which we cannot completely escape." We find his proposal sensitive to the cultural factors of professional practices,

but also demanding in terms of the critical thinking and analysis they require.

Introduction

This text is an autoethnographic exploration based on the reflection proposed by decolonial perspectives in music therapy. Autoethnography seeks to "systematically describe and analyze personal experience in order to understand cultural experience" (Ellis et al., 2015, p.1). Based on a description and critical exploration of my experiences as a Mexican music therapist based in Germany—working with displaced people from various countries, collaborating on community projects in Mexico and the Philippines, and participating in research with colleagues from around the world—I reflect on the presence of colonial, postcolonial, and neocolonial structures in my thoughts and music therapy experiences, while exploring decolonial conceptual tools to develop more critical and situated knowledge-creation practices.

I believe that perhaps the most valuable thing I can offer is my personal experiences, as they are unique and unrepeatable and emerge from a specific position as a Mexican music therapist navigating between different cultural, institutional, and professional contexts. These experiences, far from being merely anecdotal, constitute a form of knowledge and thinking that allows us to examine possible colonial, postcolonial, and/or neocolonial dynamics in contemporary music therapy practice. As far as possible, I will also incorporate external sources, both from fellow music therapists and from authors in other disciplines, establishing a dialogue between my lived experience and the theoretical reflections that have nourished my understanding of these phenomena. I believe autoethnography is an appropriate method for this purpose, as it offers a critical, ethical, and socially conscious perspective that questions the false dichotomy between objectivity and subjectivity, recognizing the latter as a valid and necessary source of knowledge (Dubé, 2017; Guerrero, 2014). This methodological approach is also aligned with decolonial principles that seek to legitimize forms of knowledge that have been historically marginalized by the dominant paradigms of Western academia.

This work is part of a growing body of critical literature within music therapy that examines how colonialism, coloniality, Eurocentrism, and global power dynamics have influenced—and continue to influence—our practices, epistemologies, and therapeutic relationships. Research in multiple languages has addressed these issues from various perspectives: the CAMTI Collective (2022) has brought together critical voices on colonialism in music therapy; Comte (2016) proposed an interpretive review of work with refugees in which she discussed her use of the term "neo-colonialism"; and Zambonini and Tosto (2024) have introduced decolonial perspectives from Latin America in their invitation to this special edition.

In this context, my goal is not to repeat these contributions but to add a reflection based on my individual career and my own experiences. I hope that these experiences will help me—and others—to understand cultural realities that go beyond a single point of view. The central questions that guide this reflection are:

1. What knowledge and professional experiences have shaped my development as a music therapist?
2. What can my experiences and reflections on these issues contribute to the field of music therapy?
3. What colonial, postcolonial, neocolonial, and decolonial ideas can enrich my understanding as a music therapist?
4. How can I think more critically about my clinical and research practice based on the theories proposed in this paper?
5. How does my participation in conferences, academic writing, and digital platforms

impact the development of decolonial thinking in music therapy?

6. How do I understand all the terms I use in this paper: colonial, postcolonial, neocolonial, decolonial, pluriversality, transmodernity, transculturality, situated knowledge?

Personal, Educational, and Institutional Contextualization

My career as a music therapist has been marked by constant movement between different geographical locations, languages, and cultural frameworks. I was born in Mexico, but since the age of 16 I have lived in many different contexts: I attended high school in China, studied at a university in the United States, and completed a master's degree in Germany, where I currently practice professionally. This transnational mobility has provided me with a broad perspective on the diversity of music therapy approaches, but it has also generated tensions and questions that I consider fundamental to understanding the dynamics that shape my training and practice. In addition, over the years, I have worked with displaced people from various countries, collaborated on community projects with indigenous populations in Mexico, and participated in educational initiatives in the Philippines. All of these have been experiences that have constantly challenged my theoretical and methodological frameworks. The reflections that follow emerge from these encounters and experiences. I seek to examine how various decolonial theories can inform both a critical understanding of my own position as a music therapist and the development of a practice that is more conscious of the power relations that permeate it.

An Approach to the Terms Used in This Paper

Before continuing the discussion about my experiences and the theories I have approached in this paper, I think it is important to write a note about the terms *colonial* (coloniality, colonialism), *postcolonial* (postcolonialism), *neocolonial* (neo-colonial, neocolonialism), and *decolonial* (decolonize), without being able to provide an in-depth discussion of them given the limitations of the format chosen for publication and the subject matter of this paper. The Colonialism and Music Therapy Interlocutors (CAMTI) Collective (2022) has provided an introduction to its book on colonialism and music therapy in English, which approaches the history of colonialism based on Boehmer (2005), Macleod (2011), and Judd (2001), among others. I invite the reader to explore these sources for an in-depth discussion of historical colonialism. The CAMTI Collective has also raised a discussion about the term "postcolonialism," citing Macleod (2011), to emphasize postcolonialism not only as a historical period following colonialism but as a more complex process of domination of one group over another at different levels. Zambonini and Tosto (2024), in their call for this special edition and taking Maldonado-Torres (2007) as a starting point, explain the difference between colonialism, as the political and economic subjugation and exploitation of one territory over another, and coloniality, as a more complex process that survives colonialism and highlights the ways in which knowledge, labor, authority, and subjective relationships between "central" and "peripheral" countries are intertwined.

Another term in use is "neocolonialism," which refers to the structures through which certain central countries—not only European countries, but also the United States, Russia, China, among others—maintain political, economic, cultural, and social control over peripheral countries, historically referred to as "Third World," "underdeveloped," or "low-resource-poor" (Uche, 1994; Tikly, 2004). In this context, it is crucial to recognize that the United States has played a leading role in the neocolonial dynamics that have developed since the 20th century (Macías Chávez, 2015). The territorial expansion and control of political, economic, cultural, and material resources by the United States has historical

roots dating back to the 19th century with the doctrine of "Manifest Destiny" and extends to the present day through various forms of cultural, economic, and technological hegemony (Freiin von Bibra, 2022).

   All of the above leads us to the term "decolonization." The CAMTI Collective (2022) quotes Noxolo (2017) to explain decolonial thinking as a more radical process that seeks deconstruction and proposes the separation or rejection of everything that has roots in European heritage and affects peoples and territories around the world. Beyond a simple metaphor or academic fad, decolonization involves a complex engagement with historical, epistemic, and political processes. It should be noted that the indiscriminate use of the term "decolonization" as a metaphor to refer to any process of social improvement or any form of exercise of power by one group over another has been criticized (Tuck & Yang, 2012). I agree with this criticism, as such use dilutes and depoliticizes the decolonization project, emptying it of its historical specificity and transformative potential. From my personal perspective, a genuine decolonization project must include:

1. Recognizing and understanding key points in the historical processes that led to colonization;
2. Considering the effects of centuries of control that empires exercised over their colonies;
3. Analyzing the processes of independence;
4. Understanding how, in the phenomena known as "postcolonialism" and "neocolonialism," empires have maintained and continue to maintain control over the global peripheries;
5. Investigating the legacy of the colonial project in specific areas of contemporary life;
6. Promoting knowledge, practices, and ideas that have been historically oppressed by colonial logic.

These points are my own reflections, but I invite readers to explore the various sources cited in this paper to find additional perspectives on how to advance the decolonization project. This task is broad and complex, requiring critical thinking, rigorous analysis, and constant vigilance. I believe it is essential to maintain a critical perspective when exploring the writings and ideas that address the terms explored in this section, recognizing both their contributions and their limitations. I would like to invite the reader to exercise constructive criticism carefully, avoiding superficial or accusatory use of these terms. In my experience, most music therapists around the world act in good faith, and as human beings we can all make mistakes. Being immersed in colonial systems means that there are dynamics from which we cannot completely escape. This does not mean that we should generalize or label entire groups as "colonialists" simply because they do not act as we think they should. Rather than accusing, it is about understanding how the macro-systems of power, knowledge, and economics affect us all, influencing our practices, thoughts, and relationships with the people we work with. From this complex and situated perspective, we can more fairly assess whether our actions are truly ethical and transformative.

Beyond the Cliché: Conceptual Precision in Decolonialism

I believe it is essential to emphasize the need to use these notions with conceptual rigor and critical thinking, especially when applied to music therapy practice. In this regard, I consider it necessary to refer to the article by Rachael Comte (2016), who conducted a critical interpretive synthesis of eleven studies on music therapy with refugees. Comte concludes that these studies place a strong emphasis on the cultural difference between music therapists—mostly from Western contexts—and refugees, which leads her to

construct a characterization of the "neocolonial music therapist." Although this criticism may have valid motivations, I find the use of the term "neocolonial" as developed by the author to be problematic.

Comte (2016) initially based her definition of colonialism on MacQueen (2007), stating that it can be understood as the political and economic process by which European countries forcibly occupied territories belonging to other countries between the 19th and 20th centuries. However, MacQueen explicitly clarifies that colonialism did not begin in the 19th century, but is part of a broader narrative of imperial expansion dating back to the 15th century, with the Spanish and Portuguese empires. Thus, limiting the phenomenon to the 19th and 20th centuries, as Comte does, ignores its deeper roots and its historical evolution. From my perspective, Comte fails to engage in a decolonial practice by failing to understand, and even misrepresenting, what historical colonialism was (limiting colonialism to the 19th and 20th centuries, rather than recognizing that colonialism began in the 15th century).

Furthermore, Comte redefines neocolonialism as "a bipartite concept whereby one individual or group exercises dominance and power over another individual or group" (Comte, 2016, section "Generating a Theory: The Neo-Colonial Music Therapist"), a definition that is overly broad and disconnects the term from its geopolitical and economic origins. In contrast, MacQueen (2007) defined neocolonialism as the transformation of old imperialism into indirect forms of contemporary exploitation, anchored in relations between states and sustained by economic, social, cultural, and political systems that perpetuate global inequalities. From this perspective, neocolonialism does not refer to interpersonal power dynamics between individuals or groups, but rather to the structural exercise of power between states or regions, often in the form of economic dependence, cultural subordination, or political interference. Comte (2016) does not seem to justify how she came to the conclusion that the term "neocolonial" can be applied to any individual or group that exercises dominance over another, and even more so, how the work of a music therapist, even when lacking cultural awareness, can be classified as a neocolonial problem.

Therefore, I believe that labeling music therapy with refugees as "neocolonial" is not only conceptually inaccurate, but also trivializes the historical and structural weight of the term. More broadly, such errors or simplifications in terminology can obscure the real ethical risks we face when working without critical cultural humility. It is crucial to name these risks, yes, but to do so with language that is rigorous, politically responsible, and analytically useful. We must be careful not to fall into clichés or what I would call the "commodification" of the decolonial: turning it into fashionable discourse without transformative substance.

Transnational Education and the Coloniality of Knowledge

In this section, I would like to analyze my training, not only as a music therapist, but also taking a retrospective look at my primary education. The concept of *the coloniality of knowledge,* proposed by Aníbal Quijano (2000), is central to understanding how structures of colonial domination continue to exist in education and knowledge creation beyond the formal disappearance of colonialism. Quijano (2014) has pointed out that the modern world system is based on the racial classification of the population and on a Eurocentric epistemology, which hierarchizes knowledge and defines what knowledge is valid. As Silvia Rivera Cusicanqui (2018) also points out, colonialism not only involved political and economic domination, but also epistemic violence that fragmented indigenous knowledge systems, relegating them to the realm of the "folkloric," the "primitive," or the "superstitious." At this point, I can think about the Mexican context in which I received

my primary education. Formal education—a product of the Western civilizing project—has perpetuated the disconnect with indigenous knowledge, creating generations of Mexicans who, paradoxically, know more about European philosophies than about the systems of thought of the peoples who inhabited and inhabit the national territory. This epistemic rupture, which Boaventura de Sousa Santos (2018) describes as "epistemicide," has resulted in the invisibilization of forms of knowledge that for millennia have provided frameworks for understanding life, health, illness, music, rituality, healing, and many other experiences.

I can point out here that, despite my Mexican origins, I have not had a deep connection with the philosophies, mythologies, or ancestral knowledge of the indigenous peoples of the territory that is now Mexico. This distance is precisely an effect of coloniality: colonialism has systematically operated to displace, delegitimize, and subordinate indigenous knowledge, establishing the hegemony of Eurocentric knowledge as the only valid form of knowledge. As Bonfil Batalla (1987) points out, colonial persistence manifests itself in a rejection and invisibilization of Mexico's Indian and Mesoamerican face and roots. This has resulted in a "de-Indianization" in which I can see myself reflected. "De-Indianization," as Bonfil Batalla (1987) has explained,

> is a historical process through which populations that originally possessed a particular and distinctive identity, based on their own culture, are forced to renounce that identity, with all the consequent changes in their social organization and culture. (p. 42)

The next step would be to think about my training as a music therapist. During my master's degree at SRH University of Applied Sciences Heidelberg (Germany), the predominant literature taught came from the United States and Germany, shaping the lens through which I initially approached the practice and theory of the discipline. This formative experience is reflected in the words of Eslava-Mejía (2022), who has commented on the "existence of a dominant music therapy culture, mainly developed in the US, Canada, and Europe" (p. 546). Eslava-Mejía refers to how, in her experience working and teaching in her home country (Colombia), she encountered epistemic differences with colleagues trained in Latin America who had approaches that were based on other theories and knowledge. She recommends approaching knowledge not only from dominant cultures, but also from the peripheries. This recommendation, although very valid, also presents challenges, and it is necessary to think critically about the goal it seeks to achieve.

Faced with these epistemic challenges, Silvia Rivera Cusicanqui (2010) warns us about an "academic decolonization" that, paradoxically, continues to operate from colonial frameworks of knowledge. As an alternative, she proposes recovering indigenous notions such as *ch'ixi,* which recognizes the conflictive coexistence of the indigenous and the modern, without forcing them to integrate. This idea is particularly useful for thinking about the goal, not as a harmonious synthesis, but as a space where tensions and contradictions coexist.

Dussel (2011) has also questioned the idea of taking the Hellenic-European model as the exclusive and normative starting point. In his proposal, he argued that multiple cultures throughout history have developed their own forms of philosophical thought, often through mythopoetic traditions, with which they have addressed universal core issues—such as the meaning of life, justice, death, or community—without resorting to the Western European canon. If we consider that many of the concepts in music therapy derive from psychology, and that psychology in turn has philosophical roots deeply anchored in the Greek tradition, it is valid to ask whether we are uncritically inheriting a hegemonic epistemological framework. The question that then arises is whether other human groups have addressed these same universal core issues from their own worldviews and mythical languages, and to what extent these other ways of thinking have been incorporated, or

could be incorporated, into the theory and practice of music therapy.

Similarly, sociologist Ramón Grosfoguel has argued that knowledge should not be constructed from decontextualized abstractions or from an imposed supposed universality, but rather from the concrete problems experienced by subjects in their specific historical, geographical, and cultural realities. Within this framework, he proposed a "pluriversal" approach to knowledge, which recognizes the epistemic legitimacy of multiple forms of situated knowledge, without subordinating itself to the canons of the Global North (Grosfoguel, 2011). Enrique Dussel complements this critique of epistemic Eurocentrism by proposing the concept of transmodernity: a worldview that does not reject modernity in its entirety, but critically reinterprets it from the perspective of the historically colonized peripheries. For Dussel, it is a matter of rescuing subjugated knowledge and constructing forms of dialogue that start from outside the modern system, recognizing the dignity of other modes of thought that have been systematically excluded from the Western project (Dussel, 2011). Both authors invite us to rethink the very foundations of knowledge production in music therapy, especially in contexts of diversity and global inequality.

Transculturality, Music Therapy, and Decolonization

Another concept that I have found useful in exploring my experiences is the concept of "transculturality." In the past, I have spoken and written about this concept, especially based on the work of Afef Benessaieh (2010). Benessaieh analyzes the evolution of the term "transculturality" and proposes a vision that challenges fixed conceptions of culture. In its contemporary form, transculturality reveals identities and social relationships that contradict the idea of homogeneous cultures, manifesting itself as a fluid and dialogical process of cultural construction, especially in the context of globalization. People move continuously between cultural flows, forming senses of self that are not anchored exclusively to one nation or ethnicity. In this sense, it is not possible to establish a simple relationship of "colonialism" of one culture over another. It is always a complex process that must be carefully analyzed. For this reason, a process of decolonization cannot imply a complete rejection of another culture or group.

Transculturality is discussed from three perspectives according to Benessaieh (2010):

1. As "cross-cultural competence," considering the possibility of recognizing practices and meanings that are present or similar in various cultures, and on the other hand, investigating the differences between them. An example is provided by transcultural psychiatry, which has analyzed mental disorders through cultural contexts (Bains, 2005). The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, for example, has cultural formulations of diagnosis and a glossary of culture-bound syndromes (such as *amok* or *koro)*. On the other hand, the ICD-10 tends to reduce these expressions to local variants of universal disorders such as anxiety or depression. Critically reflecting on this phenomenon, as Stige (2002) does, forces us to consider that mental disorders cannot be understood outside the cultural context in which they occur. Stige (2002) invites us to reflect on systems such as the DSM and the ICD and avoid a reductionist biomedical perspective, disregarding the cultural meanings of discomfort.

2. As a coherent continuum of traits, beliefs, and practices that transcend geography and history. Here Benessaieh cites Chamoiseau (1989) in his conception of Creole identity (*creolité)*. In this perspective, there is a certain cultural identity that transcends time and space.

3. As fractal or pluralistic identities, which do not align with a single culture, or an "embodied situation of cultural plurality" (Benessaieh, 2010, p. 25). This perspective recognizes that cultures are not stable and clearly separated. This

transformative process is most visible under globalization, in people and communities of mixed experience or heritage. From my own experience of having lived in several countries, I can identify with this perspective of transculturality. This approach emphasizes the dynamic construction of identity through continuous interactions with different cultures. My identity is not completely associated with a specific culture or country, but is constructed through interaction with diverse cultural contexts, something that is clearly reflected in my practice as a music therapist.

I think it is relevant to mention here my experience as coordinator of the Bridges project in Heidelberg, Germany, where I also work as a music therapist. In this project, I accompany displaced people from Syria, Afghanistan, Ukraine, Ethiopia, and North Macedonia, among other countries. Some children have spent most of their lives in Germany, although they maintain strong ties to their cultures of origin. Others we see within weeks of arriving in Germany. In this space, German culture, my own identity as a Mexican, and the cultures of the participants intertwine, creating a practice of constant cultural negotiation. Although each of the stories of the participants I work with and their relationship to cultural identity is unique, we share common ground in the experience of negotiating and redefining our identities from a perspective of cultural plurality. In this way, transculturality becomes not only a theory, but also a space for connection. When I accompany displaced people from Syria, Afghanistan, or Ukraine, I recognize that the flexibility in my identity allows me to empathize more deeply with their experiences of change and cultural adaptation. However, this connection is complex and also has its limits. Every experience of displacement is different, and culture and identity are never homogeneous. This fluidity has allowed me to approach work with an openness that values flexibility. This aligns with the ideas of Stige (2002), who emphasizes the importance of considering cultural contexts when working with people from different backgrounds.

In short, transculturality and decolonial thinking are not opposed, but rather enrich each other. Both invite us to question inherited frameworks, to live with tensions, and to practice our profession from a critical, sensitive, and situated position. For global music therapy, this implies rethinking our notions of health, identity, knowledge, and practice, recognizing both the diversity and the colonial heritage that shapes our disciplines.

Encounters with the Other and Discomfort: Responsibility and Ethical Interpellation

Throughout my career, I have encountered moments when my Western framework for understanding health and music became insufficient. I now understand these moments as points of encounter with the "Other" (Levinas, 2005). These encounters carry within them a feeling that has a certain degree of "uncomfortableness." The idea of discomfort does not arise from a specific source but rather as a feeling of my own when reflecting on the themes of this paper. However, similar ideas and concepts have been found, such as Walter Mignolo's *epistemic disobedience* (2017) and Homi Bhabha's *third space* (1994). In any process of decolonization and critical and deconstructive thinking, there is a certain degree of discomfort in feeling that one does not have an anchor within the "already established." This discomfort and encounters with the Other lead to a pluriversal perspective (Dussel, 2010; Grosfoguel, 2011). This perspective refers to recognizing and respecting the plurality of forms of knowledge and understanding of the world, beyond the single vision of dominant thought.

I can mention here my relationship with Chinese ideas and philosophies as a formative point, both because I lived there for two years and because of my personal connection with my partner, who is from China. Because of these experiences, I have a certain contact

with the concepts of traditional Chinese medicine, which sometimes presents me with a challenge, but also an opportunity to broaden my perspective and enrich my thinking. Within music therapy, I can mention two examples. Authors such as Suzanne Hanser have explored these ideas in works such as Integrative Health Through Music Therapy (Hanser, 2016), and more recently, at the International Association for Music and Medicine (IAMM) conference, a special interest group (SIG) on ancient Chinese music therapy presented concepts from China related to music, sound, and health. These meetings show the growing interest in integrating non-Western knowledge into the contemporary music therapy tradition.

I have also done community work in the Philippines, a country marked by dual colonization (Spain and the United States), which is still reflected in the widespread use of English. During my years in China, I participated in several trips to the Philippines, and recently I reconnected with the organization I collaborated with at that time, facilitating workshops at a local school. In these workshops, I talked about music, its health benefits, and the role of music therapy. This type of intervention seeks not only to share knowledge but also to build bridges between contexts and generate situated knowledge through dialogue. My experience in the Philippines was remarkably different, as it was really easy to bond with the people I worked with. The connection was immediate, facilitated by the fact that the English language, widely spoken in the country, allowed for communication without significant barriers. However, what struck me most was the receptiveness and openness of the people, who seemed to have a deep understanding of music as a tool for well-being. Despite the obvious cultural differences, mutual understanding quickly emerged, allowing the work to unfold in an effective and authentic manner. Although I had a positive experience, I think it is important to continue to think critically about my work in this and other contexts.

My work as a music therapist in a nursing home in Mannheim, Germany, also fits into a context that is particularly relevant to these decolonial reflections on encountering the Other. There, I communicate mainly in German, my third language, and work with people whose identities and migration trajectories are very diverse. Clinical practice in this context is mediated not only by language, but also by my own cultural markers as a Mexican, which has led me to think critically about the relationship between identity, language, and the therapeutic potential of music. In an article published in the German journal Musiktherapeutische Umschau (Gracida, 2025), I develop the concept of transculturality in my work with older adults in this institutional context. A key point I explore is how, despite language difficulties and apparent cultural differences—me being Mexican working with German older adults—these differences can be used therapeutically. Cultural differences become a starting point for addressing deeper issues and building a therapeutic relationship based on dialogue. This approach is based on the premise that differences, rather than constituting obstacles, represent opportunities to enrich clinical practice, allowing patients to connect with their own cultural identities and explore them through music, while I, as a culturally situated therapist, also bring my own perspective to the therapeutic encounter. I believe that this is only possible from a perspective where the discomfort of encountering the Other is not only accepted but taken as a starting point for enriching therapeutic encounters.

Finally, I can return to my work with refugee children. Many of the children I have worked with in the Bridges project have lived in Germany for several years. Even after only a year or a few months, many can speak German fluently. The challenge lies in how to accompany them in their changing identity processes. At first, when they arrive in Germany, they listen to music in their native language, but after some time, they prefer to listen to German music. This change can be understood as a desire to "belong" to their new community, to integrate into a different environment. The challenge, however, is also to make it clear that their "past identity" still has a place within the framework of our

work. In addition to language, other issues arise that become relevant. For example, several of the families we work with are Muslim. This has influenced the work in a particular way during Ramadan, when some of the children fast and do not have enough energy to actively participate in the music sessions. It has also been challenging, as a man, to work with girls, as in some cases gender dynamics are a sensitive issue within their cultural contexts. I recognize that on many occasions my ignorance has been an obstacle, but I have also felt a strong desire to learn more about the way of thinking and seeing the world of the families we work with.

All these experiences have led me to reflect on an ethical question based on a sense of responsibility. An essential part of music therapy work is always the encounter with an Other; there is no escaping this. In practice and in research, in knowledge creation and in teaching, we are always encountering the Other and/or talking about an Other. Therefore, this ethical responsibility is always present. What I would like to add to this reflection is that when this encounter transcends our frameworks of the "comfortable" or "known," it is necessary to take one, two, or several additional steps to ensure that we continue to work ethically. If this is not done, there is a risk of falling into oppressive or harmful practices. As I have illustrated from my experiences, this is not easy, but it is possible, particularly if we think from a decolonizing, pluriversal, and transmodern perspective.

Knowledge as a Field of Dispute: Research, Publications, and Digital Narratives

It is also essential to critically reflect on my role as a producer of knowledge, in both formal and informal spaces. My reflections have become part of my contribution to editorial and professional training committees, such as the Professional Training Committee of the Association of Music Therapists in Mexico (AMME), the Publications Committee of the World Federation of Music Therapy, and my collaborations with the International Association for Music and Medicine. In addition, I co-edited a book in English on music therapy and displaced persons with Elizabeth Coombes and Emma Maclean (Coombes et al., 2025), which includes chapters written by colleagues from around the world. This experience allowed me to accompany writing and reflection processes from diverse cultural frameworks and to consolidate an editorial approach that values epistemic plurality in music therapy. Aware that most displaced persons are located in countries of the "Global South," we set out to find authors from these regions. However, we faced significant challenges, as language and the resources needed to write represent considerable barriers for some authors. Despite these difficulties, we managed to adapt the project to include short contributions that allowed us to incorporate their valuable perspectives.

I am currently participating in a project that evaluates the usefulness of an initial assessment tool for music therapy with older adults in international contexts, originally developed by Dr. Amy Clements-Cortes (2024). Although its viability is initially being evaluated in European contexts, I believe that in the future it will be possible to adapt it to Latin American countries and other regions of the world. To do so, it will be essential to adopt a culturally humble and decolonizing vision.

Decolonial thinking invites us to question the hierarchies of knowledge. It is not simply a matter of including voices from the periphery in the discussion, but of transforming the very foundations of science and education. This also implies reflecting on the role of language. Although I speak and write in Spanish, English, and German, much of my training and academic production has been in English. Furthermore, when analyzing the predominant languages in academia, we observe that the most visible theories, research, and publications in music therapy are mostly written in English and come mainly from

colleagues in the "Global North." This reality underscores the need to question and redefine the structures that perpetuate these inequalities in the production and dissemination of knowledge.

Beyond formal and academic contexts, I am constantly writing about my experiences and reflections on informal platforms such as my website and social media. I share my opinions through short articles, longer blog posts, and videos. This type of online participation differs from the creation of academic knowledge, allowing for more dynamic and accessible interactions. Weller (2014) has pointed out that social media is changing academic practice and becoming a new source of data for research, although it also raises questions about the quality and reliability of the information shared on these platforms. Majchrzak et al. (2013) have explored the contradictions in the use of social media for knowledge sharing in online communities, indicating that while they offer opportunities for conversation and information exchange, they can also generate unintended consequences. These perspectives suggest that, although contributions on informal platforms can enrich academic discourse, it is necessary to critically consider their role and validity in the construction of knowledge in disciplines such as music therapy.

Conclusion

Decolonization in music therapy practice is an ongoing process, always in transformation. It is not a destination to be reached, but a path of questioning, dialogue, and growth. Each reflection on the colonial, postcolonial, neocolonial, and decolonial invites us to look critically at the structures that underpin our work and our theories. This process does not close off thought; on the contrary, it opens it up to new possibilities, reminding us that discomfort and contradictions are an inevitable part of the journey. From my experience, I have tried to share not only my practice as a music therapist and my experience as a person in a changing world, but also the theories that have helped me understand and deconstruct my own frames of reference. This approach does not claim to offer absolute truths or a perfect reflection of reality; rather, it is proposed as a tool for exploring the multiple dimensions of my experience, always with the awareness that my perspective is only one among many. Autoethnography, like any approach, has its limits: it cannot capture the full complexity of the environments in which we work or the meanings that emerge in each encounter with patients or communities.

Sustaining discomfort as an ethical driver is therefore essential. The discomfort of questioning our certainties, of recognizing our limitations and contradictions, of remaining open to being challenged. Facing these tensions allows us to challenge established practices and move toward a more inclusive and equitable music therapy. This discomfort drives us not to settle for easy answers, but to embrace complexity and the multiplicity of voices and knowledge. My invitation, then, is to continue this open dialogue—with colleagues, communities, students, and patients—and to sustain together a space for mutual learning and collective knowledge building.

About the Author

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