Preface

From Barbara L. Wheeler

When the first edition of *Music Therapy Handbook,* which I edited, was published in 2015, I was very pleased with its content, the way it was received, and how and where it was used. I was happy with the scope of the book and felt that the authors of the chapters had done an exceptional job of presenting the content. A few years later, however, I realized that the book would become dated if it were not revised. This began the process of considering a second edition.

When I spoke with Rochelle Serwator, the Guilford Press editor who had guided me so competently, about a revision, I thought of having authors (mostly the same as in the previous edition) update their chapters to reflect current practice and sources. Thinking about this process, there was already a problem—I liked the book as it was, pictured everything as being much the same, and couldn't muster any enthusiasm for change. This was in addition to the fact that, having retired from full-time teaching in 2011, I did not

want to embark on another editing project at this point in my retirement. It seemed that the solution to this problem would be to invite someone to join me as a coeditor.

My choice to work with me as coeditor was Michael Viega, whom I have always enjoyed and regarded positively, and I was delighted when Michael agreed on this plan. As Mike and I discussed the task, we decided to invite Andeline dos Santos, a South African music therapist whom we both respected, to join us. Andeline agreed, and we embarked on the process that led to this second edition of *Music Therapy Handbook*. We decided that Mike would be the first editor and have the most responsibility for the book, Andeline would be second editor, and I would be third editor, which would hopefully allow me to work on the book while continuing to aim toward enjoying a more relaxed retirement.

When we started to discuss the focus and content of the book, it became clear to me that the changes in the second edition needed to go far beyond revising chapters. Mike and Andeline were the

perfect people to guide these changes, and I realized immediately that I would not have been able to do this on my own. Things have changed and are changing in music therapy, in higher education, and in our society. Of course, I am a part of this society but, not being engaged in regular work in higher education, the level to which I am involved with the changes is very different than if I were actively involved in teaching. Thus, the way that this book is conceived has been guided largely by the vision of my coeditors, along with a number of music therapists whom we consulted in the process.

As I reflect on the changes, I am reminded of the Bob Dylan song "The Times They Are a-Changin'," that was popular in the 1960s (and continues today as a classic). This edition reflects the changes that we see and the desire of all three of us as editors to move with and assist music therapy with the changing times. Specific changes made from the first edition to this one are discussed below.

From Michael Viega, Andeline dos Santos, and Barbara L. Wheeler

The first edition of *Music Therapy Handbook,* published in 2015, was edited solely by Barbara Wheeler. When Barbara approached Michael to inquire about working with him on a second edition, he was intrigued because he used *Music Therapy Handbook* in the classes he was teaching and had considered ways it might be enhanced or expanded to meet the ever-changing dynamics within the discipline of music therapy. Since 2015 (but of course present before), there has been an increasing focus in music therapy on diversity, equity, inclusion, accessibility, and social justice within clinical spaces, classrooms, supervision and training, and the structures of professional associations around

the globe. Within the United States, there have been many voices from a variety of marginalized and minoritized music therapists who have been identifying the need for structural change. Michael and Barbara felt that it would be good to add a third editor and perspective and chose Andeline. We found value in including editorial perspectives from Andeline as well, given that she brings experience from her South African context.

Early on Michael, Andeline, and Barbara wanted to gain feedback from a variety of music therapy educators, clinicians, and researchers about topics they would like to see included, as well as how they could see conceptualizing a project of this scope. These conversations were extremely beneficial in helping the editors consider important topics to include in this edition, as well as the organization and structure of the book.

Presenting Topics Related to Diversity, Equity, Inclusion, and Accessibility

In the first edition, there was limited discussion on topics related to diversity, equity, inclusion, and accessibility in music therapy. For this edition, we have attempted not to tokenize the topic of diversity, equity, inclusion, and accessibility into one singular chapter. Instead, many chapters discuss these topics as a basic foundation for music therapy practice and theory. For example, in the first chapter in Part I, Nsamu Moonga and Natasha Thomas take an inclusive stance when offering an overview of music therapy as a profession, drawing on the history of music as a healing modality in multiple contexts and highlighting how music therapists are beneficiaries of Indigenous wisdom. Hakeem Leonard and Andeline dos Santos also critique Western notions of aesthetics in Chapter 2. Within CharCarol Fisher and Stephenie Sofield's chapter

on music therapy and adverse childhood experiences (Chapter 12), CharCarol writes of her experience as a Black music therapist:

> Part of my unlearning as a clinician involved reconnecting to the Indigenous roots of my musical culture and identity and sharing these within the music therapy session, bringing a sense of authenticity and cultural relevance to the therapeutic experience. This meant viewing music not as a clinical tool that could potentially erase culture and humanity but as an innate part of our existence and a shared embodiment of experience. (p. 182)

Attempting to integrate topics related to diversity, equity, inclusion, and accessibility into all sections of the book required reflexive and dialogical approaches between us as editors and the authors. This included asking authors to identify their own intersectional identities in each chapter, consider their use of language, and think critically about the narratives and perspectives of health being presented as well as the references they are citing. Therefore, reflexivity (the ongoing process of a therapist locating themself in terms of culture, orientation, identity, values, musicality, etc., in relation to the people they are working with in therapy) became a primary feature in the creation of this second edition.

Reflexivity is reflected in the text in many ways. Authors take care to situate themselves and their work. Capturing the expansive range of practice and diversity of thought can be challenging; since music therapy is art/science/cultural/political, and each of these viewpoints values different forms of engagement and writing styles, from dialogic to more scientific, each of these writing styles was welcomed. For instance, when discussing the topic of music therapy and the brain (Chapter 3), the authors Kimberly Sena Moore

and Concetta Tomaino's voicing, formatting, and use of terminology required a fairly traditional scientific approach. Conversely, authors Jasmine Edwards and Katrina Skewes McFerran (Chapter 10) use a dialogical approach to their writing, inviting readers into their conversation about their experience navigating oppressive structures and their intersectional identities as music therapists. Chapters that adopt a first-person approach to writing often prompt readers to engage in the topics discussed. Therefore, each chapter was edited based on the unique context of the topic.

Sometimes, the topic of a chapter, such as Chapter 14, "Music Therapy and Disability," necessitated a change in traditional formatting. Authors Carolyn Shaw and Maren Metell provide an accessible summary of key points at the start of the chapter, which mirrors the key topics discussed around ableism and disabled voices in music therapy.

In addition, authors focus on identity-first language, especially when discussing health communities who have specifically voiced the harm caused by person-first language. This topic is discussed in Chapter 14, "Music Therapy and Disability," by Carolyn Shaw and Maren Metell, and Chapter 15, "Music Therapy, Autism, and Neurodiversity," by Ming Yuan Low and Daphne Rickson. However, readers might note that identity-first language is not used consistently throughout the book. For instance, in medically focused chapters authors tend to see language from more outcome-oriented approaches. As editors, we have purposely left some of these inconsistencies on display to reflect the discourse inherent within the breadth of practice in music therapy, as well as to encourage readers to critically reflect on how language, terminology, and orientations shift depending upon the various ways of thinking by music therapists.

Organization of This Edition

The organization of Part I, "Foundational Overview," is similar to that of the first edition, with significant differences in terms of the content of each chapter in the presentation of issues of diversity, equity, inclusion, and accessibility, as described above. Major changes begin with Part II, "Approaches to Practice" (Chapters 7–10). Within the first edition, chapters in this part were broken down into different orientations and practices, such as Analytical Music Therapy, humanistic music approaches, Neurologic Music Therapy, and so forth. Inspired by Kenneth Bruscia's presentation of integral practice in the third edition of *Defining Music Therapy* (2014), we decided to organize the chapters based on overall ways of thinking in music therapy: outcome-oriented practices (e.g., medical and behavioral practices), experience-oriented practices (e.g., many psychodynamic and relational approaches such as Nordoff–Robbins), and ecological-oriented practices (e.g., critical theory-based approaches, Community Music Therapy, Resource-Oriented Music Therapy). This has been done not to present each approach within its own silo but instead to encourage critical thinking across a variety of practices in music therapy. For instance, the health-related needs of a person who is hospitalized can be very different from the needs of an after-school community youth group, which, again, might not align with an adult who is seeking psychotherapy to process past traumas by exploring the unconscious. To work across multiple health care contexts and needs, music therapists must be reflexive regarding what approach (outcome-, experience-, or context-oriented) is needed for the people with whom we work.

In Chapter 7, the first chapter in the Part II, Brian Abrams reminds us that while each music therapist has inclina-tions toward certain ways of working and for understanding their work, no music therapist is a contrived stereotype or caricature rooted in any particular conceptual location. It is natural for therapists to shift conceptually over time and through changing circumstances, or to occupy multiple conceptual locations simultaneously. Yet, there is significant merit in the exercise of exploring and explicating the unique character of different conceptual locations for the purpose of refining, understanding, and optimizing the quality of the work. In Chapter 8, Bill Matney and Eugenia Hernandez Ruiz look at outcome-oriented approaches but discuss how power dynamics, often in conjunction with our own personal bias, influence the outcomes we choose as they exist within the systemic contexts of our work. In Chapter 9, Suzannah Scott-Moncrieff and Alan Turry examine two experience-oriented approaches, Guided Imagery and Music and Nordoff–Robbins Music Therapy, focusing on the need for the therapist to approach their work from an "unknowing" position and placing primary importance on the music experience and aesthetics. In Chapter 10, Jasmine Edwards and Katrina Skewes McFerran dialogue about their ecological-oriented approaches, examining privilege, power, and access within health care, which can in turn result in sanctioned ignorance and implicit bias. Ethical work demands our ongoing consideration of the power dynamics between a system/institution, a therapist, and the people who seek and/or receive music therapy services.

The first edition of *Music Therapy Handbook* organized Part III, "Music Therapy Practices," in relation to populations, which this version moves away from. Instead, we attempt to view the scope of music therapy practice across a variety of clinical focuses. Throughout the book, we sought to celebrate the people we work with (and ourselves) as complex and

whole beings-in-context. For instance, in Chapter 13, "Embracing Multiplicities: Reflections on After-Queer Practices," authors Maevon Gumble, Braedyn Inmon, and Kaylynn Schachner challenge how cis-hetnormativity tends to talk about queer, transgender, or, more broadly, LGBTQIA+ people from within a "population" lens, and how literature often focuses on sexuality and minimally addresses the experiences of transgender, Two Spirit, intersex, and otherwise gender-nonconforming (TTSI+) people.

Section A looks at the lifespan of human development, including identity formation and spiritual development. Section B focuses on mental health practice, highlighting trauma-informed care from sociocultural perspectives. Section C looks at practices that consider ecological frameworks of health, such as Community Music Therapy, and working within various systems (criminal justice, family systems, and sociopolitical systems). Section D shifts to medical practices, attempting to cover major areas of practice. It would be a herculean task to cover all the ways of practice within one volume of a textbook. Our hope is that organizing Part III in this way provides foundational information for practitioners, educators, and other stakeholders to consider how music therapists work within their own unique communities of care.

In Conclusion

We hope this book helps introduce readers newer to music therapy to the core components of practice and research, building a solid foundation for the complexity of this profession. Parts I and II will provide the best overview, and then the reader can move to areas of practice that interest them the most within Part III. For students in music therapy, we hope you keep coming back to this textbook as you begin to move into your own clinical work. You might find it useful to locate your area of practice, and consider how your way of thinking is developing across health care contexts. In addition, we hope that students, theorists, and researchers can dig more deeply into the structure and format of the book, noticing the more subtle nuances of how the topics of music, health, and music therapy are discussed here. How can texts such as this one continue to evolve to help cover the tremendous scope of our practice, and, in doing so, what is gained and what is lost? We, the editors, hope that this book sparks discussion about how we might be able to explore the complexity of our profession by reorganizing how we consider the variety of our models and approaches across a multitude of health care practices. We are not presenting a definitive statement on music therapy, but, instead, we are trying to make evident how various ways of thinking emerge and diverge, including commonalities and differences. As editors, we also hope that this book will encourage conversations between approaches and practitioners, as we continue to grow and critically reflect upon our profession together.

REFERENCE

Bruscia, K. (2015). *Defining music therapy* (3rd ed.). Barcelona.