

Book Review

The Handbook of Music Therapy: Second Edition (2024)

**Edited by Leslie Bunt, Sarah Hoskyns &
Sangeeta Swamy (Routledge)**

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It has been more than 20 years since I read the first edition of *The Handbook of Music Therapy* in the months leading up to my decision to study music therapy at the University of Queensland in Brisbane, Australia. In 2000, I completed a Research Master of Education which investigated the relationship between music literacy and textual literacy (Cheong-Clinch, 1999), a study borne out of genuine curiosity – spurred by anecdotal stories from elated parents whose primary aged children's literacy skills had seemingly improved after attending a year of music lessons with me. As I continued my work using music to support early childhood learning and literacy development in schools, it never failed to amaze me that children of all abilities enthusiastically engaged in singing and rhythmic games. One day a parent asked me, "Are you a music therapist?" to which I replied that I was not. On another occasion, a teacher asked me the same question - then another parent, and so on. This question piqued my curiosity (again) to find out about music therapy.

When reading this second edition, I am reminded of how the first edition stirred such a sense of awe in me – about the work of music therapy and the people who practise it – and how it motivated my desire to study music therapy and be part of the growing music therapy profession and community in Australia. Thus, it is through this lens that I approach the second edition. In this updated edition, Leslie Bunt and Sarah Hoskyns have been joined by Sangeeta Swamy. I appreciate the authors' transparency in articulating how they identify and position themselves – Bunt as Cornish, British European and male; Hoskyns as British

European, heterosexual, female, mother and permanent New Zealand resident; and Swamy as second-generation Indian immigrant, middle-class, queer, neurotypical, non-binary woman from the United States.

As in the first edition, this second edition takes the reader right back to 'how it began', through the experiences and contributions from the Elders - Carolyn Kenny, Cheryl Dileo and Denise Grocke. I would first like to pay my respects to these Elders. Carolyn Kenny was Professor of Indigenous Studies and Human Development at Antioch University. As a music therapist and Indigenous scholar, Carolyn's transformative work highlighted the aesthetics and mystery of music therapy. She was an invaluable mentor and role model for many music therapists until she passed away in 2017. Cheryl Dileo is well known internationally and nationally through her work as a clinician, educator, researcher and leader at Boyer College of Music and Dance, Temple University. She has made an extensive contribution to medical music therapy, and has published a series of systematic literature reviews published by the Cochrane Library. Denise Grocke, long recognised for her incredible vision and contributions to the foundation and growth of music therapy and Guided Imagery and Music in Australia. She is well-known internationally through the World Federation of Music Therapy and the International Consortium of Music Therapy Research (initiated by Tony Wigram, Aalborg University, Denmark, and hosted originally at the University of Melbourne). The wisdom of these Elders resonates throughout Part I of the *Handbook*, grounding the readers in the foundations and context of the field, and how music therapy practice and research have crossed many important and exciting thresholds.

This edition is updated to reflect more recent practices, and to respond to key developments in the 21st century – most notably the growing emphasis on cultural and theoretical perspectives and approaches to music therapy. Prospective music therapy students, as well as interested readers and professionals will find these chapters both valuable and inspiring, particularly in their exploration of the values, principles, and qualities integral to being a music therapist. These discussions align closely with contemporary thinking on cultural and contextual awareness, safety and ethics, and reflective and collaborative practices.

Reading Part I of this second edition has prompted me to reflect on the development of music therapy in Australia, as well as my own growth and career as a music therapist, researcher and now educator. In the first edition, words such as "creeping" and "growing" were used to describe the development of music therapy more than 20 years ago. By contrast, Chapter 2 of the second edition conveys a sense of the growth and an increased international public awareness across continents and

heightened understanding of music therapy as a profession, in teaching, learning and research. Positive contributions in the form of personal stories and lived experiences of music therapy are now widely accessible, appearing regularly across social media, news articles, films, and documentaries.

While there is increasing acceptance and understanding of music therapy in fields such as aged care and disability, there remains an ongoing need for advocacy and for rigorous evidence to further legitimise our practice. A poignant example of this can be seen here in Australia: throughout much of 2025, music therapy has undergone a comprehensive review under the National Disability Insurance Scheme (NDIS). During this process, the Australian Music Therapy Association worked tirelessly and collaboratively with key advocates and academics to provide evidence to the government and the NDIA. In October 2025, this constructive work culminated in long-awaited recognition of music therapy as a funded and legitimate allied health profession, ensuring participants retain access to vital supports. Yet, funding for music therapy in other sectors of care – such as youth mental health – continues to waver, despite growing calls for innovative, youth-friendly therapeutic ways to engage young people.

I reflect on my own experience as the first music therapist in an acute adolescent mental health inpatient unit at a major hospital on the outskirts of Brisbane nearly 20 years ago. Music therapy, alongside attachment and affect-focused approaches to care, was introduced to the inpatient unit as part of a 5-year seclusion and restraint initiative within the National Mental Health Strategy. I have seen music therapy at work, right from the start, and at its most effective, where data from this initiative aligned with key performance indicators for the inclusion of music therapy in the adolescent inpatient service. The outcomes demonstrated improved therapeutic alliance between young people and ward staff, a marked decline in seclusion and restraint episodes, enhanced staff skills, and higher staff retention, both in annual evaluations and over a 5-year period.

In my own music therapy practice, I have had the privilege of witnessing the profound therapeutic connections forged with vulnerable young people during an acute hospital admission, especially as we work together to use music as both a developmentally appropriate and constructive coping resource that can support them into later adulthood. A growing body of research underscores the value of music therapy in adolescent mental health (Bibb & McFerran, 2018; Geretsegger, et al., 2017; McCaffrey, et al., 2018). The literature consistently highlights that engagement with music is a natural coping strategy (Frydenberg, 2008) and, even “second nature” (Cheong-Clinch & McFerran, 2016) to young people in their everyday lives. Yet it appears to be an uphill battle to

establish music therapy as a youth-centred service to address the “global crisis of youth mental health” (McGorry et al., 2025). Reviewing the second edition of this *Handbook*, coincides with the celebration of the Australian Music Therapy Association’s 50th anniversary in recent months. I feel both honoured and humbled to have been part of the evolution and maturation of our profession here in Australia. More importantly, I am inspired to reaffirm my commitment and passion to continue this journey alongside my colleagues here in Australia and around the world. I am dedicated to working to ensure that the value of music therapy is enshrined in legislation, recognised as a consolidated allied health profession, aligned with relevant policies. I also aim to ensure it is supported by stable and ongoing funding, and made accessible and equitable to people of all ages and walks of life.

Part II of the *Handbook* offers a rich range of music therapy practices through chapter contributions from music therapy specialists in the fields of autism, adult learning disability, forensic psychiatry, neurology, immigration and dementia. These chapters have been updated with new and revised musical examples to deepen the illustration of music therapy practice, providing a wealth of resource to students, music therapists and other professionals. Swamy’s chapter about music therapy with immigrants is a particularly relevant and timely addition, addressing work with individuals and families affected by mass migrations and shifts in immigration policy, as highlighted in their introduction. This contribution is both appropriate and topical, encouraging ongoing reflection and discourse on cultural and contextual awareness in music therapy practice.

The question of how one might begin to learn, observe and listen in music therapy is a valid and thought-provoking question, as explored in Part III: Learning and Teaching. References to music therapy training and research across Africa, Asia, Australasia, Europe and the Americas highlighted the global expansion of the music therapy profession, giving this section a distinctly international perspective. New directions in the cultural psychology of music are discussed, including decolonisation and discussion of music therapy practice in non-Western countries as well as an emphasis on musical consciousness, aesthetics and connections to cultural identity. These contributions explore how individuals connect, listen, borrow, and relate to music, as well as engage in self-reflection about learning, playing and hearing. While the acknowledgement of indigenous cultural and traditional practices, research, and the use of music and sound for healing and health in these cultures is present, this important area could have been explored in even greater depth.

In light of our awareness of the dominance of the White European lens, I had hoped to hear from music therapists in countries beyond the UK, US

and New Zealand about their music therapy approaches to practice, teaching and learning. What are the experiences of music therapists who are themselves part of the recent migratory trend? How do international non-western music therapy students navigate studying in Western countries (Pankaew & Silverman, 2025; So, 2017)? How do Western trained music therapists transition back to their non-Western countries of origin to continue their own professional music therapy practice, teaching, and mentoring (Seah & McFerran, 2016)?

Whilst the authors acknowledge that this second edition is by no means comprehensive, much of the content and context of the *Handbook* remained predominantly western-centric, with the exception of Chapter 6 on culture and intersectionality, and cross-cultural work in Chapter 9. I had hoped to have read more inclusion. Over the past 20 years of my own music therapy learning and practice, I have witnessed the growing interest in the field through the increasing number of domestic and international students studying here in Australia, many of whom return to their home countries (mainly in Asia). In my more recent role as a teaching specialist in the Hong Kong delivery of the Master of Music Therapy course at the University of Melbourne, I am committed to ensure our music therapy programme remains contextually, culturally, musically and practically relevant for students in Hong Kong. The absence of the Asian music therapy perspective and discourse in the *Handbook* is a significant oversight, especially given the growing interest in music therapy practice and education in Asian countries such as India, Thailand, Singapore, Taiwan, and Hong Kong in recent years, as well as China (since the 1980s and 90s; Wu, 2019), Korea (Hwang & Park, 2006) and Japan (Ikuno, 2005). Reflecting on my own journey into music therapy, the second edition of the *Handbook* could benefit from a more inclusive approach that acknowledges the increasing diversity and global scope of the field.

Part IV of this edition aptly returns the reader to interviews with the Elders, who offer their evaluation of the profession from their perspective as international leaders, mentors, and researchers. Parts I and IV bookended this edition, framing it with 'how it began' and 'where is it going'. The Elders offer wise guidance for the next generation of leaders, mentors and researchers, not only in countries where the music therapy is well established, but also in countries where the profession is still developing. Their reflections serve as a timely reminder to nurture the energy and enthusiasm of music therapists, promote interdisciplinary dialogue, and maintain a responsibility to train and develop therapeutic skills, even in the context of 21st century demands for efficiency and pragmatism. Like me, many future music therapy students, practitioners,

interested professionals, and readers will likely feel a sense of awe and inspiration from engaging with this edition of *The Handbook of Music Therapy*.

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