

Music therapy in China

(overview essay)

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Abstract: *This paper proposes to state the research and clinical practice of music therapy in China in the last decade. Two kinds of particular Chinese music therapy methods, five-element and five-note music therapy and music elector-therapy, will be introduced, and the current research situation will also be discussed in this paper.*

Keyword: *music therapy; China; research; clinical practice*

1 Introduction

Music therapy has started to develop as an independent discipline in China since 1989, although the idea of music therapy existed in ancient China before more than 2,000 years. CMTA (Chinese Music Therapy Association) has around 600 individual members and 150 collective members, and holds an academic conference every two years. During these 25 years, there are a large number of achievements which have been made by researchers and clinical practitioners. The topics, which were mainly focused on the history and theories of music therapy, have been shifted to practical and clinical areas.

2 Traditional Chinese music therapy method

2.1 Five-element and five-note therapeutic method

In ancient times, Chinese people had profound knowledge of the relationship among music, emotion and viscera, which is known as the theory of the five notes, five elements and five internal organs. The five notes are Gong (do), Shang (re), Jiao (mi), Zhi (sol), and Yu (la) of the pentatonic mode. The universe consists of five elements which are gold, wood, water, fire and soil in Chinese ancient philosophy theory. In the earliest Chinese medical book *Huangdi Neijing*, the relationship among of the five elements, the five notes and five kind of viscera was described as “the nature of Jiao (mi) is wood which was related to the liver, the nature of Zhi (sol) is fire which was related to the heart, the nature of Gong (do) is soil which was related to the spleen, the nature of Yu (la) is water which was related to the kidney”. These theories which contain the relationship among music, physiology and pathology constituted the basis of Chinese music therapy method.

2.2 Musical Electro-therapy

Musical electro-therapy is a kind of Chinese original music therapy method which combines music, electro-therapy, acupuncture and moxibustion. Its principle is to convert the music signal into electrical signal acting on the body to enhance the treatment effect. This method is widely used in the treatment of muscle torsion injuries, facial paralysis, sciatica, neurasthenia and other diseases (Ma etc., 2006).

3 Clinical research

In ancient Chinese books, there are a few successful clinical practices recorded. In the last 20 years, clinical research of the five-element and five-note therapeutic method and musical electro-therapy mainly includes: Xiang verified that the combination of five elements and five notes therapeutic method and musical electro-therapy has good effect on patients with malignant tumor depression (Xiang etc., 2006). In Zhang's case, the effect of dialectical therapy combined with the five-element music therapy and electro-therapy on acupuncture point was significant for patients with type II diabetes mellitus (Zhang, 2006). Through observation of the variation of the electric current value, Zhou found the listening of the music of Gong mode and Yu mode effectively slow down the stress (Zhou, 2001). In his 10 years of clinical trials and research, Yang found that the application of five-element musical therapy can significantly alleviate the depression and clinical symptoms in patients with malignant tumor (Yang, 2008).

3.1 Chinese Practical study with western music therapy method

Clinical Research of Physiology and Psychology

In China, western music therapy methods were mainly applied to healing, health care and pressure reduction.

Chen compared the effects of music and subliminal information on 207 termers' anxiety, depression, and cognition, and concludes that "music effectively reduces the anxiety of termers" (Chen, 2010). Xie and others' study was on the autonomic nerve physiology reaction under the influence of different music. This research provides the scientific basis of the therapeutic functions of music (Xie, 2009). Lu confirmed the application of music therapy in the stressful environment of ICU can alleviate the excessive tension of sympathetic nerve, calm down mood and feelings, relieve the stress response, as well as reduce and prevent the ICU syndrome. She also suggests that compared with short-term intervention, long-term intervention of music therapy has more significant effect (Lu, 2008).

It was found that with the increased time of listening to music, the level of relaxation of patients was increased (Wang, etc., 2002). In addition, there are others clinical studies about applying music therapy to treat negative emotions such as depression, anxiety, and nervousness that emerge during patients' treatment process (Huang, Chen, Deng, 2008).

For pregnant women, Fan confirmed that music played a role in reducing maternal anxiety (Fan, 2007). Basically same with the result of Zhou's research, it's evident that moderate anxiety of pregnant women would decline after music therapy (Zhou, etc., 2008).

Music therapy for children with special needs

Jin and others constructed the visible music therapy system for children with special needs. The theoretical basis of the system, material treatment, site settings, treatment process, principles and effect are discussed in their study. They conclude through the application of their system that the visible music therapy is an important method of mental and behavior intervention for special children, which is of theoretical significance as well as practical value for the rehabilitation of special children (Jin, 2008).

For children with intellectual disabilities, Ning did a study which confirmed that Orff music therapy could improve the work memory and attention of children with Down's syndrome, and the improvement is possibly due to the reasonable design of Orff music activities (Ning, 2010). The result of Zhang's study stated that music therapy is an effective method to improve the intellectual level and social adaptability of children with intellectual disabilities (Zhang, 2004). Yao concluded that therapeutic music experience could be organized to help children with intellectual disabilities increase correct behavior, concentrate, follow instructions and keep eye contact.

She also mentioned that music activity could help the development of motor skills, learning ability, as well as language capabilities (Yao, 2007).

For children with autism, Chen discussed the effect of intervention of music therapy for them. In her study, 30 children with autism were randomly divided into experiment group and control group. Both groups received comprehensive treatment combined with medicine and education. Experiment group received music therapy. Both groups received ABC and PEP assessment before and after therapy. Compared with the scores of control group, the scores of experiment group was significantly different in emotion and behavior, especially extremely different in emotion. But the difference between two groups in feeling response and inter action was not significant. Among comprehensive intervention on children with autism, the clinical effect of music therapy for emotion and behavior improvement is significant (Chen, 2010).

Zhang suggested that the re-creative experience should be the core in music therapy for children with autism (Zhang, 2006). In Shi's study on five children with autism with recreation music therapy method, after 18 times of individual therapy and 18 times of group therapy, the experimental results show that the subjects' perception, communication, language and motor ability were improved significantly (Shi & Huang, 2011).

In Chen's study, he used clinical improvisation technology as target, referring to existing English documentation, and worked out the concept, theory basis, technical key point, and evaluation method of clinical improvisation technology. Based on the video of real Nordoff-Robbins music therapy, he analyzed and explained the usage of clinical improvisation. In addition to 3-year clinical therapy practice, he stated the clinical improvisation technology further, and raised some questions and corresponding solutions (Chen, 2008).

4 Prospects

Until today, quantitative research is dominant compared with qualitative research. In the future research, it is very important to reveal special phenomenon and find solutions through new points of view. The methodology should be diverse with the approach of combining quantity and quality research (Du, 2011). The theoretical and clinical research, as well as the research and practice of the five-element music therapy method, still need to be improved (Ma, 2010; Du, 2011).

On the other hand, it was stated the lack of professionals was a crucial problem impeding the development of music therapy in China. In-service clinicians and educators still need to improve their professional skills (Ma, 2010).

In addition, the resources of music therapy for children with special needs are still very limited and lack influential theoretical outcome. The quantitative and qualita-

tive studies are staying at low level. It was realized and suggested that music therapy should be applied to the rehabilitation of children with special needs in the future.

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