

DEFINING MUSIC THERAPY: INTEGRATING THE CHINESE PERSPECTIVE
AND THE UNITED STATES-INDUENCED MODEL OF MUSIC THERAPY

By

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Submitted to the graduate degree program in Music Education and Music Therapy
and the Graduate Faculty of the University of Kansas in partial fulfillment of the
requirements for the degree of Master of Music Education (Music Therapy)

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Date Defended: April 27, 2015

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Date approved: May 11, 2015

Abstract

This present study stems from my interest in the definition of music therapy in China, resulting from both my seven years of training in the United States and my personal Chinese background. While initially investigating the development of music therapy in China, a clear dissonance emerged between the Chinese perspective and the actual model of practice, which is influenced by practice in the United States. The core of this conflict is the philosophical argument of how exactly music therapy is defined. This fundamental disagreement may negatively impact further development of our profession. Thus, in an effort to make suggestions about solving this problem and resolving the discord between these perspectives, the purpose of this paper is to 1) analyze the existing definitions of music therapy in China to determine common principles, and 2) to subsequently suggest a model integrating the Five-element theory in traditional Chinese medicine (TCM) and the preexisting definitions of music therapy in China. Through investigation and discussion, five essential elements in music therapy are identified, including the therapist, the client, the music, the intervention outcome, and Evidence-Based Practice (EBP). Specific suggestions are made based on these elements in an attempt to combine strengths from both the TCM philosophy and the U.S.-influenced Chinese model, which will potentially promote the continued development of music therapy in China.

Acknowledgements

This paper is a reflection and celebration of the knowledge I have learned during my seven-years of study at the University of Kansas. It has been a really long process to get here. I would first like to make a special acknowledgement to my advisor Dr. Dena Register. Her personal insight and philosophy inspired me to start this topic, and her encouragement and patience supported me to finish this journey. I still remember when Dr. Register asked us to write down the definition of music therapy in our own words at the first day of class. It has been seven years since then, and I am hoping this paper is a more satisfying answer than the one I wrote down at that time.

Also, I would like to thank my committee members, Dr. Abbey Dvorak and Dr. Deanna Hanson-Abromeit. This paper looks so different from the first draft I turned in to the committee, which could not have happened without their genuine and detailed comments. Their feedback helped me so much to transform this paper.

Last but not least, thank you to my parents for their consistent love and support. Thank you to my friends for accompanying me through the journey. Thank you to my boyfriend for tolerating my bad temper during the process of revision. Thank you to my colleagues who provided feedback, especially to Professor Tian Gao and Professor Mingming Liu, who engaged in multiple conversations with me and offered a lot of detailed information. Thank you, to everyone who I love and who loves me. I could never have accomplished this without you.

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CHAPTER ONE

Introduction

Researcher's Context

I approached this research topic with an existing interest in the definition of music therapy. When I first began my undergraduate study at the University of Kansas, one of the first exercises I did in class was to write my own definition of music therapy.. Subsequently, I learned about the definition provided by the American Music Therapy Association (AMTA), which defines music therapy as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (2015, para. 1). Throughout the course of my undergraduate and graduate studies, my personal definition and understanding of music therapy began to shift. Three things have contributed to this change, including participation in a study abroad program to Thailand, an internship at a clinical site that utilized a new and different model of practice, and attendance at the World Congress of Music Therapy in South Korea and Austria. Through these experiences, including my own background in China, I have gradually learned that cultural context plays an important role in the definition of music therapy and that the definition provided by AMTA might not be representative for music therapy practices in other countries. I have also learned that a variety of approaches and philosophies exist in our profession and each music therapist may have a different way to define and interpret music therapy. The definition of music therapy could vary from country to country and from individual to individual. I began to wonder if, despite these variations, there are any principles that could be commonly acknowledged by everyone. This question was the reason I decided to initiate this research topic with a specific focus on China.

For this particular study, I focused on analyzing the existing definitions and principles of music therapy in China. Several factors have contributed to this decision. First of all, as a Chinese student, I have more familiarity with the cultural context and less barriers with the language. Also, I was primarily trained in the United States. Therefore, although I was born and raised in China, I have limited knowledge about how music therapy has developed in my home country. In addition, as a music therapist who will return to China after graduation, I believe that it is my responsibility to learn more about the current status of music therapy in China and have a deeper understanding of how I could make potential contributions to the development of our profession.

Therefore, this present study stems from my interest in the definition of music therapy in China, resulting from both my seven years of training in the United States at the University of Kansas and my personal cultural background as a student from China. In this study, my goal is to combine perspectives from both the training model in the U.S., as well as the cultural perspective in China. Potential bias may exist due to my personal background, beliefs, and experiences. My intention is to present my core values and beliefs about music therapy and subsequently attempt to open a dialogue among other professionals. Ultimately, my hope is that these efforts will make a contribution to the continued development of music therapy profession in China.

Functions of Music in Chinese Culture

Music has been an essential element of Chinese culture for over 2000 years. It has often been used for ceremonies, rituals, entertainment, and socialization (Chen, 2003). One of the most famous stories about music in China is a folk tale called *Gao Shan Liu Shui*, which is translated as High Mountain and Running Water. This folk tale describes a famous musician in ancient China, who often traveled the country in order to find inspiration for his music. One day when he

stepped on the top of a mountain, inspired by the beautiful view he saw, he sat down and began to improvise on his *Qin*, a type of traditional Chinese instrument. A woodcutter passed by while he was playing, and complimented on him by saying, “Such wonderful music! It sounds exactly like this high mountain.” Surprised by the fact that a woodcutter was able to tell what he was trying to express in his music, the musician began to improvise another piece. The woodcutter listened and smiled, “Such wonderful music! It reminds me of the running waves from the sea.” Being touched that someone was able to understand his music, the musician played and talked with the woodcutter for a whole day, and promised the woodcutter he would come back to this place one year later to meet him. However, when the musician arrived on the same date the next year, he learned that the woodcutter had passed away. The musician played his last piece of music in front of the woodcutter’s tomb, then he broke his *Qin* and stopped playing music forever, because he believed no other person could understand his music as the woodcutter had (*Liezi*, n.d., para. 13). The folk tale of the musician and the woodcutter represents the pureness of friendship. In addition, it reflects that music is used to convey symbolic meaning, express emotion, and socialize with others.

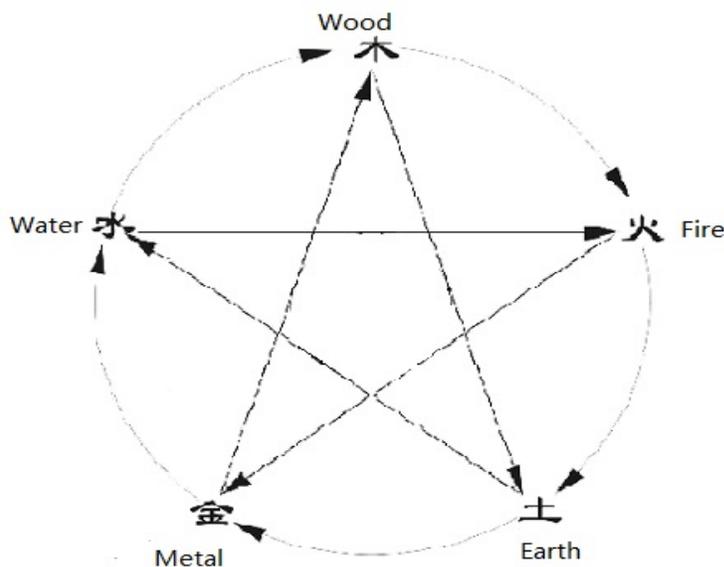
Indeed, various ancient philosophers have investigated the impact of music on both the society and individual. For instance, in the traditional view of Confucianism, music was regarded as a part of ethics; Confucius believed that music was the best way to teach people about social and moral ethics, such as showing appropriate social manners and being tolerant and respectful. Confucius believed that a more unified and harmonized society would be established if all people could learn ethics through music. On the other hand, Taoism opposed the use of music to teach social and moral ethics; instead, the function of music is emphasized more on an individual level. In traditional Taoism, it is believed that music promotes self-cultivation and self-realization,

allowing an individual to achieve inner balance in the human body, as well as outer balance between human and nature (Guo, 2012).

Traditional Chinese medicine (TCM), another important part of Chinese culture, was also greatly influenced by these ancient philosophies. Two fundamental philosophical beliefs of TCM are the *Yin Yang* and *Five-element* theories. Both theories indicate that the balance of different energy flows within a human's body is the key to keep a person healthy. Yin and Yang symbolize the power of night and day and represent different energy flows within the human body. Therefore, within this philosophy, if the balance of Yin and Yang energies is disturbed within a person, he or she will likely be sick. The Five-element theory is an extension of Yin Yang theory. This theory indicates that everything in the universe is constructed by five natural elements, which are water, fire, metal, earth, and wood; their interaction and movement creates variety in the universe (Chen, 2013; Wang, 2008). A model of the Five-element theory is illustrated below in Figure 1.

Figure 1

An Illustration of the Five-Element Theory



In the Five-element theory, two types of interactions exist among these five elements, which are known as generating and overcoming interactions (Peng, 2005). In Figure 1, the generating interaction is presented as the outer circle. A generating interaction can be interpreted as the idea that an element is born from another, or one element that can help another element to grow. A complete cycle of a generating interaction in the Five-element theory is as follows: wood generates fire, fire generates earth, earth generates metal, metal generates water, and water generates wood. This can be interpreted through the following sequence: wood can make fire burn; fire burns to ash; the ash becomes earth; metal is born under the earth; metal can be melted into liquid; this liquid can become water; and lastly, wood will grow under influence of water. Then, another cycle begins in our universe.

In contrast, the overcoming interaction means one element can overcome or limit another element. A complete cycle of overcoming interaction is shown as the inner star in Figure 1. Here, wood overcomes earth, earth overcomes water, water overcomes fire, fire overcomes metal, and metal overcomes wood. This cycle of an overcoming interaction could be interpreted as follows: wood grows from the ground, which breaks the earth; earth can be used to build a dam, which will control the overflow of water; water can be used to control and extinguish fire; fire can be used to make metal melt and change; and lastly, metal may be used to cut the wood, which completes one cycle of overcoming interactions.

These two types of interactions indicate that all five elements must co-exist in our universe and maintain a balance. When one particular element is too weak or too strong, the balance of the entire system will be broken. For example, in the cycle of generating interactions, if the element of water is too weak or missing, it cannot fully generate the element of wood. If the element of wood is not fully generated, the element of fire will become weak as well. As a result

of this chain effect, the whole system will eventually become weak. On the other hand, if the element of water is too strong, it will restrict the element of fire. When the element of fire becomes too weak due to this restriction, it cannot fully generate the element of earth. As a result, the system will again become weak when losing the balance among these elements.

The relationship between the five elements and human body were further explained in the book *Huangdi Neijing*, translated as *The Yellow Emperor's Classic of Medicine*. The origin of this book remains ambiguous. Some scholars suggested that this book was written around 2600 BC by the *Yellow Emperor*, a great leader and king in ancient China, while others believe it was written around 300 BC by unknown authors. Regardless of its origin, the importance of this book to the development of TCM is undeniable. It was the first book that systematically demonstrated the philosophies and theories of TCM. As such, this book has been used as the philosophical foundation of TCM for more than 2000 years, and is still in use today (Curran, 2008). In *Huangdi Neijing*, the five natural elements are used to symbolize five organs, five senses, five weather elements, five tastes, five colors, five emotions, and the five tones in traditional Chinese music (Bao, 2010). A detailed description is illustrated below in Table 1.

Table 1

The Five-Element Theory as Manifested in Huangdi Neijing

Elements	Organs	Weather Elements	Tastes	Colors	Emotions	Tones
Wood	Liver	Wind	Sour	Green	Anger	<i>Jue</i>
Fire	Heart	Heat	Bitter	Red	Joy	<i>Zhi</i>
Earth	Spleen	Humidity	Sweet	Yellow	Worry	<i>Gong</i>
Metal	Lung	Dryness	Spicy	White	Sadness	<i>Shang</i>
Water	Kidney	Coldness	Salty	Black	Scare	<i>Yu</i>

The table above outlines which organs, emotions, and musical elements correspond to one another. Here, the Five-element theory states that the health of a certain organ is related to the corresponding emotion. For example, frequent experience of extreme anger may trigger problems in the liver. On the other hand, a person who has problems with their liver may tend to be more irritable in daily life. It is also believed that because music can be easily related to emotions, thus music can be used as a healing mechanism.

However, because this theory was originally written more than 2000 years ago and was written in traditional Chinese language, further explanation regarding the use of music is not outlined or discussed. First of all, the definition of five tones is not clearly specified. In the Chinese language, the words (*Gong, Shang, Jue, Zhi, Yu*) that are used to describe these five tones have multiple meanings; each of them can represent either a particular musical note in the pentatonic scale, or a specific tonality (Lu & Lai, 2001). In a more recent study, some researchers have also suggested that these five tones may also represent different characteristics of music (Ma, Liu, Gao, & Jiang, 2014). Additionally, this theory does not fully explain how and why music functions to illicit or alter emotions and inner organs (Lu & Lai, 2001). Even though there are many ambiguities and missing explanations in the Five-element theory, it still provides some evidence related to the healing power of music. Indeed, this theory is often cited as an evidence of using music as a therapeutic mechanism. The relationship between the Five-element theory and music therapy will be further discussed in later sections.

Development of Music Therapy in China

Although the functions of music have been recognized since ancient time, modern music therapy has only been in development as an independent discipline in China for the past 36 years. Music therapy was first introduced to China in the summer of 1979, when Professor Bangrui Liu

from Arizona State University visited the Central Conservatory of Music in Beijing and gave a speech about music therapy (Chinese Music Therapy Association (CMTA), 2014). Following his speech, some healthcare professionals became interested in this new discipline and began to use music as a therapeutic intervention in their clinical work (Zheng & Chen, 2004). During that time, music was primarily combined with other TCM treatment methods, such as massage, acupuncture, or *Qi Gong* (a unique system of breathing techniques used in TCM practice). Passive listening of recorded music was the major type of intervention implemented in treatment process (CMTA, 2014).

A milestone in the history of music therapy in China was the establishment of the first music therapy department in the Changsha Sanatorium in 1984. In this music therapy department, newly invented equipment called “YZJ Music-Psycho Therapy Machine” was used as the only treatment method (CMTA, 2014; Zheng & Chen, 2004). According to the original study published in 1989 (Zhang & Deng), the “YZJ Music-Psycho Therapy Machine” was controlled by a micro-computer; its major functions included adjusting colors of light in the therapy room and delivering high fidelity recorded music through headphones. During the treatment process, a medical staff would “prescribe” a series of pre-arranged recorded music based on a client’s ethnicity, region, diagnosis, personality, education level, personal interests and hobbies, music experience, and music appreciation level. Each client was asked to passively listen to the prescribed music for one hour per day over a period of 30 days. The results of study suggested improvements on some physiological symptoms, including but not limited to sleeplessness, headache, chest pain, low appetite, and dizziness. At that time, this newly developed music therapy treatment model in Changsha Sanatorium was reported by several newspapers, including

Xinhua News Agency, People's Daily, and Guangming Daily, all of which were highly influential and mainstream media in China (CMTA, 2014).

Following the publication of the Changsha Sanatorium study, the field of music therapy in China entered a period of rapid development. More than a hundred hospitals started music therapy departments in only a few years during the late 1980s, with most of these departments using a similar treatment method and equipment as Changsha Sanatorium (Goodman, 2011). In 1988, the first music therapy training program was established in the China Conservatory of Music. The following year, a nationwide professional organization, Chinese Music Therapy Association (CMTA) was established, which primarily consisted of musicologists, psychologists, and medical practitioners (CMTA, 2014; Goodman, 2011).

However, this interest in music therapy did not last long. By the early 1990s, many of the hospitals that had initially established music therapy departments began to close down their programs and by the end of 1990s, only very few of them still existed. Discussion about this rapid decline and its cause is very limited. According to Professor Tian Gao's point of view, this might be because of these therapists' lack of formal training and knowledge of scientific rationale for using music as a therapeutic medium (Goodman, 2011), and thus expected outcomes and benefits were not achieved.

In 1999, the U.S. music therapy model began to be incorporated in music therapy training and clinical practice in China, marked by Professor Tian Gao's graduation from Temple University and his start of a new training program at the Central Conservatory of Music in Beijing. The curriculum design was primarily based on the U.S. training model and was similar to the curriculum at Temple University (Goodman, 2011). Professor Gao also initiated and established a certification board known as the *Chinese Professional Music Therapist Association*

(CPMTA) in 2007, which provided certification to more than 80 therapists. However, due to a national policy change about regulating certifications in healthcare professions, this certification was discontinued in 2010 (M. Liu, personal communication, April 15, 2015).

Although there is currently no certification available in China, the field of music therapy has not stopped growing. Many students of Professor Gao have gone on to teach in colleges or establish clinical work across China following their graduation from his program. Currently, there are 14 colleges offering training programs, and more than 500 students have been trained at the undergraduate level (Goodman, 2011; Wolfgang, 2014). As such, music therapy in China has remained in a phase of steady growth.

Conflict within the Music Therapy Field

Although the field of music therapy in China continues to grow, a major conflict exists within the profession between the Chinese perspective and the U.S. model. Some music therapy professionals have attempted to establish a Chinese model of music therapy, including those practitioners who have incorporated music with TCM treatment methods and invented the YZJ machine. Another treatment model that has emerged in response to the desire to establish a Chinese model of music therapy is *vibro-acoustic therapy*, which is defined as a treatment method that uses auditory stimuli and physical vibration to improve perception of music and subsequently, the patient will achieve physiological and psychological outcomes. In this type of intervention, pre-recorded music and massage chairs are used as the primary therapeutic tools (Chinese Music Therapy Net, 2008; Chinese Vibro-acoustic Music Therapy Center, 2014). Vibro-acoustic therapy appears to be a continuum of the YZJ machine, with some commonalities existing between these treatment models. On a theoretical level, Vibro-acoustic therapy practitioners often use the Five-element theory as their rationale for using music as a therapeutic

medium (CMTA, 2014; Chinese Vibro-acoustic Music Therapy Center, 2014; Zheng & Chen, 2004), although many ambiguities exist in the Five-element theory.

Indeed, many researchers have suggested that the incorporation of the Five-element theory or other Chinese cultural perspectives still remain on a superficial level. Even though it is often cited as evidence-based, very few studies have been conducted regarding how it can be applied to clinical practice as a guiding theory (Lu & Lai, 2001; Qu, Liao, Zhong, & Wu, 2014).

From a clinical standpoint, another issue exists among these treatment models is the lack of therapeutic interactions and reflexive processes. These treatment models appear to rely heavily on recorded music instead of designing individualized music experiences for clients. The interaction between a practitioner and client also seems to be very limited. Therefore, these practitioners are often criticized for a lack of scientific understanding of music therapy and direct clinical experience with clients. On the other hand, practitioners who are attempting to establish a Chinese model of music therapy also criticize the therapists who are trained under the U.S. model for “not doing Chinese music therapy” (M. Liu, Personal Communication, April 23, 2013).

This philosophical argument of how to define music therapy in China is now expanding to a more political level. I have observed these arguments in several workshops during the World Congress of Music Therapy in both South Korea and Austria. This argument is now impacting the relationship between the two professional organizations in China, the Chinese Music Therapy Association (CMTA) and the Chinese Professional Music Therapist Association (CPMTA). Because of this disagreement about what music therapy is and who qualifies to provide services, CMTA and CPMTA had a heated disagreement in 2007 when the CPMTA certification board was first launched, regarding whether or not CPMTA was qualified to provide certifications. This conflict was even reported by a newspaper, using the title “Experts in Argument with Each

Other: Is Music Therapy A Lie?" (Qiao, 2007, December 18). As a Chinese music therapist, on a personal level, it was a heartbreaking to learning about this lack of agreement and inability to find a mutual resolution. In my interactions with some professionals from China, they also expressed that they felt it was a shame for our profession, as people might have a negative impression about music therapy after reading the report.

Such conflicts within our field are not beneficial to the development of the music therapy profession. This is especially problematic considering that China's history of music therapy is relatively short and there are only a small number of practicing music therapists. In order to move forward as a profession, this battle should be ended and an agreement should be reached. In recent years, some researchers have expressed the desire to integrate the Chinese perspective with the U.S. music therapy model (Liu, Yu, & Shi, 2009; Qu, Liao, Zhong, & Wu, 2014). However, specific suggestions about how to integrate both perspectives are very limited. According to the latest news shared by Professor Mingming Liu during the annual conference of CMTA in April, 2015 the committees from both CMTA and CPMFTA have finally come to a basic agreement of establishing a new standardized certification board (personal communication, April 2015). This commitment is still being established. Thus, this is an appropriate time to open a conversation and find some solutions. Because the core of this conflict is about defining music therapy, a detailed analysis of current definitions and principles of music therapy may serve as a starting point.

Purpose Statement

To move forward on the integration of both the Chinese perspective and the United States defined model of music therapy, the purpose of this paper is to 1) analyze the existing definitions of music therapy in China to determine common principles, and 2) to suggest a model integrating

both the Five-element theory in TCM and existing definitions of music therapy in China.

CHAPTER TWO

Literature Review

Definition of Music Therapy in Related Websites in China

Defining music therapy is not as simple as answering the question “What is music therapy?” Instead, it encompasses an ongoing and systematic process of self-reflection, recognition of Scope of Practice, awareness of current trends, advocacy on profession, and continuous assessment of the scientific rationale behind using music as a therapeutic medium. The process is ongoing and is essential and relevant to everyone in the field, regardless of training or nationality.

The definition of music therapy may vary from individual to individual and from country to country. Currently, there is not a unified definition of music therapy adopted by every music therapy professional in every country. As such, professional organizations in different countries tend to provide their own definitions to explain music therapy to their constituency. For example, according to the American Music Therapy Association, music therapy is defined as: “... the clinical and evidence-based use of music intervention to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (2015, para. 1).

Compared to the definition provided by the American Music Therapy Association, the definition listed on the British Association for Music Therapy website places more emphasis on the therapeutic functions of music by stating:

“As human beings, music plays a fundamental role in our identity, culture, heritage, and spiritual beliefs. It is a powerful medium which can affect us all deeply ... In music therapy, music therapists draw upon the innate qualities of music to support people of all

ages and abilities and at all stages of life; from helping new born babies develop healthy bonds with their parents, to offering vital, sensitive and compassionate palliative care at the end of life” (2012, para. 1).

In contrast, the Korean Music Therapy Association in South Korea has also provided a brief definition on their official website that emphasizes potential goal areas for music therapy:

“Music therapy is a relatively new profession that achieves and contributes health-related issues [to] improve the quality of life ... Having a meaningful music experience with music therapists will not be limited to an individual’s body physically, but expand to a healthy holistic environment emotional, social, and spiritual” (2008, para. 1).

From the three examples listed above, it is evident that although these definitions share some commonalities, each definition has its own focus. These variations may reflect the various perspectives of the music therapists in those particular countries but also, the cultural adaptation necessary to successfully promote the profession in that particular society.

For the purpose of investigating how music therapy has been described in China and what information is available for the general public on the subject of music therapy, I initiated a search on the official website of the Chinese Music Therapy Association (CMTA). Interestingly, instead of providing its own definition, the definition presented on the CMTA’s website is a Chinese translation of Kenneth E. Bruscia’s definition of music therapy in his second edition of *Defining Music Therapy*. However, CMTA does not provide a citation for this definition. In Bruscia’s book, he states “music therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change” (1998, p. 20). In his book, he uses the title of “Working Definition” for this definition, because he believes defining music therapy is an ongoing process

and needs constant revision and discussion. Bruscia states that this working definition is brought up after examining and discussing many other relevant definitions, and it serves as a reference point for further discussion (p. 18).

To determine if this definition has taken Chinese cultural context into consideration, I investigated the resources of all relevant definitions quoted in the appendix of *Defining Music Therapy* to find out what definitions were used as references. I found that most of these definitions were from organizations and professionals from North American, South American, and European regions. The only two exceptions were a definition contributed by a Japanese music therapist and a definition from the South African Institute (p. 265-277). Based on the origins of these definitions and the lack of representation from Central, South or East Asia, it seems that this working definition from Bruscia reflects a more western view of music therapy.

Additionally, I also searched for the definition of music therapy on the official website of the Chinese Professional Music Therapist Association (CPMTA), which is another professional organization in China. Surprisingly, the CPMTA has no definition of music therapy listed on their website. It may be because the primary purpose of CPMTA is to offer information for professional music therapists instead of for people who are less familiar with music therapy, thus basic information such as definitions of music therapy and music therapists is not provided.

To further determine if there was any information available about definitions of music therapy on the Internet, I conducted another search on the searching engine *Baidu*, which is the biggest and most frequently used search engine in China. During this process, I typed in the word *音乐治疗*, which is the Chinese translation for music therapy. When I browsed these results, I found that the website of CMPTA did not show up until page 2, and the website of CPMTA did not show up until the page 9. Moreover, I found many other websites that contained *Chinese*

music therapy or *music therapy* in their website names or domains. Some of these websites even contained *org.*, *gov.*, or *cn.* in their domain names. These website names and domain names seem to be professional and somewhat official. Especially for people who are less familiar with professional organizations of music therapy in China, they may go to these websites to obtain information. Therefore, I browsed a total of ten websites from the top 20 pages of returned searching results, which contained “music therapy” or “Chinese music therapy” in their website names or domain names. I specifically examined who operated these websites and if these websites provided any information about definition of music therapy. The results are listed below.

Table 2

Information Obtained From Websites Related to Music Therapy

Website Name	Domain Name	Operated By	Definition of Music Therapy
Chinese Music Therapy Association	www.cmta.chnmusic.org	Chinese Music Therapy Association	“Music therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change.”
Music Therapy Web	www.musictherapy5.com	Wuhan Technology University	No concrete or unified definition is provided by the website itself. Two articles introducing how music therapy has been defined in different Eastern and Western countries are published in the section of resources.
Chinese Professional Music Therapist Association	www.chinamusictherapy.org	Chinese Professional Music Therapist Association	Not found.
Gao Tian Music and Mental Health Research Center	www.musictherapy2003.com	Professor Tian Gao	Not found.
Chinese Music Therapy Net	www.tiganyinbo.com	Shenzhen Shun Xia Technology, Inc.	Not found. Only definition of “vibro-acoustic therapy” can be found.
Chinese Vibro-acoustic Music Therapy Center	www.tiganyinyue.org	Unknown.	Not found. Only definition of “vibro-acoustic therapy” can be found.
Chinese Music Therapy Talent Network	www.chc-ylgov.com	The National Sound Massagist Qualification Management Committee	Not found.
Music Therapy for Children	www.musictherapy.cn	China Orff-Schulwerk Association.	Not found.

Website Name	Domain Name	Operated By	Definition of Music Therapy
Chinese Music Therapy Web	www.yyzi120.com	Unknown.	Domain expired; failed to open.
Music Therapy Welfare Web	www.yyzi.com	Unknown.	Domain expired; failed to open.

Based on the information gathered and presented in Table 2, one issue that emerged is the credibility of these websites. Although seven websites contain “*Chinese Music Therapy*” somewhere in their website names, only the Chinese Music Therapy Association (CMTA) and Chinese Professional Music Therapist Association (CPMTA) are operated and managed by related professional organizations. The *Chinese Music Therapy Web* is operated by a technology company that produces massage chairs and *Chinese Music Therapy Talent Network* is operated by an organization of sound massage. The other three websites that contain the term “*Chinese Music Therapy*” in their website names are operated by unknown resources. Two of these sites have failed to be open due to domain expiration.

Among these websites, Chinese Music Therapy Net and Chinese Vibro-acoustic Music Therapy Center only provide definitions about the Vibro-acoustic therapy. As discussed in the previous chapter, Vibro-acoustic therapy is defined as a treatment method that uses auditory stimuli and physical vibration to improve perception of music, and thus to achieve physiological and psychological outcomes. Pre-recorded music and massage chairs are primary therapeutic tools used in this type of intervention. The definition of music therapy as a discipline is not provided on these two websites (Chinese Music Therapy Net, retrieved April, 2015; Chinese Vibro-acoustic Music Therapy Center, retrieved April, 2015).

Two websites provide information regarding the definition of music therapy. One is the official website of CMTA, which as discussed above, provides Bruscia’s working definition

(1998) on their website. Additionally, the second website that provides discussion about definition of music therapy is the Music Therapy Web, operated by Wuhan Technology University. Although this website itself does not provide a clear definition of music therapy, two articles have been found under the section of resources. One article presents how music therapy is defined in different Western countries, including U.S., U.K., Australia, Canada, as well as the World Federation of Music Therapy (Zhang, 2010a). The other article was written by the same author and discusses how music therapy is defined in some Eastern countries, including definitions provided by professional associations in Japan, South Korea, and Singapore. This article also provides working definitions suggested by Chinese professionals. At the end of the article, the author summarized the definitions from other countries and then suggests his own working definition of music therapy. Zhang (2010b) states:

“Music therapy is an interdisciplinary subject that involves musicology, psychology, pedagogy, sociology, and medical science; it is both old and new. During the treatment process, music therapist will combine knowledge and skills from various fields to implement specialized music activities. By engaging clients in musical experiences, it will cause effective changes in physiological, psychological, emotional, cognitive, and behavioral domains, and thus to achieve the goals of maintaining, rehabilitating, improving, and promoting people’s physical and mental health.”

In summary, a few issues emerged when searching for a definition of music therapy on related websites. Firstly, some websites contained “Chinese music therapy” in their website names or domain names are operated by unknown resources or individuals. The credibility of these websites may be questionable due to their anonymity. Further, the discussion about definition of music therapy in China is limited. Only two websites (CMTA and Music Therapy

Web) provide a definition of music therapy. Two other websites (Chinese Music Therapy Net and Chinese Vibro-acoustic Music Therapy Center) only provide a definition for Vibro-acoustic therapy. Lastly, the definition of music therapy is not well articulated on websites of the two professional organizations. CMTA presents the working definition from Bruscia (1989), but does not provide a citation. In addition, Bruscia's working definition was summarized primarily within a western context, which did not take into Chinese cultural perspectives into consideration. The CPMTA does not provide any definition of music therapy.

Definition of Music Therapy in Other Published Resources in China

Because information about a definition of music therapy on the Internet is somewhat limited, I conducted an additional search that utilized a variety of other published resources (e.g., online databases, journal articles, encyclopedias, and books) to determine if there are other published definitions in China. I initiated the search on the China Knowledge Resource Integrated Database, which is the largest and most accessible database in China. I began by typing in "music therapy AND definition" and searched under the sub-category of *keywords*. From this search, there were no results were returned. I then searched "music therapy AND definition" under the sub-category of *title* and one result was returned. I searched "music therapy AND definition" under the sub-category of *theme* and 35 results returned. Therefore, with these resulting 36 articles, I excluded translated work of articles published in other countries and articles that were not related to music therapy. A total of 33 results remained. I read these 33 articles and included articles in which the authors had brought up their original working definition. After this process, only three original definitions were found. I then continued to search using references and quotes from these remaining three articles. I excluded references and quotes from other countries, such as the definition provided by Bruscia and AMTA. I found and

included five additional resources that met the criteria of containing an original definition written by the author. These five resources were retrieved from other online database or published books. Therefore, a total of eight definitions of music therapy that were originally written by Chinese professionals are included in this present study.

Upon initial reading, I realized that although each definition is phrased in a different way, each contains some frequently used terms and common components. To further determine what these common elements are, I conducted an analysis of these existing definitions. The method used for this analysis is described in the following chapter.

CHAPTER THREE

Method

Aforementioned, the purpose of this study is to 1) analyze the existing definitions of music therapy in China to determine common principles, and 2) to suggest a model that integrates the Five-element theory in TCM and the preexisting definitions of music therapy in China. As stated in the previous chapter, after an exhaustive search, I collected eight Chinese definitions of music therapy from published resources, such as online database, journal articles, encyclopedia, and books. These eight definitions were all original written in Chinese. For the purpose of this present study, I translated them into English. These eight definitions are listed in a chronological order in Table 3. The dates of publication vary from 1989 to 2010. Upon initial reading, I realized that although each definition is phrased in a different way, some frequently used terms and common components can be observed.

I conducted a detailed analysis in order to determine the common elements between these definitions. For this analysis, I applied a method extracted from Bruscia's 3rd edition of *Defining Music Therapy* (2014). In this text, this method was used to make a detailed analysis of existing definitions and "to further illuminate the issues inherent in the task of defining music therapy", which matched the purpose of this present study (p. 22). In his original analysis, Bruscia broke down each definition into following units according to their grammatical structures, which include: (a) Predicate Noun, (b) Descriptors, (c) Agents, (d) Clinical Context, (e) Setting, (f) Outcome, (g) Recipients, and (h) Therapist.

However, to better serve the purpose of this study, I made following changes to Bruscia's method:

- Upon initial reading and analysis, I was able to determine that the *clinical context* and *setting* were not addressed in any of these definitions. Therefore, I eliminated these two units in my analysis.
- I chose to combine the *predicated noun* and *descriptors* into one category, because both of them were used to describe what music therapy is.
- I used the word *provider* instead of *therapist*. As previously discussed, currently, there is no certification system within the music therapy profession in China. It is possible that other professionals, such as nurses, music educators, and other medical staff, would provide a music-related service and call it music therapy. Thus, it may be more accurate to use provider instead of therapist to fit within the Chinese context.

Therefore, after adapting Bruscia's method to analyze existing definitions, each definition was subsequently broken down into five units as listed below with the associated color codes:

- A general description of music therapy as a profession, including a predicate noun (the noun used after "music therapy is ...") and the specific descriptors (the words used to describe the predicate noun) (olive green).
- A description of service providers in a music therapy treatment process (red).
- A description of recipients in a music therapy treatment process (yellow).
- A description of therapeutic agents in a music therapy treatment process, including an identification of the therapeutic medium, and specific descriptors used to describe the therapeutic medium (turquoise).
- A description of outcomes of music therapy, including an identification of potential outcomes, and specific descriptors to describe these outcomes (green).

I reviewed each definition and color-coded the five units described above in each definition. All definitions with color-coding are shown in Table 3. I recorded words used for each description. I counted and summarized the number of times a specific word used in these descriptions, in order to determine if there were any words frequently and commonly used in these definitions. The results are displayed in the following chapter.

Table 3

Existing Definitions of Music Therapy in China from Published Resources

Resource	Definition
Chinese Encyclopedia, 1989	“Music therapy is a subject that studies how music functions on human body and how to use music to treat diseases . Music therapy is a part of applied psychology .”
Pu, 1994	“Music is a form of movement of musical tones; therapy is a form of science that uses particular interventions to reduce pain and improve health. Therefore, music therapy is the combination of music as art and therapy as science , to use music in a systematic way to treat or rehabilitate physical and mental diseases , and to maintain or improve physical and mental health .”
He & Lu, 1995	“Music therapy is a newly developed interdisciplinary science that involves multiple fields. It uses music as the main method to help clients to fight against disease and restore health .”
Wang, 1995	“There are several basic elements in music therapy: a client who has certain needs for treatment , a trained music therapist , a goal-oriented music experience using appropriate musical materials, and an evaluation of treatment outcomes.”
Zhang, 2000	“Music therapy is a newly developed interdisciplinary subject . Music therapy is based on theories and interventions from clinical psychology and utilizes special physiological and psychological effects that music causes on human body. Music therapists will use specially designed music behaviors and experiences to help clients eliminate their mental disorders ,

restore or improve physical and mental health.”

Chen, 2004

“Music therapy is a science that bases on the applicable functions of music and studies how to use music as a method to treat disease. All treatment methods and interventions that systematically and purposefully use music to achieve functional goals and improve physical and mental health should be categorized as music therapy.”

Gao, 2006

“Music therapy is a scientific and systematic treatment process. During this process, a variety of interventions from different theoretical approaches are incorporated. Music therapy is not a random or isolated intervention; instead, it is a rigorous and systematic process that includes assessment, treatment planning, implementation, and evaluation. This process must include three elements: music, clients, and a trained music therapist. In music therapy, all types of musical interventions are incorporated, including listening, singing, performing, music creation, music with other arts, and etc., rather than just listening to music.”

Zhang, 2010b

“Music therapy is an interdisciplinary subject that involves musicology, psychology, pedagogy, sociology, and medical science; it is both old and new. During the treatment process, music therapist will combine knowledge and skills from various fields to implement specialized music activities. By engaging clients in musical experiences, it will cause effective changes in physiological, psychological, emotional, cognitive, and behavioral domains, and thus to achieve the goals of maintaining, rehabilitating, improving, and promoting people’s physical and mental health.”

CHAPTER FOUR

Results

Findings from the analysis of existing definitions are outlined in Tables 4 through 8 below. Each table summarizes and reports a specific unit in a definition separately, including: (a) general descriptions of music therapy, (b) descriptions of providers in a music therapy treatment process, (c) descriptions of recipients in music therapy treatment, (d) descriptions of therapeutic agents, and (d) descriptions of potential outcomes of music therapy.

Table 4 summarizes general descriptions of music therapy in these definitions, and each general description is further divided into two parts: a predicate noun to describe what music therapy is, and specific descriptors used to describe these predicate nouns. I used the code N/A when a specific descriptor was not provided along with the predicate noun. According to the findings reported below, “subject” and “science” are two most common predicate nouns used; other nouns such as “applied psychology,” “art,” and “treatment process” are also used when defining music therapy. When describing these predicate nouns, the top three descriptors used are “systematic,” “interdisciplinary,” and “scientific.” Two other descriptors, “newly developed” and “purposeful” are also included.

Table 4

*General Descriptions of Music Therapy (indicated in **olive green** in Table 3)*

Predicated Nouns	Frequency of Usage	Specific Descriptors
Subject	3	N/A (Chinese Encyclopedia, 1989); Newly developed (Zhang, 2000); Interdisciplinary (Zhang, 2000; Zhang, 2010b).
Science	3	N/A (Pu, 1994; Chen, 2004); Newly developed (He & Lu, 1995);

		Interdisciplinary (He & Lu, 1995).
Applied Psychology	1	N/A (Chinese Encyclopedia, 1989).
Art	1	N/A (Pu, 1994).
Treatment Process	1	Scientific and systematic (Gao, 2006).

Table 5 and Table 6 are a summary of words being used to describe providers (music therapists) and recipients within music therapy treatment. Four definitions have specified that only a “music therapist” is qualified to provide music therapy, and two of them have further identified the service provider as a “trained music therapist.” However, no definition is provided for a “trained music therapist”. More than half of these definitions use the term “clients” when describing recipients of music therapy, and one of them has specifically defined the recipient as “a client who has certain needs for treatment.”

Table 5

Descriptions of Providers in a Music Therapy Treatment Process (indicated in red in Table 3)

	Words Being Used	Frequency of Usage
Description of Providers	A trained music therapist	2
	Music therapist	2

Table 6

Descriptions of Recipients in a Music Therapy Treatment Process (indicated in yellow in Table 3)

	Words Being Used	Frequency of Usage
Description of Recipients	Clients	4
	A client who has certain needs for treatment	1

Table 7 is a summary of therapeutic agents, including an identification of the therapeutic medium and specific descriptors to describe it. I used the code N/A when there was no specific descriptor of identified therapeutic medium within this definition. All definitions included a component describing the therapeutic agent, generally identified as “music” or “music experience.” Other terms such as “musical interventions” and “musical activities” were also used. In addition, regarding how the therapeutic agent can be defined in a more detailed way, some authors have also used terms including “systematic use,” “purposeful use,” “goal-oriented,” “specially designed,” “all types of,” and “specialized” to further define the therapeutic medium.

Table 7

*Descriptions of Therapeutic Agents (indicated in **turquoise** in Table 3).*

Therapeutic Medium	Frequency of Usage	Specific Descriptors
Music	4	N/A (Chinese Encyclopedia, 1989; He & Lu, 1995); Systematic use (Pu, 1994; Chen, 2004); Purposeful use (Chen, 2004).
Musical Experiences	2	Goal-oriented (Wang, 1995); Specially designed (Zhang, 2000).
Musical Interventions	1	All types of (listening, singing, performing, music creation, music with other arts, etc.) (Gao, 2006).
Musical Activities	1	Specialized (Zhang, 2010b).

Table 8 is a summary of identified potential outcomes of music therapy, including an identification of the outcome and specific descriptors to describe it. I used the code N/A when there was no specific descriptor of identified therapeutic medium within this definition. The most

common noun used to describe potential outcomes is “health,” which includes both “physical and mental” health. A few verbs have been used to describe how outcome is related to health, including “restore,” “rehabilitate,” “promote,” “improve,” and “maintain.” The second most identified outcome is to “treat diseases or disorders.” It also includes both “physical and mental.” The verbs used to describe how outcomes are related to disease or disorders include “rehabilitate” and “eliminate.” Some other terms have also been used to identify potential outcomes, such as to “achieve functional goals” and make “effective changes” in various domains.

Table 8

Descriptions of Potential Outcomes/Benefits of Music Therapy (indicated in green in Table 3)

Potential Outcomes	Frequency of Usage	Specific Descriptors
Health	6	Physical and mental (Pu, 1994; Zhang, 2000; Chen, 2004; Zhang, 2010b); Restore (He & Lu, 1995; Zhang, 2000); Improve (Pu, 1994; Zhang, 2000; Chen, 2004; Zhang, 2010b); Promote (Zhang, 2010b); Rehabilitate (Zhang, 2010b); Maintain (Pu, 1994; Zhang, 2010b).
Treat Diseases/disorders	3	N/A (Chinese Encyclopedia, 1989; He & Lu, 1995); Physical or mental (Pu, 1994); Rehabilitate (Pu, 1994); Eliminate (Zhang, 2000).
Effective Changes	1	Physiological, psychological, emotional, cognitive, and behavioral (Zhang, 2010b).
Achieve Functional Goals	1	N/A (Chen, 2004).

CHAPTER FIVE

Discussion

Common Principles Summarized from Analysis of Existing Definitions

In previous chapters, I analyzed eight existing definitions of music therapy in China by breaking them down into five units, including a general description, provider, recipient, therapeutic agent, and outcome. I noticed through the color-coding system that not all definitions included all five of these units. Almost all definitions contained general descriptions of music therapy, identifications of therapeutic agent, and descriptions of potential outcomes. Only about half of these definitions contained the units of providers and recipients within a music therapy treatment. To further investigate commonalities shared by these definitions, I counted and summarized words that were frequently used for each unit. By doing so, some frequently used terms were summarized. These frequently used terms suggested common factors shared by these professionals when they were describing and defining music therapy in China. Therefore, I have summarized a few principles based on these common acknowledgements and subsequently offer suggestions to create a new integrated model of music therapy in China.

Principle #1: Music therapy is a newly developed and interdisciplinary scientific subject. Based on the results presented in the previous section, two common predict nouns used to describe what music therapy are “subject” and “science”. The words “newly developed” and “interdisciplinary” are also commonly used to describe them. This statement contains several components. First of all, both “newly developed” and “interdisciplinary” suggest the urgent need for defining ourselves. In China, music therapy has developed as a profession for only 36 years. We have not yet been fully recognized by the general public as a newly developed profession.

As such, based on this result, it could be argued that music therapy is perceived as a newly developed and interdisciplinary scientific subject in China.

The interdisciplinary component has further increased the difficulty for music therapy professionals to define themselves in China. Because music therapy involves many other disciplines, such as psychology, musicology, and medical science, it may be hard to distinguish the music therapy profession from the others. For instance, some of the following questions might sound familiar to many professionals: What is the difference between a music therapist, a harp therapist, and a music practitioner? Why should music therapy be considered as a separate and independent discipline, rather than as a sub-category of counseling psychology? If a practitioner from another discipline incorporated music into their practice, should be person be called a therapist? There are not always an easy answers to these questions. But in order to move forward on the process of defining the profession of music therapy and distinguishing the field from other disciplines, Evidence-Based Practice (EBP) must be considered as a key element.

EBP is a paradigm shift that has occurred in healthcare professions during recent years. This approach integrates the empirically-based evidence to inform decision-making during the treatment process (AHRQ, 2014; American Psychological Association [APA], 2005). According to the APA (2005), there are three key components to be considered to inform decision-making in the model of EBP: (a) best available research; b) clinical expertise; and c) context of patient characteristics, culture, and preferences.

The movement of EBP has also been promoted by the American Music Therapy Association and is included in the definition of music therapy on AMTA's official website (AMTA, 2005). Music therapy professionals have various attitudes towards EBP and there is a continued debate of whether EBP will be beneficial or threatening to the field of music therapy

(Abrams, 2010; Otera, 2013). Despite these arguments and disagreements, EBP may still be a key element that can help us to better define and distinguish the music therapy profession. EBP can help music therapy professionals to have better knowledge and understanding of the scientific rationale behind our clinical practice. By using these scientific rationale and evidence to guide our practices, we may be able to provide better consistency on treatment outcomes, which would promote the development of our profession.

In addition to this trend in the U.S., EBP has also been promoted in healthcare professions in China. When a search was conducted on the China Knowledge Resource Integrated Database using “Evidence-Based Practice” or “Evidence-Based Medicine” as keywords, the search returned a total of 53,311 results. Among all these results, more than 6,000 articles had been published each year since 2012. Interestingly, even within the field of TCM, an area that used to heavily rely on traditional theories and experiences, EBP is becoming a current trend. When combining “Traditional Chinese Medicine” and “Evidence-Based Medicine” together as keywords, 25,713 results returned, and more than 2,000 articles were published per year since 2011.

However, when another search was conducted combining music therapy with Evidence-Based Practice or Evidence-Based Medicine, no results were found. It has been shown that in the current field of Chinese music therapy, although some research and experiments have been conducted, EBP has not been systematically studied. Therefore, this blank area may be a potential point to begin investigate and develop the use of EBP in music therapy in order to promote music therapy as an interdisciplinary and scientific subject.

Principle #2: During a treatment process, there is a (trained) music therapist and a client. Together, they form the therapeutic relationship in music therapy. In Wang’s (1995)

definition of music therapy, he pointed out that the recipient of music therapy is “a client with certain treatment needs.” However, he did not specify how to operationally define what “certain treatment needs” are and what exactly makes a person qualifies to receive music therapy.

Because a variety of populations may benefit from music therapy services, a client may come from many different kinds of populations. Currently in China, music therapists offer services in facilities including hospitals, schools for special education, psychotherapy practices, prisons, and private practices (Goodman, 2011). The range of populations and settings music therapists can work with may further expand as the profession develops.

According to the result section, half of the definitions described “a music therapist” as a provider for music therapy treatment. Two definitions further specified the provider as “a trained music therapist.” However, currently in China, it is difficult to identify a trained music therapist due to a lack of standardized guidelines for training and certification system. According to information gathered from personal interviews with Professor Gao and Professor Liu (former director and current director of the music therapy program in Central Conservatory of Music) in 2014, there are three main groups of practitioners that presently exist in the Chinese clinical field:

1. Practitioners who have degrees in related fields (e.g., counseling, music education, medicine) and have received some music therapy training through institutions and workshops. Some of these practitioners were the first group of people who started music therapy research and programs before the U.S. model was introduced in China.
2. Practitioners who have graduated from a four-year college program of music therapy in China and received at least a bachelor’s degree in music therapy.
3. Practitioners who have graduated from college programs and were credentialed as board-certified music in other countries.

Each of these groups, to some extent, are trained music therapists, but their training varies. As the amount and type of training received are not necessarily correlated with the abilities of a clinician, there is no single clear way to make judgments.

There is still a long way to go in order to establish a standardized training and certification system in China. However, it may be beneficial to learn from the certification process from other countries. For example, in the United States, the American Music Therapy Association (AMTA) and the Certification Board of Music Therapists (CBMT) collaborate together to create and maintain standards of qualification. AMTA provides standardized guidelines for the education and training process, while CBMT offers certification and continuing education for recertification (AMTA, 2015). In Japan, the Japanese Music Therapy Association (JMTA) regulates the education and certification process, but the process of becoming certified as a music therapist is slightly different compared with that of the United States. A music therapy student in Japan who has completed a four-year college program and finished an internship will first be titled as a *provisional* music therapist. Only after three years of clinical practice under supervision, will a provisional music therapist then become a real music therapist (Ikuno, 2001; JMTA, 2014; Okazaki-Sakaue, 2003).

In summary, although it is difficult to define and identify a trained music therapist without a certification system, there is potential hope of solving this problem. Learning from countries where a certification system has been well established, meanwhile incorporating perspectives and situations in China, may contribute to the qualification of music therapists. Indeed, according to the latest news shared by Professor Liu (personal communication, April 2015), during the annual conference of CMTA in April 2015, the committees from both CMTA and CPMTA have come to a basic agreement of establishing a new standardized certification

board. Because this commitment is still at its beginning, it is a good time now to open discussion about standards for certification.

Principle #3: Systematic and purposeful use of music is the main therapeutic agent.

The results provided in Chapter Four indicate that all Chinese definitions of music therapy include a description of using music as the main therapeutic medium. There seems to be very little doubt that music is the main therapeutic medium in music therapy, but there are various interpretations of how and why music is therapeutic. Even within the field of music therapy in the U.S., there are still many different perspectives and philosophical orientations. One of the core differences is regarding the therapeutic function of music. For instance, in the Bonny Method of Guided Imagery and Music (BMGIM), music is used to facilitate the experience of imagery to make the imagery more vivid and controllable. The listening programs that Helen Bonny developed involve pre-recorded and pre-arranged classical music, in which the characteristics of music (melodic contour, dynamic range, harmonic structure, rhythm, and orchestration) have been considered to reflect different emotions (Burns, 2000; Burns & Woolrich, 2008). Oppositely, in the approach of Nordoff-Robbins Music Therapy, it is believed that there is a “music child” within each individual. Similar to BMGIM, Nordoff and Robbins also believed that different musical elements could connect to and reflect particular inner emotions; instead of pre-recorded classical music, improvisation is the primary technique being used (Nordoff & Robbins, 1977; Aigen et al., 2008).

In other theories and approaches, the function of music is explained differently. In the Biomedical Theory of Music Therapy, the physiological impacts of music are largely investigated and researched, and thus the brain is considered as the basic domain of treatment in music therapy (Taylor, 2010). Similarly, in the model of Neurologic Music Therapy (NMT),

neuroscience is heavily integrated into music therapy treatment, and how musical elements (rhythm, melody, tempo, dynamic, etc.) can impact the nervous system is further studied (Clair, Pasiali, & LaGasse, 2008; Thaut, 2005).

From the discussion above, it is clear that although there are many diverse perspectives within the field, these all share a fundamental understanding that specific musical elements have particular functions on the human body, brain, and behavior. Therefore, it explains why music must be “goal-oriented, appropriate, and specially designed” when used as a therapeutic medium, because different musical elements will have potentially different functions, and not all types of music can be used in all situations.

In regard to how music is implemented therapeutically into current clinical practices in China, current clinical techniques heavily rely on existing interventions and models from the U.S., such as GIM, improvisation, or NMT (Lang, You, and Ji, 2012; Li & Huang, 2011; Liu, personal communication, 2014). Although therapists have tried to adapt these techniques to fit in their clinical work by using Chinese music instead of western music, difficulties arise due to language barriers between English and Chinese, as well as different characteristics between Chinese and western music.

Furthermore, the use of Chinese music in music therapy treatment has not been fully investigated. As discussed in Chapter One, attempts to apply Chinese music within the music therapy setting have primarily utilized recorded music. It should be noted that this type of intervention is still actively used by some practitioners. Studies regarding the incorporation of Chinese music into clinical practice have emerged in recent years (Feng, 2013; Li & Huang, 2011); however, the therapeutic function of music elements in Chinese music requires further investigation. Having a stronger understanding how Chinese music elements can be implemented

in clinical practice will help to promote the systematic and purposeful use of music as therapeutic agent, and in turn, will help music therapists in China achieve more effective outcomes.

Principle #4: The outcomes of music therapy are directly related to a human's physical and mental health. According to the results section, a variety of outcomes were identified in relation to music therapy. Music therapy can be used to improve and maintain health, provide treatment for diseases, achieve functional goals, and make effective changes in various domains. Due to the interdisciplinary nature of the profession and unique characteristics of music, issues in multiple functional domains can be addressed in music therapy, including physical, cognitive, communication, emotional, and social (Gfeller, 2008). Thus, in addition to targeting specific symptoms, music therapists also have the ability to assess clients in all functional domains and regard them as whole human beings during the treatment process.

This view of wholeness is also one of the fundamental beliefs in TCM. As demonstrated through the Five-element theory, it is believed that everything in a human body is interconnected with each other, and also outer-connected to the surrounding environment. This is known as “the view of wholeness”, or “harmony between heaven and human” (Wang, 2008). This view is widely used in the diagnosis and treatment process in TCM. For example, when a patient is having problems with liver functioning, TCM doctors will not only focus on the liver itself, but may also trace the issues back to other things. In TCM, issues with other parts of the body or individual bad habits can all be associated with problems on one organ. Furthermore, as stated in the Five-element theory, because the liver corresponds to the emotion of anger, doctors utilizing TCM may further ask if the patient has any related experience of this emotion, such as the tendency of being moody and agitated, or any traumatic event that may have caused him/her

to experience this emotion deeply. Sometimes, a TCM doctor may want to incorporate counseling techniques in diagnosis and treatment in order to discover the root cause of a problem and then solve it. Therefore, the view of wholeness may be a potential point for the integration of TCM philosophy and music therapy clinical work.

In addition, as noted in the Results section, some authors of these existing Chinese definitions have identified “maintaining and promoting health” as potential outcomes of music therapy. This finding suggests that music therapy is not only used for treating particular problems, but may also be incorporated into a wellness model. Indeed, when using the term therapy, many people in China may tend to associate it with treating diseases. Particularly in Chinese language, the word *Zhi Liao* (Chinese translation of therapy) is often used to indicate the treatment, or even the cure a disease. But in music therapy, goals may often be linked to promotion of wellness, enhancement of quality of life, and prevention of future problems. Thus, it may not be accurate to use the word “treatment” in all circumstances. As such, some professionals in China have also suggested adding the word “wellness” into the current Chinese translation of music therapy in order to better define our scope of practice (Gao, personal communication, 2014).

One example that relates to the concept of wellness is the concept of *preventive care*, which has recently emerged in the field of music therapy. According to the *International Dictionary of Music Therapy*, the concept of *preventive music therapy* is defined as “to promote the likelihood of the successful acquisition of developmental competence through intentional intervention across the life span” (Hanson-Abromeit, Merz, & Fisher, 2011, p. 102). In comparison with a treatment model that provides healthcare after the onset of problems, the aim of a prevention model is to reduce, delay, or stop identified and anticipated problems (Romano

and Hage, 2000). A preventive music therapy model can be applied in various settings and populations, such as with at-risk infants and children in poverty and trauma (Hanson-Abromeit, Merz, & Fisher, 2011).

The concept of preventive care has also been embraced in TCM. The relationship between preventive care and TCM can be traced back to the Yellow Emperor's Inner Canon. This book suggests that the best doctor provides care before a disease is onset; the moderate doctor provides care when a disease is showing a few signs; and the worst doctor provides care after a disease is showing full symptoms (Bo, 2010). Although this idea of preventive care was ignored for several years as the Western approach towards medicine approach became more influential in China, in recent years, there has been a shift in thinking. As the Western medical field has also moved towards a model of prevention and wellness, the idea of preventive care has again gained attention among TCM practitioners. As a result, some Chinese medical settings have established programs and departments that provide preventive care using TCM strategies (Chen, 2013).

The concept of preventive care is in accordance with both the philosophy of TCM and current trends in the music therapy field. Therefore, this intersection could be a point where perspectives from both the U.S. model and TCM philosophies are incorporated into the Chinese model of music therapy. Given the large population and unique social structure of China, there have been unique opportunities for music therapy clinicians to provide music therapy services to populations that are currently not well served in other countries, such as senior students in high school who are preparing for the College Entrance Exam, or older adults who lack family and social support due to the only-child policy. Further, due to unique cultural values and social phenomena, these individuals may suffer from chronic stress and mental health issues as well. It

would be greatly beneficial to expand music therapy research and services to these unique populations in need based on a model that integrates preventive medicine and TCM.

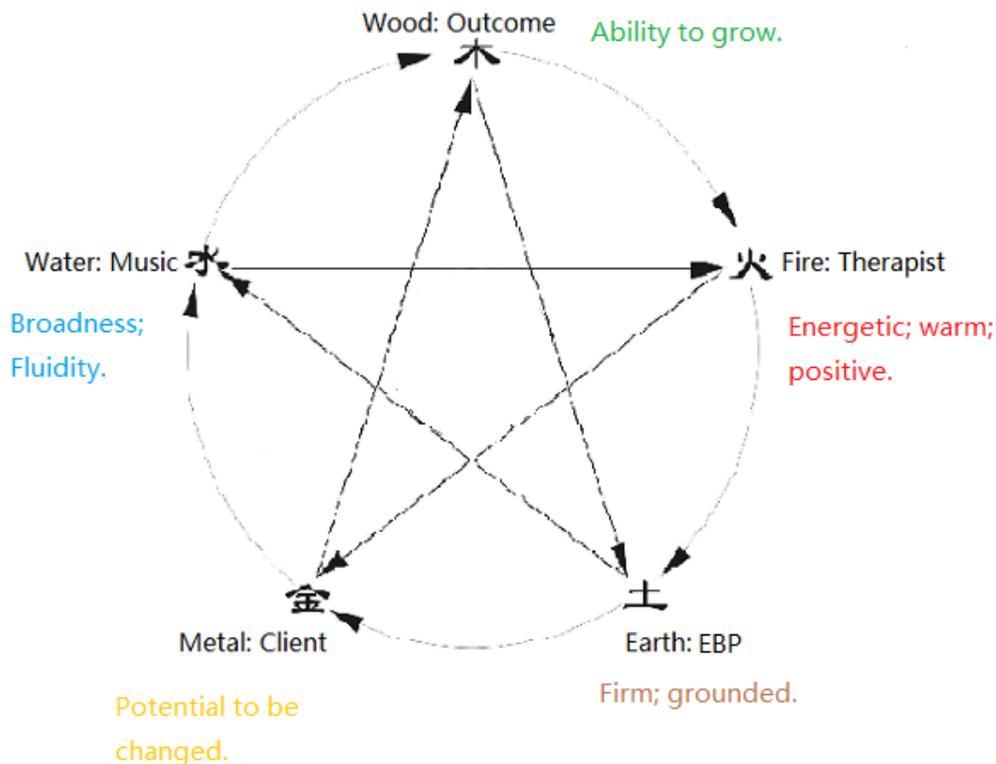
A Five-Element Model of Principles in Music Therapy

In the section above, I summarized four principles from analyzing existing definitions of music therapy in China. Based on this discussion about these four principles, it is evident that there are four essential elements that must co-exist in order to define a treatment process as music therapy: (a) the purposeful use of music as therapeutic medium; (b) a trained therapist; (c) a client who has specific needs; and (d) outcomes that relate to human health. Because evidence-based practice (EBP) involves incorporating the best available evidence, I decided to also use EBP to represent a fifth element. With that in mind, the fifth essential element is the incorporation of the best available evidence and scientific rationale to inform the therapeutic use of music. Thus, an abbreviated version for these five elements is: therapist, client, music, outcome, and EBP.

In addition, through the discussion of summarized principles, I realized that all these elements cannot stand alone and instead, are inexorably connected with each other.. For example, EBP is the key to inform the use of music and in turn, music is the therapeutic medium to help achieve specific outcomes. As there are a total of five interconnected elements from this examination of the definitions of music therapy, these elements could therefore be examined through the lens of the Five-element theory in TCM. Thus, I have identified potential connections between these five elements in music therapy into the Five-element TCM model. This complete model is illustrated in Figure 2.

Figure 2

The Five Basic Elements in Music Therapy



As discussed in the introduction chapter, the Five-element theory is fundamental to the TCM philosophy. This theory indicates that everything in the universe is constructed by five natural elements, which are water, fire, metal, earth, and wood; their interaction and movement creates variety in the universe. The core belief of the Five-element theory is the harmony and balance between each element, rather than emphasizing one particular element. As shown through Figure 2, all elements are connected with one another and no element can stand alone. Thus, the primary reason for incorporating this theory with music therapy is that it symbolizes all the elements needed to co-exist in the music therapy field. Together, they form a logical and dynamic foundation for a Chinese model of music therapy.

As discussed earlier, there are two types of interactions that exist among these five elements: generating and overcoming interactions (Peng, 2005). In Figure 2, the generating interaction is presented as the outer circle. A generating interaction can be interpreted as the idea that an element is born from another, or one element can help another element to grow. A complete cycle of generating interaction in a Five-element theory is: wood generates fire, fire generates earth, earth generates metal, metal generates water, and water generates wood. In contrast, the overcoming interaction means one element can overcome or limit another element. A complete cycle of overcoming interaction is shown as the inner star in Figure 1, which means: wood overcomes earth, earth overcomes water, water overcomes fire, fire overcomes metal, and metal overcomes wood.

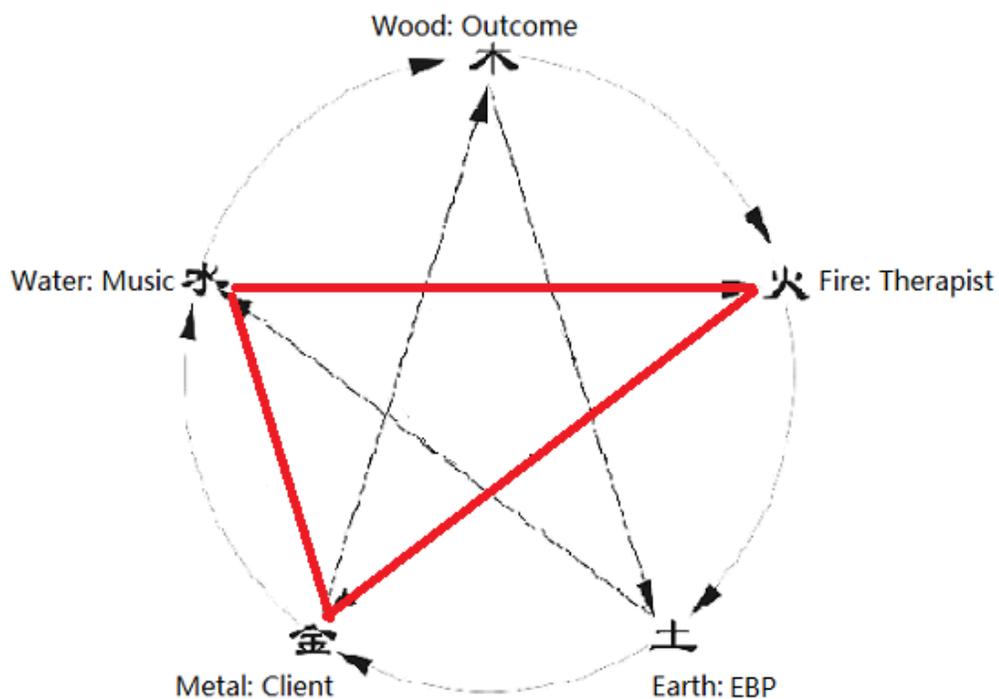
It is to be noted that the generating and interacting reactions are complicated in the original Five-element theory, which involves much more philosophical thinking than the brief introduction provided above. However, in terms of this particular model that incorporates the elements in music therapy, only part of the original theory has been adapted and used. Thus, the purpose of the discussion above is only to provide a very basic introduction of background.

Another reason for incorporating the Five-element theory into this model is that the characteristics of these five natural elements are somewhat representative of the five elements identified in music therapy, as represented in Figure 2 using color-coded text. In this model, music is symbolized by the element of water: both share the characteristics of broadness and fluidity; both can exist in various forms and styles; and can be found everywhere in the world. The broadness and fluidity of music, as represented by water, demonstrates that music therapy can be applied across a wide variety of populations and settings.

Figure 3 illustrates a triangular relationship between music, the client, and the therapist. This triangular relationship represents the most fundamental aspects of music therapy treatment. Without a therapist or client, a process cannot be called “therapy”; on the other hand, a therapeutic process is not “music” therapy without using musical elements.

Figure 3

A Triangular Relationship among Music, Client, and Therapist



In both Figures 2 and 3, the therapist is symbolized by the element of fire, which represents the positive and warm attitude a therapist presents in a therapeutic relationship. In addition, the symbol of fire represents that a therapist is often the driving force within a therapeutic process, which can provide energy and support for clients to make effective changes. In music therapy practice, music can be either used *in* therapy or *as* therapy, depending on a therapist’s theoretical orientation (Bruscia, 1998). Ultimately, it is the therapist who determines the function of music in a session. On first glance, water (the music) and fire (the therapist) may

appear to be contradicting elements. Even in the traditional Five-element theory, their relationship is described as “water overcomes fire” or “water restrains fire”, which is the reason why they are put on opposite positions (Peng, 2005). But in this modified model, they do not necessarily contradict each other.

When thinking back to ancient times, humans had limited tools to purify water, and as a result, disease and death could be caused because of the raw water they drank. At that time, one solution for this problem was to use fire to boil water, which would kill bacteria and prevent disease. Although fire created convenience for humans, it could also cause disaster when out of control. In that circumstance, water was the best tool to control fire. Just like this relationship between fire and water, in music therapy practice, the music and the therapist must co-exist and co-facilitate to achieve outcomes. Although music is powerful, without appropriate and guided use, it may weaken or reverse therapeutic effectiveness, and even create potential harm for clients. In a research article about working with culturally diverse clients, one music therapist shared an experience that because of limited knowledge about historical and political issues between mainland China and Taiwan, the therapist accidentally played a patriotic song from mainland China for a patient from Taiwan. As a result, the patient immediately became agitated because the music evoked traumatized memories for him from the war (Ip-Winfield & Grocke, 2011). Thus, it is the responsibility of the therapist to use their knowledge to choose and adapt appropriate music for each individual client in order to achieve therapeutic effectiveness.

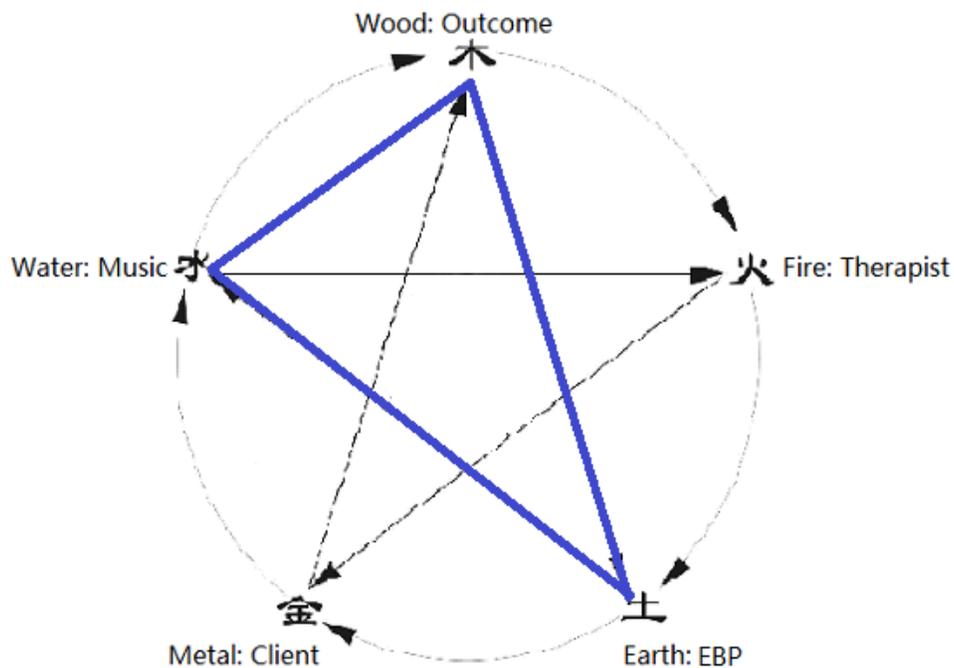
Among all of these elements, the client is the most important part of a therapeutic relationship. The client is characterized by metal in this model, as illustrated in both Figures 2 and 3. Metal may often be perceived as hard and cold, which could represent some of the problems and difficulties experienced by a client. However, metal also has the possibility to be

melted and changed into a different shape, just as a client's potential within a therapeutic relationship. No matter what theoretical orientation a therapist might apply, all treatment should be designed based on a client's needs. As discussed above, in the Five-element theory, the relationship between water and metal is described as metal generates water. Within the context of music therapy, the model could be interpreted so that music should be selected based on a client's preferences, needs, and states (Tan et al., 2012; Darcy, 2003). On the other hand, the model could indicate that a client can also benefit from specially designed music experiences and active music making. Certainly, positive outcomes during a music therapy session will require both the therapeutic use of music and professional support from a therapist. In a therapeutic process, it is important for a therapist to build rapport and trust with a client, just as it is important in the Five-element theory to provide an energy force which initiates the melting and changing of metal. Thus, through the repetitive and combined efforts from the therapist and music, as well as a client's wish and potential to change, effective changes can occur within the treatment.

In addition to the music, the therapist, and the client, the other two basic elements identified in this model are EBP and outcome, which are symbolized as earth and wood. As shown in Figure 3, there is also a triangular relationship existing among music, EBP, and outcome. In this triangle, outcome, EBP, and music are interpreted as wood, earth, and water. In the original Five-element theory, the interactions among these three elements are described as follows: water generates wood, wood overcomes earth, and earth overcomes water. Within the framework of music therapy, they also share a tight bond.

Figure 3

A Triangular Relationship among Music, EBP and Outcome



According to the definition provided by the American Music Therapy Association, music therapy interventions should be informed by the evidence-based uses of music (AMTA, retrieved in December, 2014). Thus, EBPs are the foundations of our profession. In the Five-element model, EBPs are represented by the element of earth, symbolizing firmness and consistency. As discussed in the previous chapter, because of the complexity of music and diversity among different approaches, types of evidence vary within the field of music therapy, which makes evidence-based practice hard to define. But in general, EBP involves considerations of a client's personal cultural context and preference, a therapist's clinical expertise, and the best available research evidence to inform decision-making processes (Abrams, 2010).

Aforementioned, the inappropriate use of music in clinical settings may weaken or reverse therapeutic effectiveness. Further, it is possible that music can cause potential harm for

clients. Therefore, EBP is key to ensure the safe and appropriate use of music in clinical practice. Just as described in the Five-element theory, as earth overcomes water, EBP is the earth that shapes and controls flows of water to prevent occurrence of potential harm.

EBP also has a strong influence on outcome, which is symbolized as wood due to its ability to consistently grow and develop. Clearly, the outcome is a result of the collaborative efforts of the music, the client, the therapist, and EBPs. However, just as earth can provide nutrition for wood to grow, the major purpose of EBP is to facilitate positive and effective changes towards desired outcomes and to ensure these effective changes can be consistently generated from individual to individual, from culture to culture.

In summary, this model of five basic elements in music therapy reflects the co-existence of music, therapist, client, EBP, and outcome. It is important for to be aware that none of these elements can stand alone: they are interconnected. Just as a person may become sick when balance and harmony among different elements have been disturbed, the harmony of these elements in music therapy are the key for the continued development of the profession of music therapy. The discussion about two triangular relationships, as indicated in Figures 2 and 3, has suggested the importance of building effective therapist-client rapport within a therapeutic relationship, as well as incorporating evidence-based use of music to ensure positive outcomes. These triangular relationships have also illuminated the weaknesses of some current practices in China. Because of the lack of genuine therapeutic interaction and continued research, clinical models such as the “prescribed music” might not be able to achieve the best outcomes. Therefore, this model can serve as a base and guidance for us to further investigate how to develop the field of music therapy in China.

Conclusion

The present study stems from my initial interest in the definition of music therapy in China, which resulted from both my seven-years of training in the United States and my personal Chinese background. When investigating the development of music therapy in China, the conflict between Chinese perspective and the U.S. influenced model emerged. This dissonance may negatively impact the further development of music therapy in China. This is the primary reason I chose to analyze existing definitions, find common principles, and ultimately, suggest a model for potential integration.

Through the process of analyzing existing definitions and summarizing common principles, I found that TCM philosophy and the U.S. music therapy model were not necessarily contradictory. Both perspectives acknowledge certain concepts, such as the view of wholeness and preventive care. In addition, some suggestions have been made through this process of analysis, including improving therapeutic interactions within clinical practice, promoting the evidence-based use of music, encouraging investigations of Chinese music, and expanding populations based on Chinese cultural and social norms.

Limitations. Some limitations exist in this present study. First of all, my personal background, beliefs, and experience may have created potential bias. Also, due to the fact that I am currently living in the U.S., it was not convenient to get access to all resources in China. Thus, it is possible that there are other definitions existing in China that are not included in this study. Furthermore, all definitions included in this study are originally written in Chinese. For the purposes of this paper, I translated them into English. It is possible that these definitions could be translated in another way and my translation may not accurately reflect the intent of the original authors.

Future Research. Despite these limitations, this work intends to establish a baseline of resources and ideas that are available and accessible at this time. Further research and discussion is warranted now that these issues have been identified and outlined. Furthermore, more questions have been brought up during this process, which are listed below:

1. How is music therapy defined in other countries, especially in other Asian countries that share more cultural norms with China? Are there principles from other perspectives around the world that we can all acknowledge and agree upon?
2. In other countries where music therapy has just started to develop, what efforts have been made to incorporate current music therapy models into their home cultures? Is there anything to be learned from their experiences?
3. It is evident that the information presented to the public is still limited, and many people may not be getting accurate information about music therapy. What efforts can we make in order to advocate for our profession?
4. Although a basic discussion is provided on connections between music therapy and TCM philosophies, how can we transfer this understanding into clinical practice? Which direction should we take in order to further study this?
5. Overall, during the process of integrating Chinese perspectives into current model of music therapy, what cultural perspectives and traditions do we need to incorporate? Are there any traditions that are conflicting with current model? Furthermore, what changes may it cause to future education, research, clinical practice, qualification of therapists, and overall development of our profession?

Obviously, none of these questions can be easily answered or solved by one person. It will ultimately require the united effort from everyone in the profession, and a tremendous

amount of research. In Chinese, there is an old saying, “*Pao Zhuan Yin Yu*”, which literally means to throw out a brick and hope to attract some jade. This is a metaphorical way of saying that by expressing my naïve and immature idea, I hope it will encourage someone else to express their more valuable opinions. These are exactly the words I want to use to end this paper. The cultural transfer in music therapy will not only be a lifelong project, but also may require efforts from different generations to accomplish this evolution. This present study is an attempt to open further conversation with the music therapy profession in China and encourage other professionals to communicate and share in order to promote our development. It is my sincere wish that this paper can provide a hint to future researchers and become a small brick in this long journey.

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