

History and Prospects of Music Therapy

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Abstract

Music therapy has rapidly developed within a relatively short period due to its highly practical nature, and it has progressively shifted toward a biopsychosocial model. This review summarizes the historical development of music therapy in China and abroad—particularly in Europe and the United States—describes different schools of music therapy, analyzes existing problems in current practice, and discusses possible approaches to improvement and future directions for the field.

Keywords: music therapy; history; current status; prospects; review

1. Historical Development and Current Status of Music Therapy

1.1 Music Therapy Abroad

Music has long been regarded as having the power to influence both psychological and physical well-being. In primitive societies, Western tribes used drumming and sacred chants in magical or religious rituals to expel evil spirits and heal illness. Ancient Greek thinkers—Pythagoras, Plato, and Aristotle—are often considered foundational to music therapy. Pythagoras proposed the concept of “musical medicine,” arguing that music harmonizes the soul and can either intensify or relieve emotion. Plato believed music influences behavior and consciousness, while Aristotle emphasized its cathartic value.

Following the decline of the Roman Empire, music continued to be used in religious and ritual contexts. During the Renaissance, physicians and scientists began systematically observing music’s effects on humans and animals. By the 18th and 19th centuries, music was increasingly recognized as a means of relaxation and emotional regulation.

Modern Western music therapy began in the late 19th century. In 1789, writings appeared discussing the physiological effects of music. In the early 20th century, hospitals in the United

States employed musicians to aid patient rehabilitation. During and after World War II, the need to rehabilitate veterans accelerated the institutionalization of music therapy. Academic programs were established, including the first university music therapy course at Michigan in 1944; the National Association for Music Therapy (NAMT) was formed in 1950, later unified into the American Music Therapy Association (AMTA) in 1998.

In the United Kingdom, Nordoff and Robbins played a leading role in advancing creative and improvisational approaches to music therapy. By the late 20th century, music therapy organizations such as the World Federation of Music Therapy were established, and the profession expanded globally. Today, thousands of registered music therapists work across healthcare, psychology, rehabilitation, and education.

1.2 Music Therapy in China

The use of music for healing in China can be traced back several millennia. In classical texts such as the *Yellow Emperor's Inner Canon*, music was associated with the five elements and believed to influence the physiology and emotions of the body. Historical writings describe the therapeutic role of music for regulating mood, cultivating the spirit, and restoring harmony between the body and mind.

Throughout the Tang, Song, Yuan, Ming, and Qing dynasties, music was used for emotional regulation and wellness practices. Daoist traditions emphasized music as a tool for preserving health, calming the mind, and preventing illness.

Modern music therapy in mainland China began relatively late. In the 1980s, Chinese scholars introduced Western music therapy concepts through lectures and collaborative programs. Hospitals in Beijing, Shenyang, and Changsha pioneered clinical applications combining music therapy with traditional Chinese medicine and psychotherapy. The China Music Therapy Association was founded in the 1990s, and professional training programs subsequently expanded.

Currently, hundreds of institutions across China employ music therapy in clinical and educational contexts. However, the overall development remains at an early stage. Challenges include theoretical limitations, uneven professional training, and the need for culturally grounded approaches.

2. Schools of Music Therapy

Music therapy remains a developing discipline, and multiple theoretical schools have emerged internationally. Major approaches include: Nordoff–Robbins Creative Music Therapy, Psychodynamic Music Therapy, Clinical Orff Therapy, the clinical applications of Kodály and

Dalcroze methods, Guided Imagery and Music (GIM), Developmental Music Therapy, Music Therapy with Transactional Analysis, Gestalt Music Therapy, and Behavioral Music Therapy. Among these, Nordoff–Robbins, psychodynamic, Orff-based, and behavioral approaches exert the greatest influence.

In China, theoretical development is still emerging. Three primary viewpoints exist: (a) fully adopting Western music therapy methods; (b) developing indigenous approaches rooted in traditional Chinese culture and medicine; and (c) integrating Chinese and Western perspectives. Currently, an integrated approach is regarded as the most constructive direction for China’s music therapy development.

3. Existing Problems and Future Prospects

3.1 Weak Theoretical Foundations

Most Chinese publications focus on clinical techniques, experiments, and case studies, whereas foundational theoretical research remains limited. Music therapy is often interpreted through pre-existing psychological or educational frameworks, resulting in insufficient independent theoretical models.

3.2 Emphasis on Treatment Over Prevention

Music therapy in China is primarily applied to clinical illness, with relatively little focus on preventive health, sub-clinical populations, students, or individuals with mild psychological difficulties.

3.3 Insufficient Attention to Cultural Context

Borrowing from foreign models is necessary during early development, but cultural adaptation is essential. Each country’s music therapy system reflects its own cultural and medical heritage; therefore, China must integrate music therapy with traditional cultural resources to form locally appropriate methods.

3.4 Difficulty in Evaluating Therapeutic Outcomes

Music therapy requires long-term treatment and involves complex psychological processes, making quantitative outcome measurement challenging. Developing reliable assessment tools is essential for advancing theoretical and clinical research.

3.5 Lack of Research on Mechanisms of Action

The mechanisms through which music affects physiological and psychological processes remain unclear. Further investigation—at the levels of physical acoustics, organ systems, molecular activity, and mind–body interactions—is needed to support evidence-based practice.

4. Conclusion

In conclusion, music therapy has developed rapidly due to its strong clinical applicability. It is transitioning from a biomedical model to a biopsychosocial framework that integrates music, psychology, culture, and aesthetics. Music therapy is expected to play an increasingly important role in future healthcare and social well-being.

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