



A Brief Overview of Music Therapy Content for Practitioners

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Abstract

Background and Aim: Chinese five-tone music therapy has developed in response to mental health issues. This article provides a briefing on music therapy, music therapeutic practice, and surveying the practice of music therapy. The authors evaluate pertinent papers from studies published outside of China from 2003 to 2023, recommend five publications from experts, and then extract and retrieve scholarly pieces.

Methodology: This paper is documentary research by reviewing the literature related and using the content analysis.

Results: Music therapy, originating in Vienna around 1820, uses music, rhythm, sound, and melody to address physical, emotional, cognitive, social, and psychological needs. It has applications in neonatology, pediatrics, and traditional Chinese five-tone music therapy. The BARIT model and model combine the disciplines of music, medicine, and psychology to target mental health concerns. Music therapists value authenticity and seek training in various styles, genres, instruments, and skills. They believe in the benefits of music therapy for patients and staff and recommend expanding the program, hiring more therapists, increasing daily sessions, and creating a dedicated space.

Conclusion: The article discusses the role of music therapy in helping young people with mental health emergencies, highlighting its benefits in behavioral changes and improved engagement. It suggests using surveys and interviews to create a research framework and develop a tool for developmental study and practical application in the classroom.

Keywords: Music; Therapy; Practitioners

Introduction

Music therapy for young patients, particularly in palliative care settings, involves utilizing music interventions to address somatic and psychological symptoms. It is offered to children, young adults, and their families to manage and prevent various symptoms, often alongside conventional treatments. Music therapy sessions can take place in different areas like patient rooms, operating rooms, and waiting rooms, either individually or in groups. (Chang, 2023; Giordano et al. 2023) The therapy is beneficial in promoting positive coping, normalization, reducing anxiety, and enhancing engagement among pediatric patients awaiting medical stabilization and psychiatric placement. (Santos, & González, 2020). In child-friendly healthcare, music therapy serves roles such as noise masking, emotional adjustment, and cognitive learning, while facilitating activity participation and non-verbal expression. However, music therapy plays a crucial role in improving the quality of life and overall well-being of young patients facing challenging medical conditions. Freitas et al. (2022) presentation on adolescence is a critical stage of development, but it also presents a peak age for psychiatric disorders. Music, an auditory stimulus, can be used to interest and motivate young people, providing identity, social connection, and emotional regulation. A study involving 142 sources, including 9 papers on music therapy published in psychology or child psychiatry journals, found that interventions involving music therapy can improve self-esteem, and social engagement, decrease social isolation, and reduce depression and anxiety symptoms in psychiatric adolescents. However, due to the heterogeneity and methodological quality of the studies, it is difficult to generalize results and extrapolate results. More quality research is needed to expand music therapy interventions on youth mental health.

In addition, Avers, Mathur, and Kamat's (2007) presentation on music therapy in pediatrics Music has been known to have calming effects for ages, and experts from many cultures have written extensively on it. Studies conducted in more recent times have demonstrated how helpful music is at reducing symptoms





in a wide range of clinical and psychological problems. The main goals of using music therapy as an intervention are to regulate emotional states in pain, tension, and cognitive processing. Increased production of the stress hormone cortisol, which is known to inhibit immunological responses, is linked to stress. Over the last few decades, several research has shown that music therapy can either boost immune responses or reduce stress. For this reason, music therapy should be viewed as a beneficial supplement to conventional pharmaceutical treatment approaches to boost the immune system and reduce stress in such circumstances. The future of music therapy, especially in pediatrics, is discussed in this article along with the function of music as a therapeutic modality. Also consistent with the report, A meta-analysis on the effectiveness of music-based interventions in reducing internalizing symptoms in children and adolescents, including depression and anxiety, was conducted. The results showed a significant main effect, indicating a greater reduction of symptoms. in youth receiving music-based interventions compared to different control group interventions. However, the existing evidence is limited to low-power and methodological-quality studies, and the included studies were highly heterogeneous. The findings suggest that music-based interventions may be efficient in reducing the severity of internalizing symptoms in children and adolescents. (Geipel et al., 2018) However, rigorous research is needed to replicate these findings and provide a broader base of evidence. More research adopting well-controlled study designs of high methodological quality is needed.

Research has shown that music therapy is an effective means of supporting young patients going through mental health crises. For a brief overview of music therapy content for practitioners, the authors conduct a review of relevant documents from studies published outside of China from 2003 to 2023, provide a list from which experts recommend five publications, and then extract and compile scholarly articles. Therefore, this article provides a briefing on music therapy from a variety of sources to investigate the application of music therapy in treating young patients. This article's primary focus will be on three key issues: 1) music therapy, which will involve providing definitions of music therapy and discussing music therapy education in China, 2) music therapeutic practice, and 3) surveying the practice of music therapy.

Music therapy

Music therapy is a therapeutic intervention that utilizes music, rhythm, sound, and melody to address various physical, emotional, cognitive, social, and psychological needs. It aims to enhance social, communicative, and relational aspects, working on dimensions like physical, psychological, and sensory functions while promoting self-awareness and social experiences. (Scheve, 2004) Music therapy is conducted by credentialed therapists who design treatment plans tailored to individual needs and goals, incorporating activities such as listening to music, discussing music, creating music, or moving to music. (Mahon & Mahon, 2011; Melissa, Mariani & Tafuri, 2017) The history of music therapy dates back to early attempts in Vienna around 1820, when music was integrated into psychiatric institutions by Bruno Goergen, emphasizing moral treatment. Musician Willem Van de Wall had a leading role in introducing therapeutic music to American jails and psychiatric facilities from 1921 until 1936. His treatment was deeply rooted in the techniques and ideology of social control. Following World War II, it greatly influenced the process of professionalizing the area of therapy. Music therapy. Van de Wall's impact highlights a hitherto unnoticed correlation between contemporary clinical practice and the methods of control used in prisons and psychiatric hospitals throughout the early 1900s. The larger effect of music therapy within postwar self-help culture challenges traditional scholarly notions of the "therapeutic ethos" due to its association with social control activities. The therapeutic ethos did not exclusively emerge from the middle classes' attempts to adapt to bourgeois modernity. The presence of music therapy indicates that some aspects of "therapeutic culture" have consistently employed coercion to uphold racial, gender, and class inequalities. (Vest, 2020) In the 1950s, music therapy was formally recognized as a discipline, evolving rapidly into a bio-psycho-social model with Orff music therapy emerging as an effective method. Music therapy's roots also extend to the early 20th century, when Willem Van de Wall pioneered therapeutic music in American prisons and psychiatric institutions, influencing the postwar self-help culture and challenging





traditional ideas about therapeutic practices. (Voigt, 2003) Furthermore, the use of music therapy in neonatology and pediatrics has been explored, highlighting its role in non-drug rehabilitation and its neurophysiological justifications in aiding infants with perinatal pathology. (Meng, & Xue, 2023) However, the historical evolution of music therapy showcases its diverse applications and continuous development over time.

Music therapy in China has a rich history and cultural significance. Traditional Chinese five-tone music therapy originated from ancient practices related to the five elements and the five main organs in traditional Chinese medicine, evolving over historical dynasties and becoming a unique cultural treasure. Chinese traditional five-tone music therapy, originating from the ancient practice of Shaman medicine, is a unique and influential form of Chinese medicine. Music therapy, originating from ancient Chinese practices, has evolved to address mental health challenges in modern times. This system, based on the five-element thinking of wood, fire, earth, metal, and water, diagnoses the lesion of the five main organs in the human body. The theory was developed in the Yellow Emperor's Internal Classic during the Warring Period. Kwon, Kim, & Kim. (2024) conducted a modernization of oriental music therapy: five-element music therapy combined with artificial intelligence. The combination of five-element music therapy and artificial intelligence (AI) has the potential to modernize East Asian traditional medicine. This non-pharmacological therapy, based on the five-element theory, can provide individualized treatment for various physical and mental conditions. However, the classification and application of these elements are primarily based on subjective judgment. We discuss the future of this combination, hoping that AI may encourage its use in the medical field. The evolution of this therapy over time laid the theoretical foundation for contemporary Chinese traditional five-tone music therapy, making it a valuable cultural treasure with unique Chinese cultural characteristics. (Zhang & Gao, 2022). Music therapy, originating from ancient Chinese practices, has evolved to address mental health challenges in modern times. In modern times, music therapy has been integrated into medical and educational settings, although not yet fully embraced by the national medical system. Despite challenges like fee guidelines and insurance coverage, music therapy is offered in various settings including outpatient clinics, sports rehabilitation departments, and independent clinics, with a focus on the potential role of the mirror neuron system in therapy.

Music therapy has been practiced in China for years, with some conservatories and medical schools offering courses for bachelor's and master's degrees. Music therapists work in clinical clinics and departments of rehabilitation in hospitals, but many hospitals have concerns about conducting music therapy due to the lack of government fees. Some specialized affiliated hospitals offer music therapy as an alternative comprehensive treatment, but due to medical expense regulations, it is often low or even free of charge. Music therapy is not officially covered by health insurance. The hypotheses suggest that the mirror neuron system may play a potential role in music therapy and the social brain. More effort should be made to conduct scientific research in music-related medicine and neuroscience in China institutes. (Liu, Tian & Tan, 2023) Music therapy in China involves the practice of utilizing music as a therapeutic tool in various settings, including medical education, clinical clinics, rehabilitation departments, and independent therapy clinics. Despite not being systematically accepted by the national medical system, music therapy is offered in some conservatories and medical schools, with specialized hospitals incorporating it into comprehensive treatment plans. Concerns exist regarding fee guidelines and insurance coverage, leading to instances where therapy may be low-cost or even free for patients. The use of music therapy in China is evolving, with a focus on integrating music, medicine, and psychology to address mental health issues like depression and anxiety disorders through innovative models like the BARIT model and the PLUS model. Depression is a global epidemic, particularly affecting the younger generation in China. To address this issue, a music-based model called the BARIT model has been developed, which combines aesthetics, behavioral activation, and artistic activities. This approach benefits from the healing power of aesthetic experience and is considered an efficient treatment for depression. The BARIT model is part of a comprehensive project aimed at improving mental health in Chinese children and adolescents through arts-based methods for





classroom education. It includes treatments for attention deficit hyperactivity disorders, oppositional defiant disorders, anxiety disorders, stress-related disorders, burnout syndromes, eating disorders, and COVID-19-related developmental syndromes. (Mastnak, 2022) The PLUS model integrates psycho-education, learning conditions, underlying mechanisms, and self-regulation to tackle anxiety disorders effectively. Despite challenges like fee regulations and lack of health insurance coverage, music therapy is being offered in various settings, including outpatient clinics, sports rehabilitation departments, and independent clinics. Efforts are ongoing to enhance mental health education and utilize music therapy for diverse mental health issues in China, including oppositional defiant disorder (ODD).

A Brief Introduction to Music Therapy

1. The origins of therapeutic music may be traced back to Vienna in around 1820 when Willem Van de Wall introduced this practice to American prisons and mental institutes.
2. Utilizes music, rhythm, sound, and melody to cater to various physical, emotional, cognitive, social, and psychological requirements.
3. Seeks to improve social, communicative, and relational elements while encouraging self-awareness and social interactions.
4. Utilize in the fields of neonatology and pediatrics, supported by neurophysiological reasoning, for infants with perinatal disease.
5. Traditional Chinese five-tone music therapy has developed in response to contemporary mental health issues.
6. Music therapy is provided in different venues, despite obstacles such as pricing guidelines and insurance coverage.
7. The BARIT model and model combine the disciplines of music, medicine, and psychology to specifically target mental health concerns.

Music Therapeutic Practice.

The study conducted by Vest (2020) explores the topic of music therapists' perceptions and practices related to musical authenticity in the field of music therapy. *Willem Van de Wall* and the carceral origins of American music therapy. In the early 1920s, Willem Van de Wall entered a psychiatric hospital and conducted group singing sessions for patients. He found that these patients were remarkable singers, particularly a "South American" patient who derived pleasure from intimidating others. The patient promised to behave himself and was allowed to attend sessions every week. He participated assiduously, collecting sheet music, helping fold Van de Wall's organ, and even carrying the instrument outside of the ward. Van de Wall's 1924 statement, "The Utilization of Music in Prisons and Mental Hospitals," outlined many key elements of his music-therapeutic philosophy. The patient's psychosis was a matter of an "overflow of energy" channeled wrongly and needed to be directed toward constructive ends. The patient regained mental health through self-discipline and the enticement of musical expression, and the transformation manifested in a gradual resumption of rights. Van de Wall's work also touched upon racist strain in his thinking, as he often employed stereotyped understandings of race and nationality in his work. He published two full monographs, "The Utilization of Music in Prisons and Hospitals" (1924) and "Music in Institutions" (1936), detailing his thinking on the mechanics of music, music therapy, and its place in the rehabilitation of prisoners and patients. While the first monograph offered little practical advice for aspiring music therapists, the second, "Music in Institutions," provided a detailed roadmap for institutional therapy, covering various institutional settings, musical activities, and administrative concerns. Van de Wall advocated for a variety of music-therapeutic activities, including listening to recorded music, attending live performances, classroom instruction in music theory and appreciation, impromptu singalongs, and participation in various musical ensembles. He began his work at the House of the Holy Family, a facility for juveniles of the Roman Catholic faith, where he taught music theory and technique, part singing, and music appreciation. By 1936, Van de Wall expanded his repertoire of music-therapeutic techniques to





include instrumental performance. For intellectually disabled individuals in institutions for the "mentally deficient," he prescribed instrumental music in the form of the rhythm orchestra, harmonica bands, drum-and-bugle corps, and the band. However, he warned that stringed orchestral instruments should not be introduced in institutions for the "feeble-minded." In psychiatric hospitals, Van de Wall believed that music therapists could introduce the full range of instrumental music, from rhythm ensembles to orchestras.

In correctional institutions, Van de Wall classified vocal activities according to two broad designations: spontaneous singing without musical and vocal training and artistic singing done for artistic purposes using an acquired vocal technique. Community singing was considered most applicable to work in institutions and should last no longer than thirty or forty-five minutes. Van de Wall drew on cultural currents in American and trans-Atlantic contexts, such as group singing, which had played a crucial role in religious and educational life since the colonial period. The American glee club movement, spawned by amateur all-male singing groups, and civic-minded music teachers and others, began to cultivate a more musical civic culture in the United States through the publication of standardized songbooks and the encouragement of singing in schools and communities.

Van de Wall's approach to music therapy

1. Commenced his teachings at the House of the Holy Family, a facility catering to Roman Catholic juveniles, in 1923.
2. Promoted a range of music therapy activities, such as engaging in recorded music listening, attending live performances, receiving classroom training in music theory and enjoyment, participating in impromptu singalongs, and joining different musical groupings.
3. Broadened his range of music therapeutic techniques to encompass instrumental performance, recommending rhythm orchestra for intellectually disabled individuals, harmonica bands and drum-and-bugle corps for those considered slightly more receptive to education, and the band for those at a more advanced level.
4. Advised against the incorporation of stringed orchestral instruments in institutions for individuals with cognitive disabilities due to the significant level of musical expertise they need.
5. Within psychiatric facilities, Van de Wall advocated for the music therapist to incorporate a diverse selection of instrumental music, ranging from rhythm bands to orchestras.
6. Vocal activities were categorized into two main groups: spontaneous singing without musical and vocal training, and artistic singing performed for artistic purposes using a learned vocal technique.
7. Community singing, which is most suitable for institutional settings, was found to be the most applicable.
8. Utilized cultural influences from both American and trans-Atlantic settings, such as the glee club movement and music teachers, with a focus on civic engagement.

However, music therapy practices encompass a wide range of interventions aimed at achieving individualized goals within a therapeutic relationship. Music therapists engage in technology-aided practices, such as making personalized connections with clients, encouraging musicking, and preserving legacies. They address cognitive, communicative, emotional, physiological, and spiritual goals through listening to music, talking about music, making music, and moving to music. In countries like India, traditional healing practices like Vedic chanting and Cakra activation are integrated into music therapy to impact biological, psychological, and spiritual dimensions. (Sumathy, 2018) In addition, it was found that in some countries, music therapy practices involve using mode music, active and passive therapy, and authentic instruments, with music selection based on the client's preferences and history. Music therapists highly value musical authenticity and often collaborate with clients to provide live music, utilizing non-electronic strategies and recorded music effectively.





Surveying Music Therapy Practice

To gain new knowledge, the author has reviewed the survey report on matters related to "music therapy practice" to enhance knowledge and understanding and use it as a guideline for developing research tools. Therefore, the author has studied the following report.

Veblen (2018) reports on his thesis on music therapists' perceptions and practices regarding musical authenticity in music therapy practice. We conducted a survey to address this issue. 1) The most difficult genres, such as hip-hop/rap, electronic/dance, folk, and easy listening 2) Providing music I provided a song with elements that were difficult to reproduce authentically using only. I approximated difficult elements while using VPGP, left out difficult elements while using it, and played an instrument along with the recording. Used non-electronic instruments other than VPNGP. 3) Non-electronic instruments. For example, non-electronic instruments used are the ukulele, woodwinds, and dulcimer. 4) Non-electronic strategies: for example, strategies used include singing instrumental interludes or solos and advanced vocal techniques. 5) Electronic Technology and Instruments. For example: instruments and technology used: electric guitar, keyboards and synthesizers, MIDI controllers, computers, and computer software. 6) Use of the iPad, and 7) Not Providing Live Music. There are also related qualitative discussion points, including: What are music therapists' perceptions regarding the importance of musical authenticity and the barriers to musical authenticity in music therapy practice? The importance of musical authenticity varies with clients, with some wanting it to be as close to the original as possible, while others don't care much. Therapists often prioritize their personal authenticity and therapeutic presence with the client over musical authenticity due to the therapeutic relationship it fosters. Interpersonal and rapport connections are also important, as people are willing to forgive not being authentic if they perceive the therapist's care. Finally, the significance of live music surpasses that of musical authenticity, as some participants observed that clients are more receptive to live music that lacks authenticity. Music therapists value musical authenticity and desire more training in various styles, genres, instruments, and musical skills. They suggest that more courses on advanced guitar techniques and electronic training in school are necessary to effectively replicate different genres. Additionally, they believe that music therapy education should focus on more relevant music therapy skills, such as guitar and vocal lessons. Some participants also complain that music therapy education often focuses on classical training, which takes away time for more relevant skills. They argue that prioritizing guitar and vocal lessons over other primary instruments would enhance personalized and effective treatment. In conclusion, the study highlights the challenges music therapists face in providing authentic music for their clients, highlighting the need for more comprehensive training and education in the field.

Phan Quoc et al., (2019) Survey results report on music therapy in Austria: A national survey study on the professional situation of music therapists. In 2018, the Music Therapy Research Centre Vienna conducted a national survey of music therapists in Austria, aiming to provide current data and illustrate changes in the professional field. The survey, which included information on working hours, fields, and legal and financial issues, received a response rate of 73.8% from 299 participants. The findings showed an increase in music therapy services, particularly for children and adolescents with developmental or behavioral problems and adults with mental health issues. We identified the following issues related to the survey: 1) Type of institution such as private practice, hospital, outpatient clinic, teaching/research institution, mobile services, daycare center, etc. 2) Fields of work such as children and adolescents with developmental or behavioral problems, adults with mental health problems, people with a mental and/or physical handicap, adults in life-changing crises or personality development, neurology and neurorehabilitation patients, children and adolescents with psychosomatic illnesses, oncology, and neonatology patients.

Khan et al., (2016) presented a report on the perceptions of music therapy for older people among healthcare professionals and found that the study investigates healthcare providers' perceptions of music therapy and their recommendations for wider adoption in a hospital setting. A qualitative exploratory study





was conducted in an urban teaching hospital in March 2015 using short, semi-structured interviews. The findings revealed a belief in the benefits of music therapy for patients and staff, as well as a desire for its expansion. The study highlights the importance of music therapy for patients and healthcare professionals. The survey identified the following related issues: 1) Music genres are predominantly listened to, such as blues, classical, country, and radio stations. 2) Instruments played and musical abilities such as guitar and piano Music therapy improves patients' social, cognitive, psychological, physical, and emotional objectives, enhancing their understanding and empathy. It also stimulates language and memory, particularly in patients with traumatic brain injuries, strokes, or dementia. Staff found music therapy enjoyable and recommended expanding the program, hiring more therapists, increasing daily sessions, and creating a dedicated space. Staff also suggested implementing music therapy in other departments and involving music therapists in multidisciplinary teams.

Kern & Tague (2017) presented a report on music therapy practice status and trends worldwide: An international survey study. The music therapy field is expanding globally, but there is limited data on its development. A study involving 2,495 music therapists from organizations affiliated with the World Federation of Music Therapy (WFMT) aimed to gather demographics, practice status, and clinical trends to inform advocacy efforts, training needs, and sustainable development. The results showed that professional music therapists are well-educated, mature professionals with experience in mental health, school, and geriatric settings. However, challenges with recognition and government regulation have led to part-time jobs and underpayment. Despite this, many music therapists have a positive outlook for the future. The study suggests that continued research, advocacy, and collaborations with lobbyists, business consultants, and credentialing experts are crucial for the field's sustainability.

Johnson & Heiderscheit's (2018) survey of music therapy therapists revealed that the majority of users were women (93.5%) and represented all geographic regions of AMTA. They report their level of education, board certification, and experience working in the field. Over half of the adults worked strictly in an adolescent inpatient unit (55.2%), with many combining adolescent and child units. Less than half of the respondents (43.1%) were employed full-time on the adolescent unit, but a majority worked with other populations while employed on the adolescent unit (74.1%). The survey included 11 goals potentially addressed in music therapy sessions, which included developing leisure skills, increasing frustration tolerance, addressing thought organization, improving physical fitness, developing behavioral management skills, and learning DBT-based mindfulness techniques. There were no significant differences in goals addressed between clinicians with one to five years of experience in adolescent inpatient mental health and those with six to 10 years of experience. The survey also revealed that the most commonly used interventions in music therapy sessions were vocal or instrumental improvisation, performance, guided imagery, music and movement, and songwriting. Two interventions that appeared to decline when comparing currently practicing music therapists to those who previously practiced in this setting were instrumental improvisation and drum circles. A Mann-Whitney U post-hoc test examined the differences in the overall frequency of music therapy interventions, comparing clinicians who indicated working in adolescent inpatient mental health units for one to five years ($Mdn = 23.61$) to those who indicated working in this setting for six to 10 years ($Mdn = 26.88$). Factors influencing the decision to select intervention(s) for sessions included client diagnoses, time spent developing rapport with patients, theoretical orientation, and additional training. Many men indicated interest in receiving advanced or additional music therapy training to enhance their clinical practices. The perceived effectiveness of music therapy was found to be very effective, with 62.5% of respondents reporting it as very effective. However, no respondents listed music therapy as being less than "somewhat effective."

Knott et al. (2020) conducted a survey that revealed a therapist-to-patient ratio of one for every 100 patient beds in pediatric medical settings. Over half of these positions are philanthropically funded, with palliative care and pain being the most frequently prioritized needs. The study recommends a repeat of the survey in five years to examine growth and change in service delivery among pediatric music therapists.





The majority prioritize patients with palliative care, bereavement, and end-of-life care needs, followed by pain, procedural support, and difficulty coping with hospitalization. Music therapy services are most present in areas with the highest medical acuity, with coping/engagement and pain management more frequently addressed. The study also highlights the higher reliance on philanthropic funding for pediatric music therapy programs, which could marginalize the profession and undermine sustainability.

Sampaio. (2023). Presenting a report on Music-based interventions in rehabilitation of children and adolescents with chronic diseases. Music-based interventions (MBI) are a valuable tool for rehabilitating children and adolescents with chronic diseases and disabilities. MBI can develop psychomotor skills, promote comfort and spiritual health, and alleviate suffering during recovery and rehabilitation processes. Music therapy can alleviate these negative effects by promoting social interactions and physical activities, reducing pain, anxiety, and depression. Artistic activities such as drawing, painting, paper folding, and video play a crucial role in promoting well-being. Music therapy has been used in hospitals with end-of-life patients to provide spiritual health to patients and families from various religions. In Brazil, a musician has developed a repertoire of songs and prayers from the main religions present, which can be used to provide spiritual health in the PICU as a means of social integration for people from minority religions. Music-based exercises can be used with inpatients and outpatients to assess and develop important skills for daily life. These exercises can be performed individually or in small groups, with outpatients in waiting rooms, for entertainment, or in rehabilitation processes with inpatients or day hospitals. These exercises can be played by other professionals with backgrounds in music, such as nurses, occupational therapists, psychologists, social workers, and teachers. In conclusion, music-based interventions can be a valuable tool in rehabilitating children and adolescents with chronic diseases, particularly those with immunosuppression.

Interactive singing with children can be a therapeutic and pedagogical exercise that tests a child's memory and cognition. For example, a therapist can sing "Old MacDonald Had a Farm" to a 6-year-old girl in rehabilitation, using her cognitive skills to choose an animal from a farm. This exercise can provide valuable information about the child's cognitive abilities and socio-cultural issues. Interactive playing with simple musical instruments can also be used to encourage communication and sociability in children. The therapist can offer the patient a simple percussion instrument or children's melodic instruments, usually tuned in the C major scale. This exercise can be used with children with chronic conditions like autism as a warm-up to other exercises. Music therapy can increase the quality of life and promote improvements in total autism severity in pediatric outpatients with autism. Group exercises can encourage protagonism among children by choosing and sharing musical instruments. This exercise is suitable for waiting rooms and outpatient clinics and can improve empathy in neurotypical children with poor social skills and intellectual disabilities. For adults with severe learning disabilities, music group training can help them develop and maintain friendships. Overall, interactive singing, playing with simple musical instruments, and group exercises can all contribute to improving the quality of life for children and their families.

Whitehead-Pleaux et al. (2006) conducted a study on the impact of music therapy on pediatric patients' pain and anxiety during donor site dressing changes. The study involved fourteen participants, with live music as the experimental group's intervention and verbal communication as the control group. We collected psychological, behavioral, and physiological data using various scales. The results were conflicting and unclear, with participants providing anecdotal information on the impact of music on pain and anxiety. We discussed the shortcomings of the study and made recommendations for further research. The findings highlight the need for further research on the effects of music therapy on pain and anxiety in burn patients. The study involved 14 subjects, six in a control group and eight in an experimental group. An ANOVA test analyzed the data and found no significant relationship between the independent and dependent variables. We used the Mann-Whitney U to analyze the NAPI, Wong-Baker FACES Scale, Fear Thermometer, heart rate, and respiration rates. The study found that the experimental group displayed significantly more distress than the control group. The Wong-Baker FACES Pain Scale showed no





statistical differences between the experimental and control groups in any conditions. According to the Fear Thermometer scores, the experimental group experienced significantly higher levels of fear before and during the procedure. However, the fear scores after the procedure were not statistically different. We also analyzed the physiological measures of heart rate and respiration. The study found that the experimental group's heart rate decreased more than the control group, indicating that the music therapy group's heart rates decreased more than the verbal support groups. The study found no statistical difference between the experimental and control groups.

From the above report, the following conclusions may be drawn.

Name report	Conclusions Contents
Phan Quoc et al., (2019) and Veblen (2018)	<p>A survey on music therapists' perceptions and practices regarding musical authenticity.</p> <ul style="list-style-type: none">• Some clients prioritize personal authenticity and therapeutic presence over musical authenticity.• Music therapists value musical authenticity and desire more training in various styles, genres, instruments, and musical skills.
Khan et al. (2016)	<p>Study on Perceptions of Music Therapy</p> <ul style="list-style-type: none">• Found a belief in the benefits of music therapy for patients and staff.• Found music therapy enjoyable and recommended expanding the program, hiring more therapists, increasing daily sessions, and creating a dedicated space.
Kern & Tague (2017) and Johnson & Heiderscheit (2018)	<p>Music therapy practice status and trends worldwide, revealing that professional music therapists are well-educated, mature professionals with experience in mental health, school, and geriatric settings.</p> <ul style="list-style-type: none">• Identified challenges with recognition and government regulation leading to part-time jobs and underpayment.• Majority of users were women and represented all geographic regions of AMTA.• Most commonly used interventions in music therapy sessions were vocal or instrumental improvisation, performance, guided imagery, music and movement, and songwriting.
Knott et al. (2020)	<p>There is a therapist-to-patient ratio of one for every 100 patient beds in pediatric medical settings, with over half of these positions being philanthropically funded. The majority prioritize patients with palliative care, bereavement, and end-of-life care needs, followed by pain, procedural support, and difficulty coping with hospitalization. Music therapy services are most present in areas with the highest medical acuity, with coping/engagement and pain management more frequently addressed.</p> <ul style="list-style-type: none">• Majority prioritize patients with palliative care, bereavement, end-of-life care needs, pain, procedural support, and hospitalization coping difficulties.• Music therapy services are most prevalent in areas with high medical acuity, focusing on coping/engagement and pain management.
Sampaio (2023)	<p>Music-based interventions in the rehabilitation of children and adolescents with chronic diseases. Music-based interventions can develop psychomotor skills, promote comfort and spiritual health, and alleviate suffering during recovery and rehabilitation processes. They can also promote social interactions and physical activities, reducing pain, anxiety, and depression.</p> <ul style="list-style-type: none">• Develop psychomotor skills.• Promotes comfort and spiritual health.• Alleviates suffering during recovery.• Promotes social interactions and physical activities.• Reduces pain, anxiety, and depression.

However, music therapists face challenges in providing authentic music for clients, highlighting the need for more comprehensive training and education. A national survey in Austria revealed an increase





in music therapy services for children and adolescents with developmental or behavioral problems and adults with mental health issues. Professional music therapists are well-educated professionals with experience in mental health, school, and geriatric settings. Music-based interventions can develop psychomotor skills, promote comfort, and spiritual health, and alleviate suffering during recovery. Further research is needed to understand the effects of music therapy on pain and anxiety in burn patients.

Conclusion

From the survey on music therapy for young patients through the above document. This article's primary focus will be on three key issues: 1) music therapy, 2) music therapeutic practice, and 3) surveying the practice of music therapy. The results of the study are as follows:

1) Music therapy is a therapeutic intervention that uses music, rhythm, sound, and melody to address physical, emotional, cognitive, social, and psychological needs. It aims to enhance social, communicative, and relational aspects while promoting self-awareness and social experiences. Originating in Vienna around 1820, it is conducted by credentialed therapists who design treatment plans tailored to individual needs. Music therapy has applications in neonatology, pediatrics, and traditional Chinese five-tone music therapy. It is provided in various venues, despite obstacles like pricing guidelines and insurance coverage. The BARIT model and PLUS model combine the disciplines of music, medicine, and psychology to specifically target mental health concerns.

2) Van de Wall's approach to music therapy began in 1923 at the House of the Holy Family, a Roman Catholic juvenile facility. He promoted various music therapy activities, including recorded listening, live performances, and instrumental performances. He emphasized the importance of vocal activities, categorized into spontaneous singing without musical training and artistic singing. Community singing was found most suitable for institutional settings. Music therapy practices aim to achieve individualized goals within a therapeutic relationship, using technology-aided practices, personalized connections, and preserving legacies. In some countries, traditional healing practices like Vedic chanting and Cakra activation are integrated into music therapy. Music therapists value musical authenticity and often collaborate with clients to provide live music, using non-electronic strategies and recorded music effectively.

3) Music therapists, who value authenticity and seek training in various styles, genres, instruments, and skills, believe in the benefits of music therapy for patients and staff. They recommend expanding the program, hiring more therapists, increasing daily sessions, and creating a dedicated space. The majority of users are women and represent all geographic regions of AMTA. Common interventions include vocal or instrumental improvisation, performance, guided imagery, music and movement, and songwriting. Music-based interventions in rehabilitation can develop psychomotor skills, promote comfort and spiritual health, alleviate suffering during recovery, and reduce pain, anxiety, and depression. The approach promotes activities like recorded music listening, live performances, and classroom music theory training. In 2018, there was an increase in music therapy services for children and adolescents with developmental or behavioral problems and adults with mental health issues. However, challenges with recognition and government regulation have led to part-time jobs and underpayment.

Recommendation

Only a fraction of the inspected papers was subjected to analysis. Thus, it is essential to provide relevant content. Before being used, instructional resources and methods in China and other countries. In terms of using, it to create a research framework or research tools, surveys in addition to interviews. To make sure that the framework for document analysis is in line with the aims and limitations of that specific study, the variables to be evaluated, and the objectives of the follow-up study, the researcher has to make use of the material that has been found. Since there are many educational publications available in China, the information in this document is preliminary, according to the researcher, records relevant to the topic,





and evaluations of the problems being studied. As a result, the educational framework was established using a range of criteria, including individuals, places, and historical periods.

The guiding concepts in the text must be followed by research. The objectives of this extra use are the development of a tool for developmental study and its practical application in the classroom. Even so, studies have shown that music therapy is a useful tool for helping young people with mental health emergencies. As a result, it has been noted that beneficial behavioral changes and improved engagement have occurred. Using surveys, medical practitioners may be able to find out more about how music therapy affects pediatric treatment. Better service delivery is made possible, and comprehensive and beneficial treatment is ensured for young patients.

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