

# Philosophical Reflections on Music Therapy Research in China

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**Abstract:** *Introduction:* As the concept of music therapy has entered China, local music therapy has been tapped. Nowadays, although the development of music therapy in China has been quite fruitful. However, local music therapy concepts are increasingly colliding with Western music therapies. Some problems in the research have begun to emerge. This study attempts to analyze the potential reasons behind the problems. *Method:* To review the current state of development of music therapy in China and to summarize, compare and analyze some existing representative scholars' views. *Results:* In China, there are differences between indigenous music therapy concepts and Western music therapy concepts. These researchers have questioned the credibility of each other's research and the validity of their research methods. *Discussion:* The conflict between different theories and different fields of research thinking has led to mutual doubts about the credibility of research findings. The problem arises because of the cognitive paradigm barriers that exist when researchers from different fields conduct cross-disciplinary research. The difficulty in describing the "unexpressed premises" of the research and the multiplicity of levels of music therapy research are the main reasons for this. Underlying the reasons for this is a problem with the scientific methodology of music therapy. The problem is the unification of rationalism and empiricism.

**Keywords:** Rationalism and Empiricism, Chinese and Western Music Therapy Concepts, Study Confidence

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## 1. Introduction

Music therapy began to develop rapidly in China in the 1980s, when Western music therapy ideas entered the country. Today, more and more Chinese universities are establishing music therapy disciplines, research in the field of music therapy is growing, and various forums and workshops are increasing. It is evident that the development of music therapy in China is beginning to take shape. However, because of the cross-cutting nature of the discipline of music therapy, there are many areas involved. Moreover, the development of music therapy is closely related to the characteristics of the local culture. Some conceptual conflicts and contradictions have become increasingly evident in the development of music therapy in China.

Through a review of the literature and in the context of the current state of music therapy research in China, we can find that there is a tendency for different branches of music

therapy development and research in China to be isolated from each other. An in-depth analysis of the reasons for this problem can help the research on Chinese music therapy to develop better. Additionally, when similar problems arise in other areas of research, an analysis of the ideas that generate the problem can better help the problem to be further resolved.

## 2. The Current Development of Music Therapy in China

### 2.1. Research Differences Among Scholars in Different Subject Areas

Music therapy is an emerging interdisciplinary discipline for China. Although it has been offered by various Chinese universities in recent years. However, the number of music therapy graduates and music therapy researchers is still

relatively small compared to the overall population currently engaged in music therapy research [1]. At this stage, the professional background of researchers engaged in music therapy-related research in China is dominated by researchers from the fields of medicine, psychology, and music.

Although, as a whole, music therapy research in China is broad in scope and diverse in level of study. However, from the perspective of the main three bodies that constitute music therapy-medicine, psychology, and musicology-and the music therapy research that they are involved in. There are differences in the music therapy research conducted by scholars from different disciplinary fields.

For example, scholars in the medical field are mainly focused on controlled experiments, and the usual research logic is based on mathematical logic, with the usual controlled experiments in the research methodology and the use of statistical tools to confirm the experimental findings. From the perspective of topic selection, scholars in the medical field prefer to focus on the correlation between music therapy and the research object, such as "the application of music therapy in xxx field" and "the effect of music therapy on xx population", focusing on qualitative research.

In contrast, scholars in the field of psychology have focused their research in music therapy more on the analysis of the underlying theory of music as an intervention and method in psychotherapy. At the same time, qualitative studies (including case studies) have been conducted on the areas in which music can be applied in psychotherapy in conjunction with relevant psychological theories [2, 3], evaluated by direct or indirect measures, and in a research logic that balances deductive and inductive reasoning.

Scholars in the field of music therapy focus on music as the main therapeutic process, and analyze the presentation, selection, and musical components of music in the therapeutic process by combining the relevant theories and doctrines in the field of music, taking into account deductive and analogical reasoning, and focusing on basic theoretical and quantitative research.

## ***2.2. Differences and Controversies Between Chinese and Western Music Therapy Theories***

When Western music therapy concepts entered China, some Chinese scholars were inspired by them and began to focus on the excavation of music therapy ideas from indigenous cultures, which have been continuously organized and coalesced. Nowadays, Chinese indigenous music therapeutics contains five elements music therapy led by Chinese medicine, music electroacupuncture therapy, qigong music, and other music therapies with religious backgrounds, such as shamanic healing, Buddhist or Taoist music healing [4], etc. And because music electroacupuncture therapy and qigong music are both products of the five elements of music therapy based on TCM with other therapeutic modalities, and the mechanism of other music therapies with religious background is unclear and the number of studies is sparse. Therefore, mainstream of Chinese indigenous music therapy research is currently dominated by the five elements of music therapy.

Five Element Music Therapy is unlike any school of Western music therapy theory. Based on the theory of the five elements of yin and yang, five elements of music therapy establishes isomorphic connections across systems by analyzing the properties of the functions of parts of different systems. Five elements of music therapy is the use of inductive and deductive approaches to establish and treat music with focal areas of the body [5]. There are two musical interpretations, "melodic theory" and "modal theory" [6, 7]. Unlike Western music therapy theory, which is strongly psychological, the five elements of music therapy are difficult to interpret in terms of a psychological theory, and it is believed that music can intervene and treat diseases caused by organic causes. In terms of therapeutic concepts, the Chinese indigenous music therapy system advocates "treatment before illness". The place of treatment is not limited to the "treatment room", but can be done at any time in life. It is not always necessary to have a therapist. Music can be used as a means of health care in life, so scholars often prescribe "music".

Of course, the differences between Chinese and Western music therapy theories have also generated controversy among scholars. It is worth mentioning that researchers working on Chinese indigenous music therapy theory in China are mainly in the medical field (especially researchers from Chinese medical schools). In contrast, researchers working on Western music therapy theories are mainly in the fields of psychology and musicology. Therefore, this dispute between theories has implicitly evolved into a dispute between scholars belonging to different fields. For example, researchers and music therapists in the Western music therapy theory system argue that "music prescription" ignores individual differences in upbringing and aesthetic perception. They argue that "music prescription" is a pseudoscience [8, 9]. In the development of the discipline of music therapy in China, there are two schools of thought: "complete westernization" and "inheritance and development of indigenous music therapy" [10]. In music therapy research, Western scholars often use their theoretical systems to "sharply" point out that music therapy researchers with medical backgrounds but without "professional training in music therapy" are not qualified to conduct music therapy research [11, 12]. Thus, the contradictions and conflicts between Chinese and Western music therapy theories have intensified.

## **3. Cognitive Model Disorder - Causes of Differences and Disputes**

Both the "cognitive schema" proposed by the Swiss psychologist Piaget and the "phenomenal world and object self" proposed by Kant emphasize the continuity of cognition. That is, people interact with their environment and continue to grow and learn. People can use their existing experiences to face new things [13]. Because the number of Chinese universities with music therapy majors is small and needs to be improved, the mainstream of research is still dominated by scholars from various fields. This is coupled with the

differences in research thinking and research approaches that scholars from different fields are accustomed to. Therefore, when scholars from different fields come together, there is a cognitive barrier in the traditional research understanding mode when facing this research span. There are two main aspects of this obstacle.

Above all, the process of research is the process of argumentation, the interaction of elements between premises, conclusions, and reasoning [14]. In terms of the connection between scholars and academics. The obstacles of the cognitive model are mainly reflected in the questioning of the credibility of the "unexpressed premises" of the research of scholars in other fields. When research is presented to the reader in written form, it is inevitable that the research question, background, methodology, and other necessary information must be explained in the text to facilitate the reader's understanding. However, some "unexpressed premises" are formed in an unspoken manner before they are presented in written form. These "presuppositions for expression" are often general concepts and ways of thinking.

For example, in a paper submission, a research paper on music therapy requires a different presentation when submitted to a music journal than when submitted to a medical journal. In addition to the differences in paper formatting between journals, in terms of content presentation, when submitting to a music-based journal, the explanation of the relevant medical mechanisms needs to be exacerbated, including a description of the use of the statistical tools chosen to verify the correlation between findings - i.e., if the researcher believes that this is not required. Similarly, when submitting to medical journals, the musical analysis and aesthetic preferences in the text need to be highlighted. This adjustment between journals is in fact a form of additional clarification of the "unexpressed premises".

Of course, differences in the composition of knowledge due to different disciplinary backgrounds can be compensated to some extent by means of textual explanations. However, the "unexpressed premises" include not only knowledge, but also different ways of thinking about the same problem, which can lead to different perspectives and conclusions. Such differences in thinking across disciplinary backgrounds are difficult to change in a short period of time. This is well illustrated by some academic perspectives in the existing research on music therapy in China. For example, some scholars have argued that "researchers need a reservoir of music therapy expertise and musical skills", and that the setting of variables in some medically controlled experiments does not highlight the relevance of the conclusions, including the choice of treatment modality and song selection principles, and that the conclusions are confirmed by the statistical significance of the experimental data alone. difficult to extrapolate. Similarly, in the face of some theoretical research in the form of formal logic and text, some scholars believe that it is "paper talk" and practice is the only criterion to test the truth. The difference in thinking between scholars in different fields is reflected behind the two views.

Another aspect of the cognitive model of impairment is

reflected in the multidimensional character of music therapy research. Compared to a single field of study (natural sciences, social sciences, or humanities), music therapy research is more multidimensional due to the intersection of research characteristics and ways of thinking of different disciplines. Some research dimensions are difficult to define in terms of "dualism" or "pluralism," and often research is situated in a "dualistic" or "pluralistic" context. Often, research is situated in a position within a system of dimensions created by "duality" or "pluralism".

For example, many studies in music therapy are difficult to categorize accurately in terms of qualitative or quantitative research. For example, the common research question of "x-tuned music in postoperative rehabilitation of xxx disease" is a qualitative research study that emphasizes the relevance of music to postoperative rehabilitation as a whole. However, at the same time, the specificity of "x modality" and "xxx disease" in the research title has the implication of quantitative research. Therefore, it is difficult to define them in a "dualistic" way. This type of research is better positioned in one of the dimensional systems created by qualitative and quantitative research.

Similarly, along this line of thought, the dispute between Chinese and Western music therapy philosophies about "music prescription" is actually a dispute between the "individuality" and "commonality" dimensional systems, with the choice of "individuality" being more about the influence of the individual's upbringing in music therapy, and the choice of "commonality" being more about the influence of social culture and social consciousness in music therapy, and music therapy research is more about choosing between the dimensional systems created by the two, rather than "black or white".

#### **4. The Philosophical Thinking Behind the Cognitive Model Disorder**

From doubts and arguments to "unexpressed premises" and research thinking, the views of different scholars subjectively reflect the current problems of scientific methodology in music therapy. The problem is how to ensure the credibility of research in the face of the intersection of multiple disciplines and fields, the collision of different ways of thinking, and the variability of research dimensions. It is noteworthy that there are no negative studies on music therapy in China. Moreover, the number of studies with high-quality reliability assurance is low in terms of the experimental design of existing studies [15]. This reflects that objectively the current state of music therapy research in China does have research reliability issues, and not subjective assumptions by scholars.

From a philosophical point of view, the difference in the perception of the same thing by different minds is a form of presentation of the primary form of contradiction [16]. Behind it can be captured a pair of opposing ways of thinking. The ways of thinking are closely related to the characteristics of the disciplines. From the perspective of the three disciplines

that make up music therapy, medicine is a natural science category, a system of learning and technology on how to maintain health, with an academic focus on the discovery of natural laws and continuous innovation of technology, with its foundation and backbone based on biological and life sciences, which are good at using the tools of mathematics for logical proof in the acquisition of knowledge and the confirmation of new theories. Psychology has the attributes of both natural science and social science, and is a discipline that explores the laws of mental activity [17]. In the acquisition of knowledge and the substantiation of new theories, it draws on the tools of natural science, but also focuses on user experience and subjective feelings as a reference for discovering new theories and laws in the process of exploring the discipline. Music, on the other hand, belongs to the humanities, a discipline in which beauty is expressed in the art of hearing and its intrinsic laws are constantly explored [18]. The acquisition of knowledge and the confirmation of new theories, perceptual knowledge and personal experience are particularly important because the subjective feelings of musical experience are difficult to quantify. When different fields of inquiry into scientific approaches converge on the study of music therapy, a pair of opposing ways of thinking emerge—rationalism versus empiricism. Medicine tends toward rationalism, music tends toward empiricism, and psychology balances the two.

The opposition between rationalism and empiricism is a topic that has been keenly explored in the history of the development of Western philosophy in terms of epistemology. The basic principle of rationalism is based on the recognition of human reasoning as a source of knowledge, that man instinctively grasps some basic principles and can subsequently reason out the rest of knowledge based on these, and that human beings in reality cannot obtain knowledge other than mathematics simply by reasoning [19]. And the basic principle of empiricism is that all human knowledge is based on experience and observation, and sensory experience is the only thing that exists. The opposition and collision of rationalist and empiricist ideas influenced the development of the philosophy of science, which includes the study of scientific epistemology and scientific methodology [20]. Therefore, from the way of thinking back to the dispute over differences in music therapy research, on the one hand, the view that doubts the credibility of research findings is an expression of the opposition between rationalism and empiricism in the way of thinking and the externalization of the unexpressed premise credibility aspect of the research. On the other hand, the view of doubt about the credibility of research findings also reflects the unity of empiricism versus rationalism in terms of the integration of research methods.

Of course, from the perspective of scientific research, it needs to be affirmed that although rationalism and empiricism present an opposition to each other. But there is no right or wrong between rationalism and empiricism. At the same time, in scientific research, both rationalism and empiricism have irreplaceable advantages. Science needs to be redefined as it eventually breaks down as its scope expands. At a micro level, the dichotomy between rationalism and empiricism in music

therapy research has led us to consider how each holds its own strengths. For e.g. How can researchers from different fields better link up when conducting music therapy research? How can research designs be adapted when faced with different dimensions of music therapy research? How can the combination of subjective experience and objective facts better support research credibility? At a macro level, music therapy has developed differently in different cultures. And in terms of the development of music therapy in the world, the development of music therapy between the various components is not isolated and static. They should complement each other. Music therapy research in China draws out the problem of the dichotomy between rationalism and empiricism in the way of thinking, which may open up a new way of thinking to solve the problem, and this path of thinking may also inspire other music therapy related research worldwide.

It is undeniable that resolving the dichotomy between rationalism and empiricism in music therapy research is not the same as resolving all the current problems of music therapy research in China. The relative backwardness of scientific spirit and disciplinary concepts also exists, but these still need to evolve over a longer period of time, not overnight. The need to integrate different voices and identify scientific methodologies suitable for music therapy is more important than ever, and this is the reason for the existence of this study. The relative backwardness of scientific spirit and disciplinary concept also exists relatively. But these problems still need a longer period of continuous development to be solved. Some of the discussions and reflections in this paper will need to be continued when the time is ripe.

## 5. Conclusion

In summary, music therapy research in China is currently divided in certain ways. The reasons for the divergence can be divided into three areas.

First, theories of music therapy in China are still in the early stages of development and integration. This can be called a "theoretical collision". Secondly, different regions of the world have different humanities and different ways of understanding the same things and issues. This can be called a "cultural collision". Finally, music therapy is an interdisciplinary discipline. Music therapy involves different research methods among the disciplines and different modes of thinking that support the research methods. This can be called a "mindset collision".

And the solution to the problem can be divided into two aspects. On the one hand, it focuses on the integration of the strengths of different disciplines, which includes the integration of different research ideas and research methods. Further then to establish the research methods of different dimensional studies. On the other hand, it is about how to eliminate the inherent bias of scholars in different fields and make scholars in different fields more tolerant to each other. These two aspects are indispensable for the solution of the problem.

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