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Music Therapy Approaches for Children with Mental Illnesses in China

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Abstract

Children's mental health, including their emotions and behaviour, plays a significant role in their overall health and well-being. It also influences their relationships with others and their ability to handle stressful situations and make healthy choices. In recent years, more children and young people (CYP) in China have been diagnosed with mental health conditions, including depression, suicidal thoughts, and suicide attempts. Counsellors working with children may utilise music therapy approaches to assist CYP experiencing mental illnesses such as anxiety and depression. This paper discusses music therapy approaches, which include listening to music, writing songs, improvising, and analysing lyrics. This paper discusses its distinctive features when applied to CYP with mental health difficulties. First, music therapy is conceptualised through a discussion of the relevant theory and practical implementation for CYP with different mental health conditions. Second, it articulates mental illnesses among CYP in China and the social and political dynamics of working with them while utilizing music therapy techniques. It also showcases my experience as a support worker working with children with mental illnesses, as well as relevant issues that a counselor is likely to encounter, such as diversity and power dynamics.

Keywords

Children's mental health, children and young people (CYP), music therapy, anxiety and depression, attention-deficit hyperactivity disorder (ADHD), play therapy, autism

1. Theoretical Models of Music Therapy

Music therapists may adopt one or several models unique to music therapy and approaches that are borrowed from other therapeutic techniques during their interactions with CYP with mental illnesses. There are 11 models and approaches to music therapy. This section will explore some of these models and approaches to provide the necessary theoretical background for the paper.

The Nordoff-Robbins music therapy model was developed by Paul Nordoff, a composer, and Clive Robbins, a special educator, in the late 1950s. This therapy is utilised for children with disabilities, leveraging music's forces, structures and experiences as a special education programme. A child with autism, psychiatric disorders, developmental delays, and sensory impairments creates music with their therapist by spontaneously vocalising a sound and improvising it into music. The therapist can later advance this improvised piece, compelling the client to vocalise or change how they play a musical instrument. This way, the client learns to express themselves in different ways, improving their communication skills. They are also likely to gain confidence and connect with others, which enhances their mental health.

The model of culture-centred music therapy, developed by Stige, combines customs, such as rituals and modes of

thinking and feeling, with technologies including language and music, to enhance the therapeutic process. According to Stige, culture (or the transactional development of customs and rituals) and technologies (such as the client's voice and instruments) are essential in the therapeutic relationship between client and therapist. To understand how best to utilise this approach in therapy, the client must first obtain information about the client's culture (by consulting the client or a close relative) and then use this information to shape the therapy sessions. The therapist in this case identifies music as an evolving human activity that depends on the client's culture, history, and development stages (Miller, 2021, pp. 29-32).

Diane Austin's vocal psychotherapy embraces vocalisations and singing in therapy. This approach assumes that clients who recently experienced trauma, neglect, or child abuse are likely to exhibit diminished vocal quality during singing or speaking. Providing the child with space to make these child-like, natural sounds release long-suppressed emotions and promotes healing. It also acknowledges the importance of deep breathing in therapy. This is because deep breaths reduce constriction in the throat, slow the heart rate, and calm one's nerves. On the other hand, natural sounds and movements increase awareness of the breath and bodily sensations, releasing built-up emotions.

The psychodynamic music therapy approach is based on Sigmund Freud's countertransference: the individual's personal unresolved conflicts are present in the unconscious mind, contributing to altered mental health status. The psychodynamic therapy technique works to transfer repressed material from the unconscious toward corrective emotional experiences through countertransference. The client transfers their reactions, feelings, and fantasies to their therapist, who in turn generates reactions, feelings, and fantasies based on those of the client. This therapy applies to psychosomatics and children undergoing special education. Darley-Smith conveys music to be an expression of emotion in sound and a link to the unconscious between the inner and outer world.

2. Practical Implementation of Music Therapy

Two of the most common diagnoses among CYP include anxiety and autism. Children with anxiety may exhibit symptoms of hyper-arousal and an inability to communicate their emotions through words. Other conventional therapy approaches cannot entirely benefit children who cannot express themselves through words. For example, cognitive behavioural therapy (CBT) requires clients to express their feelings through words as part of psycho-education and offers skills training on solving problems. Hence, music therapy offers these non-verbal children the most appropriate form of triggering, expressing, and regulating their emotions in individual or group settings.

The therapist may embrace active or receptive music therapy techniques during sessions. Active therapy involves various instruments, including percussion and string instruments, while receptive therapy involves using monochords (one-stringed musical instruments) while the therapist issues relaxation instructions. The therapist and client may compose a song, listen to an existing song, or change its lyrics to benefit the child's emotions. The child and their therapist then take turns controlling the pitch and tone of the music, teaching the child to take charge of situations. Combining CBT techniques such as role plays, social skills training, and exposure to stimuli that induce anxiety may help these children learn to cope with anxiety. During each session, the therapist sets specific goals to teach the client how to interact with others, identify and express emotions, and cope with negative emotions such as anger and aggression. This technique improves each child's self-esteem, communication abilities, and societal functioning. Teaching the child how to regulate their emotions enables them to function in society by adjusting their feelings and emotional responses to various social interactions, such as when playing or interacting with friends and family.

Autism children may demonstrate poor sensory modulation tactics, including rocking themselves, placing their hands over their ears, avoiding touch, and failing to respond to social or environmental cues. Music therapy helps them develop new communication and social skills, deal with sensory issues and motor skills, and reduce their anxiety. They also become more self-reliant and improve their behaviour. The therapist may tailor the structural and rhythmic components of the music to provide the client with opportune means for predicting and responding to their environment. Sessions are tailored to meet each client's creative, emotional, and musical experiences. The therapist initially assesses the client and develops a programme to guide future sessions. During sessions, the therapist plays music, allows their client to pick a musical instrument, and then joins in while working at their pace and displaying their client's talents and expression. This way, the therapist focuses on the child's attention, behaviours, and interests to develop their communication skills. In group therapy, the therapist may encourage clients to create their own music.

Anxious children with attention-deficit hyperactivity disorder (ADHD) may benefit from music therapy since it promotes relaxation, self-confidence, and alertness. The elements of music therapy (music, actors, and activities) also facilitate sharing feelings and problems as they reveal hidden feelings or memories. Music therapy may work by

encouraging them to become more autonomous and creative and interact more appropriately with others. Their behaviours may initially be more disruptive but improve with repeat sessions (Mayer-Benarous et al., 2021, p. 3). Music functions by increasing dopamine neurotransmitters in the brain and synaptic firing rates. This benefits the clients by regulating their attention and working memory and increasing their motivation. Furthermore, the children learn to listen, share, take turns, and expect changes in their routine, which they would not be able to do without music therapy.

3. CYP Mental Illnesses in China and Suggestions

Mental illnesses are common among CYP in China. The prevalence of depression and anxiety increased to 36.6% and 19% during the pandemic (Chen et al., 2021, p. 2). Child therapy differs from adult therapy in the sense that, an adult articulates their feelings while the therapist listens. However, it is hard for children to sit still and discuss their sufferings. Thus, creative therapy serves as a healthy way for CYPs to express their emotions and improve relationships with those around them. Before diagnosing children with mental illnesses, they may present with sudden behaviour changes, dropping grades, strained relationships with teachers, truancy, and delinquent behaviour such as vandalism and refusing to follow school rules. The child may be referred to a counsellor or psychotherapist to identify the cause and ensure that they receive the necessary support and guidance to positively modify their behaviour. Yet, China does not have such a counselling referral system or a systematic programme to assess child mental health development across schools (Zhang & Du, 2018, p. 1). Those suffering from anxiety or depression can only rely on their homeroom teachers, neighbours, and friends.

Schools in China could respond to singing as avenue for venting stress, thus alleviating their psychological problems. They can re-enact traumatic events, conflicts, or circumstances that left them lonely and helpless.

4. Social and Political Dynamics of Working with CYP in China

The application of music therapy techniques has witnessed significant acceptance since the 1970s when hospitals began integrating them to rehabilitate clients and prevent diseases. They used music therapy alongside electro-acupuncture techniques that would transfer low-frequency music signals to clients recovering from facial paralysis, dementia, depression, and other neurological conditions (Wu, 2019, p. 85). In the 1990s, these techniques gained traction. Clients suffering from anxiety also received Neurotherapy treatments. In 1984, the Hunan Mawangdui Nursing Home integrated music therapy into the treatment of clients with physical and psychological disorders (Wu, 2019, p. 85). Since, more psychiatric homes and rehabilitation centres have opened their doors, with about 13 universities offering training in music therapy techniques (Wu, 2019, p. 87).

Yet, despite embracing these techniques, clients who benefit the most are from middle-class families living in urban areas. This could be due to a lack of understanding about this technique and its limited affordability in poor rural areas in China. The cost of implementing this technique may discourage many clients and their guardians. In addition, a significant population of music therapy trainees graduating from universities abroad choose to remain there, which interferes with the ability of the remaining music therapists to treat their clients successfully (Wu, 2019, p. 88).

Most Chinese educational leaders do not appreciate the benefits of running these programmes. Hence, they may not implement these programmes within their schools. Of the 13 universities in China that offer training on music therapy techniques, around 80% of teachers have no clinical therapy experience in medical establishments or psychotherapy centres and lack counselling knowledge (Wu, 2019, pp. 88-89). The limited number of trained music therapists may discourage some parents from pursuing this therapy technique for their children. Moreover, the education of music teachers in therapy training has not been listed in the national educational schemes, and the Chinese government has not allocated funds for this type of education (Wu, 2019, p. 89).

Children and adolescents benefit from the healing capabilities of music therapy programmes. It is a healthy alternative to conventional approaches that specialise in administering medications to clients. Although these medications seek to improve client health outcomes, they could cause more harm by altering the concentration of chemicals released by their brains or disturbing their gastrointestinal tracts. Yet, fewer children have access to music therapy despite the associated benefits due to the balance of power, diversity, and other differences (Rizkallah, 2022, pp. 7-8). Children from more affluent families or metropolitan cities in China may afford this therapy. Medical insurance companies may not pay for music therapy, further restricting the availability of these services to clients whose parents can afford to pay. This further results in an imbalance of access to essential care for most clients. Training more

music therapists could also counter this power imbalance and societal differences, making their services more available to the general public.

5. Reflecting on Personal Experience

As a support worker, I have previously worked at a centre for children with special needs in China that implemented music therapy for children with anxiety, ADHD, and autism. One client, a non-verbal, 9-year-old female was diagnosed with autism at 6 years. Her parents had taken her to various specialists to enhance her interactions with her siblings without success. Eventually, she was referred to the music therapist at this centre. During her first session, which lasted approximately 1 hour, I assisted the therapist in assessing previous interventions. During their second session one week later, I encouraged her to repeat simple vocal sounds, such as the buzz of a bee, while presenting the contour of a flight path. Then, in subsequent sessions, we repeated more sounds produced by animals, including 'wang(woof)', 'mie(baa), 'moo', and 'heng(oink)'. I also encouraged her to make sounds using woodblocks and triangles. Later, I introduced simple repetitive songs, such as "Two Tigers", where she would repeat tiger in Chinese 'L-A-O-H-U' at the appropriate times. Since she had lived as a non-verbal child for nine years, she initially found verbalising these consonants and vowels challenging but then made progress after 6 weeks. She learned how to communicate and wait her turn to speak. As she became more verbal, we would listen to simple musical pieces on the radio. Our team created a nonjudgmental and understanding environment, with no control or empowerment. I encouraged her to compose music reflecting her feelings, thoughts, and fears and accepted her as a unique individual with unconditional positive regard. I gave her time to respond and accept non-responsiveness without disappointment, whether by playing, vocalising, or moving, were welcome. Tomlinson et al. (2011, p. 73) state that through musical connections with others, participants can develop a sense of accomplishment and a greater sense of self-confidence, particularly for less able clients, who can experience a sense of achievement even when producing simple sounds or rhythms. The therapist introduced small musical instruments, such as the ukulele and drum, which they would play while composing songs. The psychodynamic approach of music therapy, in which I transfer my feelings to the client who then generates reactions and feelings in a concept of countertransference, also proved helpful during their sessions since she learned to express her emotions and feelings through the intensity of the music she played. Hence, she could communicate and transfer her anxieties and fears by singing loudly or softly, or playing musical instruments fast or slow. Our team would then interpret these sounds and share our understanding of her emotions, demonstrating countertransference. At the end of their sessions, the girl could express herself in a manner that her parents would not have deemed possible before the start of the music therapy sessions. To communicate with another person, we coordinate our sounds and movements, to let them know that we are present, interpersonally, and that we can collaborate in creating meaning. For example, this happens through music when using music therapy.

6. Conclusion

As well as conventional treatments, children with mental illnesses such as anxiety disorders and depression may undergo creative therapy approaches involving music to improve their health. The music therapist encourages the client to play music or make sounds then joins in and responds to the client's self-expression. The music therapist uses approaches such as Nordoff-Robbins or psychodynamic to sing or play a musical instrument with the client while utilising CBT techniques such as analysing emotions and teaching the client how to express them. Since the 1970s, more universities and health institutions in China have established centres that teach and utilise these programmes. Although this art form improves the lives of children with mental illnesses by improving their ability to communicate and boosting their self-esteem, a limited number of people benefit from these services because they do not know their benefits or cannot pay for these services. During my experience with music therapy, I supported a trained therapist who would treat CYP suffering from mental illnesses. I was inspired by the progress made by these children in improved mental health outcomes. Watching a non-verbal 9-year-old female diagnosed with autism learn how to communicate and express herself in a manner previously deemed impossible inspired me to study more about this technique.

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