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The Effects of Music Therapy on Individuals' Psychological Recovery from Anxiety

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Abstract

Anxiety disorders represent a growing global health challenge—underscoring the need for innovative, culturally adaptable interventions. This qualitative study explores the lived experiences of 22 Chinese young adults (aged 19 - 25) who participated in music therapy for anxiety relief. Data were collected through open-ended questionnaires and follow-up interviews, then analyzed thematically, to capture psychological, cultural, and relational dimensions of recovery. Findings reveal that music therapy supports psychological recovery in multifaceted ways: it enables emotional regulation and cathartic expression; it reduces both psychological and physiological symptoms of anxiety; and it fosters identity reconstruction and resilience. Cultural resonance—particularly through the integration of Five Elements music therapy and traditional instruments—enhanced participants' perceptions of credibility, safety, and meaning-making. It was processes such as rhythmic entrainment and guided imagery that promoted embodied synchronization, insight, and hope, while group-based activities strengthened belonging and collective identity. The study confirms prior research on the therapeutic benefits of music therapy, while extending it by highlighting the roles of cultural adaptation, symbolic meaning, and relational healing. There are practical implications, including the integration of culturally familiar practices into therapy and the promotion of group formats to enhance both individual and collective well-being. Limitations and avenues for future research are also discussed.

Keywords

Music Therapy, Anxiety Recovery, Cultural Resonance, Rhythmic Entrainment, Identity Reconstruction

1. Introduction

1.1. Background

Roughly 301 million individuals worldwide—approximately 4.05% of the global

population—are affected by anxiety disorders. Between 1990 and 2019, there was an increase of more than 55% in the number of people experiencing these conditions (Javaid et al., 2023). Not only does this steady increase underscore the mounting global health burden of anxiety, but it also highlights the urgent need to critically reassess existing therapeutic approaches. Current treatments for anxiety typically integrate psychotherapy with pharmacological methods (Sartori & Singewald, 2019): while medications are effective in managing the physiological responses associated with anxiety, psychological interventions remain essential for addressing the underlying memories and triggers that sustain its persistence.

1.2. Rationale

Research indicates that music therapy—a longstanding psychological intervention—plays a pivotal role in supporting recovery from psychological trauma (Tuomi et al., 2021). What music provides, as a nonverbal art form, is a distinctive medium for facilitating emotional expression and regulation, thereby exerting a profound influence on individuals' moods and overall mental well-being. In this way, music therapy addresses the inherent limitations of conventional talk-based approaches and creates alternative pathways to healing. Its extensive application across diverse mental health conditions has firmly established music therapy as a safe, effective, and widely accepted treatment (Wang et al., 2024); thus, it stands out as a culturally adaptable, holistic approach to alleviating psychological distress.

1.3. Key Findings of Previous Research

According to Wang et al. (2024), families who had lost loved ones experienced greater relief from psychological health challenges when music therapy—designed based on the Long Short-Term Memory (LSTM) model—was applied. This finding points out how innovative approaches that integrate artificial intelligence models can extend the traditional reach of music therapy. Similarly, De Witte et al. (2022), through a systematic review and meta-analysis, found that music therapy produced medium-to-large improvements in stress-related outcomes. Greater effectiveness was reported particularly in studies conducted in non-Western contexts, in those employing waiting-list controls rather than care-as-usual or other stress-reduction approaches, and in clinical controlled trials (CCTs) compared with randomized controlled trials (RCTs). These variations emphasize that cultural setting, research design, and control conditions can significantly shape therapeutic outcomes. Aalbers et al. (2019) suggested that synchronization and emotional resonance represent promising techniques in music therapy, as they may foster improved emotion regulation and help reduce depressive symptoms. Evidence further demonstrates that such mechanisms extend to vulnerable groups. Based on evidence synthesized from 142 studies, Freitas et al. (2022) concluded that music therapy not only alleviates anxiety and depression symptoms among psychiatric adolescents but also strengthens social participation, enhances self-es-

teem, and mitigates experiences of isolation across inpatient and outpatient settings. These results suggest that music therapy does not merely alleviate individual symptoms but also bolsters broader psychosocial functioning. Adiasto et al. (2022) found that, among healthy individuals, the stress-recovery benefits of music listening varied according to factors such as musical genre, tempo, personal choice of music, and the specific outcome being measured. This result suggests that the degree of personal choice and cultural resonance may play a mediating role in therapeutic effectiveness. Prior research converges on the conclusion that music therapy offers robust benefits for individuals with psychological or psychiatric challenges, while evidence for its effects on healthy populations remains more nuanced and context-dependent. This body of literature underscores both the versatility of music therapy as a clinical tool and the need for culturally sensitive, methodologically rigorous investigations to better capture its full therapeutic potential.

1.4. Research Gap

Although prior research has underscored the transformative therapeutic potential of music therapy, relatively little qualitative work has systematically examined how it contributes to psychological recovery—particularly within complex Chinese cultural contexts. Existing studies, such as Wang et al. (2024), have primarily reported short-term treatment outcomes, focusing on effects observed one month after intervention, while neglecting crucial long-term follow-up data. What this narrow scope leaves unanswered are critical questions regarding both the sustainability of therapeutic benefits and the ways in which culturally embedded practices shape participants' recovery experiences.

1.5. Purpose

The purpose of this study is to explore participants' lived experiences of music therapy, specifically examining how such experiences contribute to anxiety reduction, identity reconstruction, and cultural resonance. What the study highlights, beyond its function as a clinical intervention, is music therapy as both a symbolic and cultural practice. In doing so, it underscores the importance of cultural resonance in fostering therapeutic credibility as well as emotional safety—a dimension particularly salient within the Chinese context, where music therapy emerges at the intersection of ancient cultural traditions and contemporary scientific validation.

2. Literature Review

2.1. Music Therapy and Anxiety

As an innovative, nonverbal, and relational intervention, music therapy has increasingly been recognized as a profoundly meaningful psychological treatment that fosters recovery from trauma by promoting emotional expression, symptom management, and hope for change. This recognition is grounded in both compel-

ling empirical evidence and nuanced theoretical perspectives that emphasize the unique role of music in therapeutic processes. According to a review of controlled studies, music therapy is a structured interaction that patients can use to participate successfully, manage some of their symptoms, and express feelings relating to their experiences (Edwards, 2006). It is such structured interactions that provide a foundation for building therapeutic relationships, which extend beyond symptom relief toward holistic recovery, because they cultivate trust and emotional openness even when verbal expression is limited, which, in turn, allows patients to engage more deeply in processes of resilience and identity reconstruction. Odell-Miller (2016) further highlighted that, within mental health, music therapy aligns closely with the recovery model—particularly in its emphasis on relationships, the fostering of hope, and the creation of opportunities for change. What this connection underscores is that music therapy is not merely a treatment technique but rather a recovery-oriented practice that resonates with broader psychosocial models.

Music therapy, as a nonpharmacological and nonverbal psychological treatment method, has attracted considerable and growing attention in the field of psychological trauma recovery. Its non-invasive and culturally adaptable nature makes it particularly suitable for diverse populations, where traditional talk-based therapies may fail to fully capture lived experiences. Numerous studies convincingly confirm that music therapy contributes positively to trauma recovery by facilitating emotional expression, enhancing emotional regulation, and supporting psychological healing. Overall, these findings demonstrate that music therapy not only alleviates symptoms but also empowers individuals—by fostering resilience, enabling identity reconstruction, and promoting renewed engagement with life, because it provides therapeutic spaces in which patients can express otherwise inexpressible emotions, which, in turn, allow them to reconstruct meaning and strengthen psychosocial bonds.

Building on these insights, a growing body of research demonstrates that music therapy promotes profound psychological recovery across diverse populations—from individuals with post-traumatic stress disorder to children, adolescents, and adults—by alleviating symptoms, enhancing emotional regulation, and significantly fostering empowerment, identity, and social connection. These benefits are evident in both clinical and developmental contexts, indicating that music therapy is not confined to one group or condition but, rather, possesses broad applicability across the lifespan and within standard models of care, because it addresses psychological needs that remain unresolved when conventional talk therapies fall short, which, in turn, ensures that its therapeutic relevance extends across both acute interventions and long-term recovery trajectories.

Lu (2024) examined the therapeutic impact of music therapy on individuals with post-traumatic stress disorder (PTSD) following traumatic experiences. Findings indicated that participants who engaged in music therapy demonstrated substantial reductions in anxiety and depression, together with significantly enhanced sleep quality. Moreover, outcomes in the music therapy group were both stronger and

more enduring than those observed in the group receiving standard care, providing clinical evidence that illustrates the capacity of music therapy to address complex trauma-related symptoms, because it activates therapeutic mechanisms that traditional interventions often overlook, which, in turn, allows patients to sustain psychological improvements and deepen resilience over time.

Bensimon (2020) observed that, when applied to children and teenagers, music therapy assists in managing emotions; building a stronger sense of self-worth and assurance; and fostering both psychological recovery and improving interpersonal skills. Such findings extend the relevance of music therapy beyond clinical trauma treatment, underscoring its role in supporting developmental growth and psychosocial resilience in younger populations.

According to McCaffrey et al. (2018), participants associated music therapy with autonomy, connection, enhanced well-being, and substantial symptom relief. They further emphasized its distinctive capacity to foster empowerment and agency, strengthen personal identity, encourage supportive relationships, and broaden social connections. Collectively, these studies suggest that music therapy functions not only as a clinical intervention but also as a relational practice—capable of promoting recovery, resilience, and social integration across diverse contexts, because it creates therapeutic spaces that nurture both individual growth and collective belonging, which, in turn, enable participants to sustain psychological improvements while simultaneously cultivating stronger social networks.

Moving from outcomes to underlying mechanisms, research has also emphasized the core processes that explain why music therapy exerts such powerful effects. Central to the therapeutic power of music therapy are its core processes of participation, emotional expression, and interpersonal connection, which not only foster recovery but also cultivate hope—a key psychological resource linked to reduced distress, greater resilience, and healthier coping. The three essential processes in music therapy are participation with therapy and peers, emotional engagement and expression, and the development of awareness along with interpersonal contact (McCaffrey et al., 2018). By engaging individuals in these processes, music therapy creates a safe and meaningful context in which patients can connect with themselves and others, laying the foundation for psychological growth. A qualitative study by Ansdell & Meehan (2010) emphasized that one significant contribution of music therapy in mental health care lies in how it harnesses music to foster hope. This role of hope provides an important bridge between therapeutic experiences and broader psychological recovery, showing that music therapy resonates with key dimensions of human resilience. Schrank et al. (2008) indicated that hope serves as a mediating factor linking insight with quality of life among individuals with schizophrenia, noting that greater hope is associated with reduced levels of distress, anxiety, and depression, and it is also linked to higher subjective health, stronger self-efficacy, and greater resilience. Such evidence suggests that the cultivation of hope is not merely an emotional byproduct but a central therapeutic mechanism with measurable clinical outcomes. The connection between hope and

coping was highlighted by findings that individuals who maintain hope not only manage difficulties more effectively but also rely on healthier coping strategies (Lysaker et al., 2005). These findings indicate that music therapy's impact extends beyond immediate symptom relief, contributing to long-term psychological resources that sustain recovery and promote adaptive coping.

In addition, extensive evidence shows that both music listening and structured music therapy can significantly reduce stress and enhance emotional well-being. Music listening has been linked to stress reduction through decreased physiological arousal—evident in lower cortisol and heart rate—and is associated with fewer negative emotions and greater positive feelings such as happiness (de Witte et al., 2022). What these physiological and emotional outcomes highlight is music's unique ability to act directly on both body and mind, thereby creating a foundation for therapeutic benefits. One of the primary factors influencing how music affects arousal and relaxation is tempo. Slow-paced styles, including meditative music, have repeatedly been shown to slow heart rate and thereby promote deeper relaxation (de Witte et al., 2022). It is the characteristics of the music itself that play a critical role in shaping its effectiveness as a stress-reduction tool. Participants described how music therapy improved their mood, with experiences ranging from lessened depressive feelings to moments of joy. They also emphasized its role in regulating emotions by enabling them to detach from fear or negative affect, manage stress and anxiety, and exercise greater control over impulsive reactions (Siponkoski et al., 2022). There are participant accounts that demonstrate how structured therapy settings extend the effects of ordinary listening by fostering deeper emotional engagement and self-regulation. Patterson et al. (2015) noted that for adolescents, listening to relaxation music served as an effective strategy for managing stress levels. This shows that even outside formal therapy, carefully chosen listening to practices can provide meaningful benefits, particularly for younger populations. Adiasto et al. (2022) emphasized that music therapy, unlike ordinary music listening, is grounded in a therapeutic process and shaped through personal musical experiences, making the guidance of a trained therapist essential. They further reported that its impact on stress reduction tends to be more reliable than the effects of simply listening to music. These studies indicate that while music listening can serve as an accessible and effective method for stress relief, structured music therapy offers more consistent and transformative outcomes by combining personal musical experiences with professional therapeutic guidance.

In sum, existing research shows that music therapy reduces anxiety by regulating emotions, fostering hope, and supporting identity reconstruction, with effects observed across diverse populations. While ordinary music listening offers stress-relief benefits, structured music therapy guided by professionals produces more reliable and long-lasting outcomes.

In addition to Western studies, recent research in Chinese contexts has provided complementary insights into the application of music therapy. Using semi-

structured interviews following a seven-week alternating program, Leung et al. (2025) conducted a qualitative study in Hong Kong to compare the experiences of parents of autistic children receiving telemedicine versus in-person family-centered music therapy (FCMT). Five major themes emerged from the reflexive thematic analysis: relational and developmental consequences, practicality, technical barriers, parental roles, and interpretations of children's responses. These findings highlighted both the advantages and challenges of the two therapeutic environments. Similarly, combining parent-child music therapy with applied behavior analysis (ABA) was shown to decrease ASD symptoms in preschoolers and enhance parental outcomes compared to ABA alone, according to a randomized controlled experiment involving 100 mother-child pairings (He et al., 2024). The results of this study demonstrate the importance of music therapy as a component of comprehensive treatment for ASD. Mothers who participated in post-intervention interviews reported reduced stress, improved family functioning, strengthened parent-child relationships, and greater hope.

However, questions remain about the durability of these effects and the role of cultural context, underscoring the need for qualitative research that capture participants' lived experiences.

2.2. Theoretical Frameworks

In music therapy, one frequently used method to promote psychophysiological relaxation, and overall well-being is dynamic rhythmic entertainment, a process in which an internal oscillator aligns bidirectionally with an external musical rhythm (Kim et al., 2018). Rhythmic entertainment refers to the process by which an internal oscillator or bodily movement becomes synchronized with an external auditory rhythm, such as music (Scherer & Coutinho, 2013). By aligning internal physiological rhythms with external auditory cues, this mechanism provides a measurable pathway through which music can influence stress regulation and relaxation. Brabant et al. (2017) reported that, based on heart rate variability (HRV)—an indicator of autonomic nervous system activity—all three participants showed significantly greater relaxation during the breathing exercise than during the control condition. Thus, rhythmic entrainment provides a theoretical foundation for understanding how music therapy can regulate physiological states and alleviate symptoms of anxiety.

The Bonny Method of Guided Imagery and Music utilizes carefully chosen Western classical pieces, and, while clients listen, they can visualize and imagine experiences that unfold in response to the music. Through this process, symbols may emerge within the imagery—representing emotions, memories, and sensations that support them in working through personal challenges (Bonny, 2001). This symbolic dimension highlights how music evokes emotions, while simultaneously providing a safe medium for exploring subconscious material. Guided Imagery and Music—a receptive form of music therapy—employs music to access the psyche, encourage personal development, and foster transformation across multiple

dimensions (Bruscia, 2015). In this sense, it can be viewed as an intervention aligned with the principles of positive psychology. Overall, the Bonny Method exemplifies how music therapy can serve as a holistic intervention—bridging emotional exploration with psychological growth.

Culture and music therapy are intertwined. Whether music can have therapeutic effects in a variety of cultural contexts is unknown. In their respective cultures, both Chinese and Western-based music therapy based on the Five Elements has demonstrated efficacy in enhancing the perception of stress, anxiety, and depression. One popular method in traditional Chinese medicine is music therapy (Liao et al., 2023). Not only are therapeutic practices clinical interventions, but they are also culturally embedded expressions of healing. It is the development of music therapy in China that reflects a broader trend integrating modern scientific practices with traditional cultural elements. Although the professionalization of music therapy emerged in the United States and Europe during the 20th century, its therapeutic use in China dates back millennia. Ancient Chinese medical texts, such as the Huangdi Neijing (The Yellow Emperor's Classic of Medicine), describe how music was employed to regulate qi (vital energy) and harmonize the body's internal forces according to the theory of the Five Elements—Wood, Fire, Earth, Metal, and Water (Zhang et al., 2025). What cultural adaptation in music therapy demonstrates—by linking ancient traditions with contemporary scientific validation—is its potential to serve as a universally relevant yet locally sensitive intervention.

To address gaps highlighted in the introduction and literature review, particularly the limited qualitative focus on participants lived experiences with music therapy, this study provide the following research questions. These research questions connect directly to the theoretical frameworks of rhythmic entrainment, guided imagery, and cultural adaptation, ensuring that both clinical and symbolic dimensions of recovery are explored:

RQ1: How do individuals with anxiety describe their lived experiences of music therapy in terms of emotional regulation, symptom reduction, and psychological recovery?

RQ2: In what ways do the therapeutic processes of rhythmic entrainment and guided imagery facilitate insight, hope, and resilience among participants?

RQ3: How does cultural context—particularly the integration of Chinese traditional practices such as Five Elements music therapy—shape the perceived credibility, safety, and meaning of music therapy experiences?

RQ4: How do participants interpret the symbolic and relational dimensions of music therapy, and in what ways do these interpretations contribute to identity reconstruction and social connection?

3. Methodology

3.1. Research Design

This study adopts a qualitative, constructivist-interpretivist research design, aim-

ing to explore participants lived experiences of music therapy in relation to anxiety recovery. Such an approach emphasizes subjective meaning-making, cultural resonance, and identity reconstruction, which quantitative methods alone cannot fully capture. Data were primarily collected through an open-ended questionnaire. To enhance participant motivation, each individual received a compensation of 30 RMB upon completing the questionnaire. All participants were required to sign the informed consent form prior to receiving the questionnaire. The participant allowed to skip any question if they did not wish to answer. All participants were recruited prior to September 8, 2025 on the social media platform Xiaohongshu, and the questionnaire was closed on September 14, 2025. To ensure the quality of responses, participants were given the option to complete the questionnaire on a day when they felt they were in their optimal state.

3.2. Participants and Recruitment

Participants were recruited through purposive strategies. The inclusion criteria required participants to:

1. Be at least 18 years old;
2. Have received at least one music therapy session given by a music therapist within the past 12 months, primarily for anxiety relief;
3. Be willing to share their experiences in either Chinese or English.

To ensure diversity, the recruitment plan targeted participants across gender, age groups, musical background (none, amateur, professional), therapeutic forms (individual, group, online, offline), and modalities (listening, improvisation, singing, lyric composition). The study adopted a two-step sampling process that combined purposive and random approaches. In the first stage, participants were recruited purposively through Chinese social media platform Xiaohongshu posts calling for individuals who had engaged in music therapy for anxiety within the past year and who were willing to share their experiences. This step ensured that those who expressed interest were directly relevant to the research focus. Around one hundred people responded. In the second stage, 22 participants were randomly drawn from this eligible pool, without restrictions on age, gender, or background. In this way, the sampling strategy was purposive in establishing clear inclusion criteria, while the subsequent random selection minimized selection bias and supported diversity across participants.

As **Table 1** illustrates, the present study involved 22 participants, consisting of 13 females and 9 males, with ages ranging from 19 to 25 years. The majority were undergraduates (14 participants, including one who had progressed to graduate-level study), while the remaining 8 participants had only completed high school at the time of recruitment but were subsequently enrolled in undergraduate programs. With respect to musical training, most participants (15) reported having no formal training in music, whereas 6 had received some form of non-professional training, and only 1 participant had undertaken professional-level music education.

Table 1. Basic information table of the interviewees.

Code	Gender	Age	Educational Level	Formal Education of Professional Music
Interviewee 01	Female	22	Undergraduate	None
Interviewee 02	Female	20	High school	Yes, not professional
Interviewee 03	Male	21	Undergraduate	None
Interviewee 04	Male	23	Undergraduate	None
Interviewee 05	Male	20	High school	None
Interviewee 06	Female	22	Undergraduate	Yes, not professional
Interviewee 07	Male	24	Undergraduate	Yes, not professional
Interviewee 08	Male	20	High school	None
Interviewee 09	Female	23	Undergraduate	None
Interviewee 10	Female	25	Undergraduate	None
Interviewee 11	Male	20	High school	None
Interviewee 12	Female	23	Undergraduate	Yes, professional
Interviewee 13	Male	20	High school	None
Interviewee 14	Female	21	Undergraduate	None
Interviewee 15	Male	24	Undergraduate	Yes, not professional
Interviewee 16	Male	20	High school	None
Interviewee 17	Female	21	Undergraduate	None
Interviewee 18	Female	21	Undergraduate	None
Interviewee 19	Female	19	High school	Yes, not professional
Interviewee 20	Female	22	Undergraduate	None
Interviewee 21	Female	23	Undergraduate	Yes, not professional
Interviewee 22	Female	23	Undergraduate	None

The decision to recruit 22 participants reflects the study's intention to capture a broad spectrum of perspectives within a relatively narrow age cohort, thereby enhancing the depth and diversity of qualitative insights.

3.3 Data Collection

The 22 participants were randomly selected from hundreds of applicants on the social media platform Xiaohongshu. After confirming eligibility and obtaining signed informed consent, participants were formally enrolled in the study. To facilitate timely communication and address any questions, participants were provided with the researcher's WeChat contact, a widely used communication tool in China.

Data collection was conducted using an open-ended questionnaire designed to elicit rich narratives of therapy experiences. The questionnaire consisted of six sections:

1. Demographic information (age, gender, education, musical background);

2. Anxiety experiences and coping strategies before music therapy.
3. Therapy experiences (e.g., listening, improvisation, singing, lyric work);
4. Cultural and personal meanings (links to identity, traditions, family, or community);
5. Therapeutic outcomes and reflections (changes in anxiety, coping, identity, relationships);
6. Final reflections (summative impressions, advice for newcomers).

Participants completed the questionnaire online, which requiring approximately 30 - 60 minutes. A subset of participants voluntarily engaged in follow-up semi-structured interviews to deepen insights into emergent themes.

3.4. Ethical Considerations

Ethical approval was obtained from the relevant institutional review board. All participants received a detailed informed consent form before participation, outlining the purpose of the study, procedures, potential risks, benefits, anonymity protections, and their right to withdraw at any time. To minimize potential emotional discomfort, participants were reminded that they could skip any question or stop participation at any time during data collection.

All data were anonymized, securely stored in password-protected files, and accessible only to the research team. Each participant received 30 RMB upon completion of the study.

3.5. Reflexivity

The researcher acknowledged their own cultural and musical background, which may influence the interpretation of participants' narratives. Reflexive journaling was maintained throughout the research process to critically examine positionality, potential biases, and the co-construction of meaning with participants.

3.6. Data Analysis

The qualitative data from questionnaires and interviews were analyzed using thematic analysis. Following Braun & Clarke's (2006) six-phase framework of thematic analysis, questionnaire responses and interview transcripts were coded and grouped into themes that reflected participants' descriptions of (a) emotional and psychological changes, (b) symbolic and cultural roles of music therapy, and (c) therapeutic relationships. Attention was given to both shared and divergent narratives across cultural and personal contexts, enabling a nuanced understanding of how music therapy facilitates anxiety recovery and identity reconstruction.

In this study, psychological recovery is operationally defined as the process by which individuals experience emotional regulation, reduction of anxiety symptoms, reconstruction of personal identity, and the development of resilience and coping strategies that enable them to re-engage meaningfully with daily life.

In the thematic analysis, this definition was directly linked to the coding framework. Codes relating to emotional regulation (e.g., "venting negative emotions,"

"calming with music"), symptom reduction (e.g., "slowed heartbeat," "reduced nausea"), identity reconstruction (e.g., "accepting emotions as part of self," "changing self-perception"), and resilience building (e.g., "forming sustainable coping habits," "imagining positive futures") were all subsumed under the broader construct of psychological recovery. In this way, the operational definition guided coding decisions and provided a coherent lens through which participants' narratives were interpreted.

To ensure analytic rigor and transparency, the following procedures were implemented:

The qualitative data were analyzed using the thematic analysis six-phase framework. To strengthen analytic transparency, two independent coders were engaged in the coding process. Each coder first worked separately during the initial open-coding stage to minimize bias and ensure diverse interpretations of the data. After this independent phase, the coders met to compare results, discuss discrepancies, and refine the codes through consensus. This collaborative process allowed for the development of themes that were firmly grounded in the participants' narratives.

Because software such as NVivo or Atlas.ti was not employed, coding was carried out manually using structured coding sheets and matrices created in Word and Excel. These documents provided a systematic record of codes, sub-themes, and overarching themes, and facilitated the transparent organization of participant quotes. To evaluate consistency between coders, intercoder agreement was calculated on a subset of the transcripts using percentage agreement, supplemented by discussion until consensus was achieved. Agreement levels above 0.70 were considered acceptable, and any disagreements were resolved by returning to the raw data to ensure that interpretations remained faithful to participants' accounts.

An audit trail was maintained throughout the analytic process to further ensure rigor. This included a detailed codebook with definitions, inclusion and exclusion criteria, and representative quotations; reflexive memos documenting the rationale for coding decisions; and iterative records of how codes and themes evolved across stages of analysis. These materials allowed the research team to trace the decision-making process and provided transparency in the progression from raw data to final themes.

Finally, reflexivity was emphasized as an integral part of the analysis. The researcher acknowledged their own cultural and musical background and its potential influence on interpretation. Reflexive journaling was maintained throughout, enabling critical examination of positionality and the co-construction of meaning with participants. This reflexive practice not only enhanced transparency but also contributed to the trustworthiness and credibility of the thematic findings.

4. Findings (Organized by Questionnaire Themes)

4.1. RQ1

How do individuals with anxiety describe their lived experiences of music therapy

in terms of emotional regulation, symptom reduction, and psychological recovery?

4.1.1. Emotional Regulation through Expression

A prominent theme across participants is the role of music therapy in enabling emotional release and regulation. Many described the sessions as safe opportunities to externalize negative feelings and manage overwhelming emotions. For example, one participant noted that singing aloud after listening to music was "the most useful part…because this step allowed me to vent my negative emotions inside" (Participant 01). Another explained that slower, soothing songs "really helped me quiet down and think about problems…less restless" (Participant 02).

4.1.2. Symptom Reduction and Coping with Stress

Participants also emphasized that music therapy reduced both psychological and physiological symptoms of anxiety. One participant recalled experiencing "nausea, not being able to eat, and trembling hands" before therapy, but afterward felt "much calmer and more peaceful" (Participant 01). Another explained that during moments of self-harm impulses, "I stop, play some of the songs I found useful before, and realize what I am about to do is wrong" (Participant 02). A third noted that familiar tunes slowed their heartbeat and helped them regain steady breathing during anxious episodes (Participant 13).

4.1.3. Psychological Growth and Recovery

Beyond symptom relief, participants connected music therapy to longer-term psychological recovery and identity reconstruction. One explained that therapy "helped me form new self-regulation habits, like calming myself with songs or even composing music," which became a sustainable coping strategy (Participant 05). Another reflected that music therapy "changed the way I see myself. I stopped rejecting my emotions and started to accept them as part of me" (Participant 16). These accounts suggest that therapy fosters deeper resilience and self-acceptance.

4.1.4. Social Connection and Relational Healing

Participants also stressed the collective and relational aspects of therapy. One recalled a group session: "After listening to a song, we sang together… I felt very happy, all my worries were gone, and people who didn't know each other became familiar" (Participant 01). Another emphasized the supportive environment: "A good therapist and a good team made me feel supported, like we were healing each other through music" (Participant 18).

4.1.5. Cultural Resonance and Personal Meaning

Finally, participants noted the importance of cultural familiarity and personal meaning in enhancing therapeutic outcomes. One explained that "some lyrics can well express our inner heart, connected to our growth environment" (Participant 01). Another emphasized that traditional instruments such as the guzheng reminded them of family gatherings, which "made me feel secure and emotionally

connected." (Participant 14).

In summary, individuals with anxiety describe music therapy as a multifaceted process that regulates emotions, reduces symptoms, and fosters psychological recovery. Through cathartic expression, symptom management, identity reconstruction, collective support, and cultural resonance, music therapy functions as both a clinical intervention and a meaning-making practice that empowers individuals toward holistic recovery.

4.2. RQ2

In what ways do the therapeutic processes of rhythmic entrainment and guided imagery facilitate insight, hope, and resilience among participants?

4.2.1. Rhythmic Entrainment as Emotional Synchronization

Participants described rhythmic entrainment—synchronizing with steady beats or group drumming—as a powerful way to regulate emotions and foster connection. For instance, one explained that "when I tapped along with the rhythm, my breathing slowed down, and I felt calmer, as if the rhythm carried me" (Participant 03). Another noted that group drumming created a sense of belonging: "We were all following the same beat, and at that moment, I didn't feel alone with my anxiety" (Participant 09). These experiences illustrate how entrainment not only stabilizes physiological rhythms but also synchronizes participants socially and emotionally, opening space for deeper therapeutic work.

4.2.2. Guided Imagery as a Pathway to Insight

Guided imagery allowed participants to connect music with personal memories and symbols, generating new insights into their struggles. One participant recalled: "When the therapist asked me to imagine a safe place while listening, I saw my grandmother's house. It reminded me that I still have support and warmth in my life" (Participant 14). Similarly, another shared that visualizing during music "helped me realize that I was holding too tightly to my fears, and I could slowly let them go" (Participant 05). These reflections suggest that guided imagery facilitated self-understanding by linking inner emotions with vivid, restorative images.

4.2.3. Cultivating Hope through Symbolic Experience

Many participants emphasized that rhythmic entrainment and guided imagery instilled hope for change. Participant 07 described that during a rhythmic exercise, "each beat felt like a step forward, and I thought maybe I can keep going in my life as well" (Participant 07). Another reflected that guided imagery "made me feel like there is a light at the end of the tunnel, even if my current life feels dark" (Participant 18). By transforming abstract emotions into tangible experiences, participants reported that these processes gave them renewed optimism and energy for recovery.

4.2.4. Building Resilience through Embodied Practice

Participants also described how embodied engagement with rhythm and imagery

fostered resilience by teaching them coping strategies they could carry outside therapy. For example, participant 02 shared: "Now when I feel anxious, I repeat the drumming pattern in my head, and it helps me stabilize my thoughts" (Participant 02). Participant 16 added that guided imagery "taught me to imagine positive futures rather than replaying negative memories, which helps me bounce back faster after setbacks" (Participant 16). These accounts demonstrate how participants internalized therapeutic practices, reinforcing resilience in daily life.

4.2.5. Integration of Body, Mind, and Community

Finally, participants highlighted that entrainment and imagery worked best when integrated holistically. One noted that "the rhythm grounded my body, while the images opened my mind. Together they made me feel whole again" (Participant 20). Another emphasized the collective nature of rhythmic practice: "When we drummed together and then shared our images, I felt connected not only to myself but to everyone in the room" (Participant 11). These perspectives underline that the synergy of rhythm and imagery strengthens both individual and relational dimensions of healing.

In summary, rhythmic entrainment and guided imagery facilitated insight, hope, and resilience by synchronizing participants' emotions and bodies, evoking symbolic experiences that fostered self-understanding, instilling optimism, and building embodied coping strategies. Together, these processes enabled participants to reconnect with themselves, envision positive futures, and cultivate resilience within both personal and collective contexts.

4.3. RQ3

How does cultural context—particularly the integration of Chinese traditional practices such as Five Elements music therapy—shape the perceived credibility, safety, and meaning of music therapy experiences?

4.3.1. Cultural Familiarity Enhances Credibility

Participants consistently linked the use of Chinese traditional practices to the credibility of music therapy. Participant 01 explained that listening to Chinese songs with familiar lyrics "can well express our inner heart, connected to our growth environment" (Participant 01). For this participant, music rooted in local culture felt more authentic than imported methods, strengthening their trust in the therapeutic process. Similarly, participant 14 noted that when traditional instruments such as the guzheng were used, "I felt it was closer to our heritage, so I believed more in its healing power" (Participant 14). These accounts indicate that culturally embedded practices enhanced perceived legitimacy and reduced skepticism toward therapy.

4.3.2. Traditional Elements Create a Sense of Safety

The integration of traditional frameworks, particularly Five Elements music therapy, was described as fostering a sense of safety and comfort. Participant 07

shared: "When the therapist explained how each element related to emotions, I felt reassured, like there was an order behind my chaos" (Participant 07). Participant 16 added that the familiar cultural references "made me feel understood as a Chinese patient, not forced into foreign ideas" (Participant 16). Such reflections suggest that aligning therapy with cultural traditions reduced resistance, encouraged openness, and created a protective psychological space.

4.3.3. Meaning-Making through Symbolic Resonance

Participants also emphasized how traditional musical frameworks deepened the meaning of therapy by providing symbolic structures for self-reflection. Participant 05 described how associating certain tones with specific elements (e.g., wood, fire, water) "helped me think about my body and mind in a new way, as if everything was connected." Participant 20 similarly noted that guided reflection using the Five Elements "made me realize that sadness and anger are part of natural cycles, so I don't have to blame myself" (Participant 20). These accounts illustrate that traditional frameworks not only structured therapeutic experiences but also gave participants culturally resonant metaphors for understanding emotions.

4.3.4. Integration of Heritage and Modern Practice

Many participants highlighted that combining Chinese traditions with modern therapeutic methods created a sense of continuity between past and present. Participant 09 reflected: "It felt like something from our ancestors was meeting modern psychology, and that gave me confidence this was not just an experiment but something proven" (Participant 09). Similarly, participant 18 described the blending of Western and Chinese practices as "a bridge that connected me with both global science and my own culture" (Participant 18). These views suggest that hybrid approaches positioned music therapy as both modern and culturally grounded, reinforcing its relevance in contemporary Chinese society.

4.3.5. Collective Identity and Shared Experience

Finally, participants emphasized that traditional music therapy reinforced a sense of collective identity. Participant 11 explained: "When we listened together to the Five Elements melodies, I felt connected to everyone in the room, like we were part of the same story" (Participant 11). Participant 21 added that group engagement with familiar cultural music "strengthened my feeling of belonging and pride in being Chinese" (Participant 21). These reflections indicate that cultural resonance not only supported individual recovery but also fostered solidarity and shared meaning among participants.

Overall, participants described cultural context—particularly the integration of Chinese traditional practices such as Five Elements music therapy—as central to shaping their experiences of credibility, safety, and meaning. Traditional frameworks enhanced trust, created culturally safe therapeutic spaces, provided symbolic tools for self-reflection, and reinforced both personal identity and collective belonging. In this way, music therapy was experienced not merely as a clinical intervention

but as a culturally grounded, relational practice that aligned with participants' heritage and worldview.

4.4. RQ4

How do participants interpret the symbolic and relational dimensions of music therapy, and in what ways do these interpretations contribute to identity reconstruction and social connection?

4.4.1. Music as a Symbol of Inner Experience

Participants frequently interpreted music as a symbolic medium through which they could externalize otherwise unspoken feelings. Participant 01 explained that singing aloud after listening "allowed me to vent my negative emotions inside," describing the act as a symbolic release of hidden struggles (Participant 01). Similarly, participant 05 reported that writing down lyrics reflecting their emotions before singing them was "like putting my feelings into a mirror," offering a symbolic pathway to self-understanding (Participant 05). These accounts highlight how music served as a symbolic language, enabling participants to transform intangible emotions into audible and shareable forms.

4.4.2. Relational Dynamics Foster Mutual Recognition

The relational dimension of music therapy was described as equally important, as participants often emphasized the role of group experiences and therapeutic alliances. Participant 01 recalled: "After listening to a song, we sang together… I felt very happy, all my worries were gone, and people who didn't know each other became familiar" (Participant 01). Participant 18 similarly emphasized that working with a supportive team "made me feel like we were healing each other through music" (Participant 18). These reflections suggest that relational dynamics within therapy promoted recognition, trust, and solidarity, which extended beyond individual healing.

4.4.3. Symbolic Narratives and Identity Reconstruction

Several participants described how music's symbolic dimensions contributed to reshaping their identities. Participant 16 explained: "Through the images and sounds, I stopped rejecting my emotions and started to accept them as part of me." Participant 20 echoed this perspective, noting that guided reflection using symbolic associations "made me realize sadness and anger are part of natural cycles, so I don't have to blame myself" (Participant 20). These interpretations show that music therapy helped participants reconstruct their identities by reframing emotions not as personal failures but as integral aspects of the human experience.

4.4.4. Relational Belonging and Social Connection

Participants also linked music therapy to the cultivation of belonging and connectedness. Participant 09 reflected: "When we played rhythms together, it felt like we were one body, and I was no longer isolated" (Participant 09). Participant 11 described the shared experience of listening to Five Elements melodies as gen-

erating "a feeling of being part of the same story with others in the room" (Participant 11). These insights underscore that relational dimensions of therapy not only reduced feelings of loneliness but also actively built collective identity and community.

4.4.5. Cultural Symbolism and Collective Identity

Finally, participants emphasized that cultural symbolism deepened both identity reconstruction and social connection. Participant 14 stated that the guzheng "reminded me of family gatherings, which made me feel secure and emotionally connected". Participant 21 added that listening to culturally familiar music during group therapy "strengthened my pride in being Chinese and made me feel less alone in my suffering". These accounts demonstrate that music therapy reinforced cultural identity and provided participants with collective frameworks through which to interpret personal healing.

In summary, participants interpreted the symbolic dimensions of music therapy as a means to externalize emotions and reconstruct identity, while the relational dimensions fostered mutual recognition, belonging, and collective identity. Together, these interpretations transformed therapy into more than a clinical process: it became a symbolic and relational practice that affirmed cultural heritage, rebuilt personal meaning, and strengthened social bonds.

5. Discussion

5.1. Summarization of the Findings

The findings reveal that music therapy serves as a multifaceted intervention—one that extends beyond symptom reduction to foster holistic psychological recovery. Participants consistently described the therapeutic process as enabling emotional regulation, providing safe outlets for expression, and alleviating both psychological and physiological symptoms of anxiety. Over time, these experiences contributed to identity reconstruction, increased self-acceptance, and the development of sustainable coping strategies.

Cultural resonance emerged as a critical factor—with traditional instruments and frameworks, such as Five Elements music therapy, enhancing credibility, safety, and meaning-making. Rhythmic entrainment and guided imagery facilitated embodied synchronization, insight, and hope, which participants subsequently translated into resilience-building practices beyond therapy sessions. Importantly, the collective and relational dimensions of therapy—through group singing and shared symbolic experiences—strengthened social bonds, instilled belonging, and reinforced collective identity.

Overall, music therapy was experienced not only as a clinical technique but also as a culturally embedded, symbolic, and relational practice. It empowered participants by integrating emotional release, cultural familiarity, and social connection, thereby positioning music therapy as a credible and transformative pathway to psychological recovery.

5.2. Comparisons with Previous Research

The present study aligns with—and extends—prior research on the therapeutic impact of music therapy. Consistent with Lu (2024), participants in this study described music therapy as fostering sustainable psychological rehabilitation through both immediate relief and long-term coping strategies. This finding confirms the validity of music therapy as a practical and enduring intervention for anxiety reduction among young adults.

Findings also resonate with Liao et al. (2023), who demonstrated that both Western and Five Elements music therapy significantly reduced stress across diverse cultural groups. In this study, participants similarly emphasized cultural resonance as central to perceived credibility and profound safety. The integration of traditional instruments and symbolic frameworks reinforced therapeutic trust—and extended Liao et al.'s findings—by showing how cultural familiarity fosters identity reconstruction and enduring collective belonging, because it strengthens shared symbolic meanings that participants perceive as culturally authentic, which, in turn, deepens their sense of security and amplifies therapeutic effectiveness.

In line with Bensimon's (2020) insights, participants reported that music therapy created uplifting environments, provided predictable structures that promoted control, and enabled transformative resilience by reframing emotional struggles as sources of strength. However, this study extends Bensimon's work—by demonstrating that these processes are further enhanced in group contexts, where shared musical experiences deepen social connection and relational healing.

Finally, the findings support Aalbers et al. (2019), who highlighted synchronization and emotional resonance as mechanisms for improving emotion regulation and reducing depressive symptoms. Rhythmic entrainment and guided imagery in this study illustrate how such mechanisms regulate emotions—and, at the same time, cultivate enduring hope and profound resilience—that participants consistently carry into daily life. The results confirm the robust therapeutic value of music therapy, while extending previous research by foregrounding cultural adaptation, relational dynamics, and symbolic meaning-making as critical dimensions of psychological recovery.

5.3. Theoretical Contributions

This study contributes to music therapy scholarship in three key ways. First, it deepens understanding of music therapy's role in psychological recovery—by highlighting participants' authentic lived experiences, particularly in relation to emotional regulation, identity reconstruction, and resilience. Unlike many prior quantitative studies, this qualitative approach captures the symbolic, relational, and cultural dimensions so often overlooked in clinical evaluations.

Second, the research advances cross-cultural perspectives by illustrating how the integration of Chinese traditions—especially Five Elements music therapy—enhances therapeutic credibility, safety, and meaning-making. This demonstrates the importance of cultural resonance in fostering trust and sustaining recovery.

Third, the study emphasizes the collective and relational functions of music therapy. Through group singing, rhythmic entrainment, and guided imagery, participants reported strengthened social bonds and collective identity, showing music therapy as both a clinical and community-based practice. Collectively, these insights extend existing knowledge by positioning music therapy as a holistic, culturally embedded pathway to psychological well-being.

5.4. Practical Implications

The findings offer several practical implications for clinical practice and mental health education. First, the results highlight the value of integrating culturally resonant elements—such as traditional Chinese instruments and the Five Elements framework—into therapy. Doing so enhances participants' sense of credibility, safety, and meaningful engagement, suggesting that therapists should adapt interventions to local cultural contexts.

Second, the study underscores the importance of group-based music therapy. Collective singing, drumming, and guided imagery not only reduced anxiety but also strengthened enduring social bonds and belonging. Practitioners and institutions may therefore consider incorporating group formats into therapeutic programs, to foster both individual recovery and community support.

Finally, the study suggests that music therapy can complement or extend traditional psychological treatments. By providing accessible, nonverbal avenues for emotional release and identity reconstruction, music therapy offers a holistic, low-cost approach—one that could be implemented in schools, universities, and community health centers to address rising rates of anxiety.

5.5. Limitations

Several limitations should be acknowledged. First, the study's sample size was relatively small (22 participants) and restricted to young adults aged 19 - 25, which limits the generalizability of findings to broader age groups or clinical populations. Second, participants were recruited via social media platforms, raising the possibility of self-selection bias, as individuals already interested in music or therapy may have been more motivated to participate. Third, the reliance on self-reported narratives, while valuable for capturing lived experiences, may be shaped by memory recall, social desirability, or limited willingness to disclose sensitive emotions. In addition, the diversity of therapeutic formats (e.g., individual vs. group, online vs. offline) may have introduced variability in how these experiences were remembered and described. Finally, the cross-sectional design provides a snapshot of therapeutic outcomes but does not assess the long-term sustainability of psychological recovery. These limitations highlight the need for longitudinal and mixed-methods research that integrates qualitative depth with quantitative rigor to validate and extend the insights generated by this study.

5.6. Future Research Directions

Future studies should address several gaps identified in this research. First, longi-

tudinal designs are needed to examine the sustainability of music therapy's psychological benefits beyond the immediate post-intervention period. Such work would clarify whether coping strategies and identity reconstruction endure over time. Second, future research should expand participant diversity by including different age groups, clinical populations, and individuals from varied cultural contexts to enhance generalizability. Third, integrating mixed-methods designs could help triangulate findings, combining the depth of qualitative narratives with quantitative measures of anxiety reduction, resilience, and well-being. Additionally, cross-cultural comparative studies may reveal how cultural traditions—such as Five Elements therapy—interact with Western frameworks to shape therapeutic outcomes. Finally, exploring technology-assisted modalities, such as AI-guided music therapy, may extend accessibility and personalization of treatment. Together, these directions will strengthen the evidence base and expand the applicability of music therapy as a culturally adaptable intervention.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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