Proceedings of ICADSS 2026 Symposium: FEEDback Genova – Urban Form as Catalyst for Transdisciplinary Creativity
DOI: 10.54254/2753-7064/2026.GE39253

How Does Music Become an "Asylum"? Localizing Music Asylums Theory Through Five-Element Music Therapy in China and Its Contemporary Relevance

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Abstract. How does music become an "asylum" for body and mind? This question concerns both the healing power of music and how traditional culture enters contemporary life. Taking Tia DeNora's theory of "musical asylum" as its analytical perspective, this paper examines the practice forms of five-element music in scenes such as the hospital, the community, the campus and the family. The study argues that five-element music shows multiple practice dimensions in different scenes, such as treatment assistance, health management, emotion adjustment and daily self-regulation, and its meaning of "asylum" is also shaped by the participation of local meaning systems such as the "five tones—five organs" relation and the syndrome differentiation of traditional Chinese medicine. Five-element music thus provides the theory of "musical asylum" with a Chinese local observation case, and also shows the possibility of traditional music culture being re-understood and re-used in contemporary health practice.

Keywords: musical asylum, five-element music therapy, localization, music healing

1. Introduction

In recent years, music has gradually entered different life scenes such as hospitals, communities, campuses and families, taking part in emotion regulation and the maintenance of body and mind. Therefore, music healing should not concern itself only with "whether it works"; it also needs to examine how music is used in concrete situations, and how it becomes a health resource that people can call on. Five-element music therapy is an important form of local Chinese music healing practice. Its theoretical basis is closely related to the "five tones and five organs" of traditional Chinese medicine (TCM), and through selecting music by syndrome differentiation it links different music to the states of the zang-fu organs and the emotions; related research has already covered negative emotions, insomnia, chronic disease management and other fields. Unlike music interventions based mainly on personal music preference, the choice of five-element music may also be influenced by the TCM syndrome differentiation system.

Starting from this question, this paper does not try to prove again the clinical efficacy of five-element music; it puts the cases in existing studies back into concrete life scenes for examination. Hospitals, communities, campuses and families are not simply places of use; they correspond to

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DOI: 10.54254/2753-7064/2026.GE39253

different participants, ways of organization and purposes of use. Through scene comparison, we can further observe how five-element music moves from professional intervention into daily life, and what role traditional cultural knowledge plays in this process.

Existing research mainly concentrates on efficacy verification and related mechanisms; discussions of how five-element music is embedded in concrete social scenes, how different participants use music, and how the cultural meanings of TCM take part in it are still relatively limited. DeNora's *Music Asylums* theory emphasizes the connections between music and actors, environments and social relations, and uses concepts such as "escape", "reconstruction" and "technologies of the self" to explain how music takes part in the regulation of body and mind in daily life. The "localization" in this paper mainly refers to the application, adjustment and expansion of this theory after it enters the Chinese context, not the localization of five-element music itself. On this basis, through literature analysis, this paper sorts out five-element music practice in four types of scenes, focusing on how musical asylum is formed in different scenes, and on the role of the TCM syndrome differentiation system in music choice and meaning giving.

2. Literature review

2.1. The development of the musical asylum theory

DeNora holds that existing studies tend to simplify the role of music into the relation of "music—mind—brain—individual", and neglect the concrete situations in which music happens, social relations, and the practical activities of users. She argues for understanding music from social and ecological angles, seeing it as an embodied social practice, and attending to the interaction between actors, music, action, situation and environment [1].

"Musical asylum" emphasizes that an individual temporarily withdraws through music from a particular place, moment or state of worry, and gains the possibility of a breather, recovery or renewed energy. DeNora further distinguishes "escape" from "reconstruction": the former refers to a temporary retreat from the original environment, using music to form a relatively independent space; the latter emphasizes changing the original environment or reorganizing relations with others through musical activity [1]. Musical asylum is therefore not a single psychological effect produced by music itself, but a practice process jointly constituted by music, the individual and the environment. DeNora also points out that in some non-Western societies, "healing" music is itself a practice of daily life. This paper therefore focuses on how, after this theory enters Chinese five-element music practice, its concepts connect with local cultural meaning systems [1, 2].

2.2. A review of research progress on five-element music therapy

In addition, "selecting music by syndrome differentiation" in existing research also points to a question worth attention: the use of five-element music is not simply taking a certain music as a universal relaxation stimulus; there is a tendency of selection according to individual state. This means that there may be rather complex relations between the practical effect of music healing and the music content, the state of participants and the way of implementation. This paper therefore does not separate "efficacy" from "cultural meaning", but takes the latter as an important condition for understanding concrete practice.

In recent years, research on five-element music has mainly concentrated on clinical effects, mechanisms and practice promotion. Juan Liao et al. examined the effect of TCM five-element music on the negative emotions of 60 clinical nurses through an exploratory randomized controlled

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trial, matching modes according to tongue diagnosis by syndrome differentiation, and the results showed that the intervention had a positive effect on relieving negative emotions [3]; Yanping Li et al.'s study showed that in insomnia intervention five-element music is often used together with Chinese herbal medicine, acupuncture, auricular point pressing with beans and other methods [4]. Zhao Gao et al. pointed out that related mechanism research is extending toward the physiological and molecular biology levels [5]; Wenjun Wang et al.'s analysis of 2391 related papers from 2000 to 2023 showed that research hotspots concentrate on depression, anxiety, insomnia and adjuvant treatment of diseases [6].

Related knowledge mapping studies also show that five-tone therapy has formed a certain research scale, but research topics are still rather scattered, suggesting that this field is still in continuous development and expansion [7]. At the same time, a review of music therapy research in China points out that existing research still has room for further discussion in theory, methods and localization [8].

Existing research has formed a certain clinical basis, but there are still problems in implementation standards, norms of selecting music by syndrome differentiation, and explanation of mechanisms [4, 5]. Compared with efficacy and mechanisms, there is less discussion of the social environment of five-element music, its cultural meaning, and its ways of daily practice. Existing studies have answered more of "whether it works", but in what situations music works, how participants understand music, and how traditional cultural knowledge influences music choice and use still deserve further discussion. DeNora's theory can supplement this angle of observation, but its empirical basis mainly comes from Western societies; therefore, how the local meaning system constituted by TCM theory takes part in "musical asylum" needs to be examined through concrete cases.

3. Analysis and results

3.1. Hospital: the construction of therapeutic asylum in clinical intervention

The "asylum" in the hospital has a strong character of professional intervention. The treatment relation patients are in determines that music is not a completely free individual activity, but is incorporated into an established treatment process; the use by medical staff is closer to obtaining a brief psychological buffer inside the work environment. Therefore, different users in the same scene also form different music practices.

The hospital takes "disease—treatment" as its core logic, and five-element music here serves more as an auxiliary practice embedded in the medical process. Ping Li et al. carried out a randomized controlled trial with patients in the maintenance phase of bipolar disorder, and found that five-element music combined with "triple" relaxation training could improve the patients' insomnia [9]. In this case, music and relaxation training together constitute the intervention process, and its meaning is closer to auxiliary "spirit regulation", helping patients adjust their state of body and mind and cooperate with treatment.

Five-element music is also used for the emotion regulation of medical staff. In Juan Liao et al.'s study, 60 nurses listened through earphones to five-element music modes matched by tongue diagnosis and syndrome differentiation [3]. This practice has a certain correspondence with what DeNora calls "escape": the nurses did not leave the hospital, but through listening they temporarily distanced themselves from the high-intensity work state. But this "escape" is not built entirely on personal preference; music choice is still influenced by the TCM syndrome differentiation system. Thus five-element music in the hospital may serve the "spirit regulation" of patients during

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treatment, and may also become a way for medical staff to temporarily withdraw from a high-pressure state; its use is in both cases shaped jointly by the medical environment, cultural knowledge and the state of participants.

3.2. Community: musical asylum in collective health management

This practice also shows a feature of the community scene: music did not turn health management into an activity completely detached from daily life, but became a way for residents to take part in health services. For people with chronic diseases who need long-term management, this continuous use differs from the one-time treatment link in the hospital.

The community lies between professional medical care and daily life. Yongmei Cai's study of 153 community hypertension patients showed that acupuncture combined with TCM five-element music therapy could improve blood pressure control and quality of life [10]. In this case, music was combined with community health management, not used separately from health services. Since the management of chronic diseases itself is closely tied to daily life, the role of music further shifted from treatment assistance to support of life states.

From the angle of "reconstruction", musical asylum in the community does not require the individual to leave the original environment, but changes the way of taking part in health activities. Compared with the clearer treatment relation of the hospital, the community puts more emphasis on continuous health management and on the connection between music and daily life.

3.3. Campus: musical asylum in emotion regulation and psychological prevention

Five-element music on the campus mainly faces young people in the process of study, growth and social interaction, and is therefore more used for emotion regulation and psychological health prevention. Peiying He et al. designed a five-element music emotion regulation system for college students, which recommends corresponding modes through psychological state assessment, combining traditional five-element music with digital technology [11]. Some universities have also carried out related experience activities, such as Dalian Medical University's "five elements and five tones" music healing activity in 2025, and Nanjing Medical University's activity combining traditional instrument performance with psychological health work, showing the practice of five-element music entering campus psychological health services.

Zhenzhen Tao's randomized controlled study showed that receptive five-element music could improve the anxiety emotions of college students [12], but the study is a single-center small sample, and more research is still needed for verification. Therefore, at the present stage it is more suitable to understand campus five-element music as a way of emotion regulation and psychological prevention, and not to directly equate it with mature psychotherapy. From the angle of "musical asylum", five-element music on the campus is more a matter of providing an auxiliary resource that students can use for emotion adjustment in daily study and life.

3.4. Family: daily self-regulation through resources the individual can call on

This autonomy in the family deserves particular attention. Whether music is used, when it is used and how long it lasts depend more on personal life arrangements. It therefore more easily becomes a daily habit, rather than a treatment activity with a clear beginning and end. For "musical asylum", this also makes the relation between music and the rhythm of life more direct.

DOI: 10.54254/2753-7064/2026.GE39253

The family is the scene closest to daily life, and music use has stronger autonomy. In the exploratory pilot study on cross-cultural stress carried out by Juan Liao et al., 35 subjects listened on their own to five-element music or Western art music in the home environment, 30 minutes each time, twice a week, for 4 weeks [13]. Music did not rely on professional places such as hospitals or therapy rooms, but became a health resource the individual can actively call on.

In the home environment, the individual can arrange listening time according to the rhythm of life and embed music into existing life, which is therefore closer to what DeNora calls "technologies of the self". But the autonomy of the family scene does not mean the disappearance of cultural tradition; in some five-element music practices, music choice may still be influenced by TCM syndrome differentiation and the "five tones and five organs" relations. Musical asylum in the family thus has at the same time the features of daily autonomy and of the continuation of cultural tradition.

4. Discussion

Chapter 3 examined five-element music practice in scenes such as the hospital, the community, the campus and the family. Music use in different scenes has different objects, purposes and ways of organization, which shows that the role of five-element music cannot be understood only by the efficacy of the music itself; it also needs to be analyzed in combination with the concrete situation of use, social relations, and the cultural environment of the participants. The situational and practical character emphasized by DeNora's "musical asylum" theory thus provides a new angle of observation for understanding the multi-scene application of five-element music.

4.1. A shift of research perspective: from treatment means to health practice

In other words, the core of musical asylum is not to build a "safe space" completely cut off from real life, but to form temporary conditions of adjustment inside real life. The hospital may form these conditions through the professional treatment relation, the community through continuous health activities, the campus through psychological health services and group participation, and the family more through the individual's active use. Different scenes have different conditions for asylum to form.

Existing research on five-element music mostly revolves around symptoms such as insomnia, anxiety and negative emotions, which provides the necessary empirical basis for clinical application, but starting only from efficacy it is hard to explain why music shows different ways of use in different environments. DeNora's theory emphasizes that music is a practice used in concrete social situations; therefore, judging whether it has the meaning of "asylum" cannot rely on efficacy alone; it also depends on who uses it, in what situation it is used, and what kind of state adjustment the music helped the individual complete.

The cases in this paper show that music in the hospital is embedded in the treatment relation, music in the community takes part in health management, music on the campus carries emotion regulation and psychological prevention, and music in the family is more called on actively by the individual. "Musical asylum" is thus not a fixed form. Only when music actually takes part in state adjustment, stress relief, the reorganization of life rhythm, or the forming of a relatively independent support space does this concept have a fairly clear explanatory power. At the same time, "situation—action—environment" alone is still not enough to explain why five-element music has an obvious cultural orientation; this requires further examination of the meaning connections constituted by TCM theory.

DOI: 10.54254/2753-7064/2026.GE39253

4.2. Local cultural particularity: the participation of the local meaning system

From the cases involved in this paper, TCM syndrome differentiation is not just completing one music recommendation before the practice starts; it also influences how participants understand the music they hear. Precisely because such a cultural interpretive framework exists, the same piece or the same type of mode music may have different meanings for different users. What needs to be stressed here is that this paper does not aim to prove that the "five tones and five organs" correspondence itself has been fully verified in the sense of modern medicine; it concerns how this traditional knowledge system, as an interpretive framework in practice, takes part in music choice and use.

If concrete scenes influence the way five-element music is used, the TCM syndrome differentiation system further influences people's understanding and choice of music. Behind five-element music there is a cultural interpretive framework of "five tones—five organs—five elements": jue, zhi, gong, shang and yu are connected with the liver, heart, spleen, lung and kidney respectively, and further connected with the emotions and bodily states.

Therefore, what music to listen to is not completely decided by "what one likes". In some practices, music choice draws on information such as tongue appearance, pulse appearance or syndrome types, forming a process of "bodily or emotional state—syndrome differentiation judgment—music matching—listening adjustment". The meaning of music does not come from the sound alone; it comes from the connections between the sound and TCM theory, bodily states and the concrete situation.

This point gives DeNora's theory different interpretive conditions after it enters Chinese five-element music practice. The social environment DeNora speaks of here includes real spaces such as hospitals, communities, campuses and families, and also includes the cultural meaning network formed by TCM theory. Five-element music may therefore help the individual temporarily leave a state of stress, and may also, with the help of the traditional interpretive system, help the individual understand his or her own state and choose and use music accordingly. "Musical asylum" is thereby not just "leaving" in the spatial sense; it also includes a repositioning at the level of meaning.

4.3. Multi-scene practice and the value of daily health practice

From the cases above it can be seen that the environments five-element music now finds itself in are not limited to the hospital. Patients, medical staff, community residents, students and ordinary family members may all become actual users. Different people come to five-element music with different purposes: some to cooperate with treatment, some for health management, some to relieve the pressures of study and life, and some simply take listening to music as a way of adjustment in daily life. Looking at these practices together, the range of use of five-element music is in fact already rather diverse.

The cases examined in this paper involve scenes such as the hospital, the community, the campus and the family, and also show the feature of five-element music extending from professional treatment toward daily health practice. But this extension is not a simple sequence of development. The degree of professional intervention, the way of participation and the purpose of use all differ across scenes, and therefore different practice forms have taken shape. Five-element music in the hospital is closely tied to the treatment process; practice in the community serves continuous health management more; use on the campus is mainly related to student emotion regulation and psychological health; and listening in the family has stronger autonomy.

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This change does not mean that five-element music can replace the existing medical or psychological services. Especially in non-clinical environments such as the campus and the family, the current research evidence is not yet enough to support excessive judgments of efficacy. Compared with understanding it directly as a treatment means, seeing it as an auxiliary health resource that individuals can actively use may better fit the current practice situation [12, 13].

From the angle of "musical asylum", the meaning of five-element music has changed accordingly. Music does not have to take a person away from the original environment to have a regulating effect. A person receiving treatment in the hospital, taking part in health activities in the community, easing anxiety on the campus, or listening to a piece of music alone at home may all gain a brief space of adjustment within the existing state of life. What is special about five-element music is that this adjustment is not built only on personal music preference; it also carries the cultural understanding formed by traditional knowledge such as the "five tones and five organs". Traditional music ideas have therefore not stayed at the theoretical level; they continue to be used and interpreted in different life scenes.

5. Conclusion

Rather than becoming a treatment means, what deserves attention in five-element music is more that it preserves the unique understanding of music, the body and life states in traditional culture; it is entering the daily life of contemporary people in different ways, and actively seeking new forms of expression and use in new life scenes. The vitality of traditional culture does not lie only in being completely preserved; it lies more in being re-understood and re-used by people today, and producing new meanings in new environments. The value of five-element music also lies in the fact that between traditional knowledge and modern life there is still space that can be further discussed and practiced.

Of course, this paper mainly analyzes on the basis of existing literature and practice cases; on how different groups understand and choose five-element music, and what role this music practice plays in daily life, direct first-hand materials are still lacking. Future research may combine questionnaires, interviews or participant observation to further examine the understanding, acceptance and actual ways of use of five-element music among different groups, and thereby understand more concretely the possibilities and limits of traditional music healing resources entering contemporary life.

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