



Promoting music intervention training in oncology in China: Challenges, opportunities, and pathways forward

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Abstract – Accumulating evidence confirms the effects of music-based interventions in alleviating the psychological burdens of cancer patients. However, the implementation and accessibility of such interventions within healthcare facilities for cancer patients in China remains limited. This article argues that the shortage of positions and the lack of formal career pathways for music therapists impede the wider application of music interventions. Although health professionals show great interest in implementing this emerging intervention, they often lack the foundational knowledge and essential skills, which diminishes its effectiveness. This viewpoint calls for tailored training that equips health professionals with basic skills to practice basic music interventions at a supportive level to satisfy patient care needs while promoting ongoing collaboration between medical personnel and credentialed music therapists. It also advocates for increased investment in music therapists, standardized clinical procedures, and sustainable financial resources to accelerate the integration of music-based interventions into healthcare practices.

Key words: Music intervention, Music therapy, Training.

Introduction

Cancer patients, as a vulnerable group suffering physical discomfort, also face psychological challenges such as depression, anxiety, and adjustment disorders [1, 2]. There is an urgent need to introduce psychological approaches to alleviate the mental burdens of cancer patients. In addition to psychotherapy, music-based intervention (MI), as a complementary treatment, has demonstrated its effectiveness in reducing emotional distress and improving quality of life among cancer patients and is gaining increased attention [3–9]. This article assesses the current status of MI practice in cancer care, explores strategies to expand MI training programs, and highlights the opportunities and challenges in this emerging field in China.

Emerging formal MI programs in China

Using music therapeutically gained widespread recognition in the late 1980s when music therapy was first introduced to China. Yet, the discipline was still in its infancy, and the line separating music therapy and music as medicine was blurred. Therefore, any procedures involving music, such as playing background music during operation, would be considered as music therapy back in that time. As the use of MI obtained

traction in nursing homes, later expanding into some hospitals, the practitioners realized that the application of MI in health care required them to tailor musical experiences to address psychophysiological or rehabilitative needs among patients [10]. Then, pioneers like Professor Tian Gao started to learn music therapy in Western countries, and upon returning to China, they enhanced the existing music therapy programs and established educational programs for the discipline [10]. This helped formalize the growing path of this field in China, and more trained music therapists began collaborating with healthcare professionals in hospitals. Some mental health centers even created music therapy hubs and incorporated therapists into rehabilitation and mental health services.

While music therapy is widely adopted in areas like pediatrics and mental health, its application in other medical fields, particularly cancer care, is limited. This imbalance underlines the need to expand MI to serve a broader range of vulnerable populations.

The development of music therapy remains uneven across regions and institutions. Due to a shortage of professional music therapists in China, medical personnel have tried to integrate music listening into their patient care, which has opened up another avenue for expanding the usage of MI. It is common sense within the realm of MI to classify MI performed by medical staff as music as medicine, MI conducted by credentialed

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music therapists as music therapy, and MI performed by musicians or medical staff as other-music-based interventions [11–13]. Different than the practice of music as medicine in Western countries, there is a growing trend in China among medical practitioners to seek various training opportunities to advance their skill sets in delivering MI [14–24]. However, training focused on assisting medical staff without a music therapy background to provide MI in cancer care is scarce.

Challenges in increasing the accessibility of music interventions in China

Despite the growing demand for MI, the field is still facing expansion and dilemmas similar to those in other countries [25]. When local variables are taken into account, several challenges continue to limit its accessibility for cancer patients in China. One predominant concern is the lack of career pathways for music therapists nationwide. There are competent music therapists who have completed systematic coursework in 14 colleges in the nation or music therapy programs in other developed countries like the US, UK, Australia, and Germany [10]. However, as this profession has not been designated in the Chinese healthcare system, it is difficult for medical institutions to find a proper position for music therapists. Only a small number of music therapists work in the medical field, which makes the clinical supervision possibilities rare. As practicums and internships are prerequisites for an individual to become a music therapist, less clinical opportunities in oncology indicate fewer chances to cultivate the next generation of music therapists who will work in this area. In some cases, hospitals (e.g., The First Affiliated Hospital of Sun Yat-sen University) may arrange cooperative initiatives with credentialed music therapists, but employment assurance is not always guaranteed. Few health facilities (e.g., Guangzhou Concord Cancer Center) offer full-time positions for music therapists, and even for those who manage to secure such roles, there is little opportunity for career progression, with no clear path to senior positions, despite years of practice.

The financial issue is another concern. Since music therapy has not been regarded as a member of the traditional healthcare unit, with the exception of Sichuan province, reimbursement for the service is not applicable. Nor is there any commercial insurance available. Fortunately, there are still some philanthropic organizations offering grants or bids to fund music therapy projects; however, these funding sources are typically sporadic.

Following concerns about careers and finances, advocacy is the third main task for expanding MI services for cancer patients. In China, music-related experiences are conventionally classified as liberal arts subjects, and to some extent, viewed as insolent noise that diverts emperors' attention from domestic issues during the Warring States period. Due to these linked historical attitudes, many individuals may find it difficult to see MI as a medical option rather than entertainment. Therefore, the application of MI should clarify its functions and roles within the Chinese healthcare system as well as address how it fits into Chinese culture. To be specific, although the front-line medical staff show interest in music intervention and are cognizant of the underlying benefits of MI for cancer patients, more educa-

tion and clarification are needed to help the public understand that, rather than being merely a form of entertainment, music experience can be an intervention to improve patient care when it is curated and performed by trained interventionists.

Facing these challenges, healthcare professionals – including physicians, nurses, psychologists, and technicians – attempt to incorporate MI into medical practice by practicing MI themselves although the majority do not have formal training in MI and many do not possess a basic education in music. This is like a curate's egg mixing positive with negative aspects. This drive, which was mainly initiated by medical experts, did open up opportunities for MI in the medical field; nevertheless, it also contributed to several inappropriate beliefs and practices of MI. For instance, in the early stages of MI promotion, some health professionals mistakenly believed that specific styles of music could be used to treat particular diseases [10]. Also, some individuals who were not officially trained in the field claimed themselves as music therapists. These misunderstandings confused the recipients and undermined the MI practice.

Strategic opportunities for MI training and integration

While both MI practitioners advocates and Chinese healthcare facilities confront many challenges, there are also abundant opportunities ahead. At the national level, the emphasis on supportive intervention is widely acknowledged. MI (music therapy, music as medicine, and other music-based interventions) as one of the driving integrals in the support invention, is attracting growing attention. Academic organizations also leverage their efforts to the standardization and development of music therapy. In addition, the demand for MI increases remains the biggest driving force for the development of music intervention.

Considering the benefits of MI for cancer patients and the three main challenges aforementioned, efforts should focus on promoting the recognition of MI in China to ensure that music therapists have the credentials required to work in healthcare settings. Additionally, to bridge the gap before music therapists become more widely available in healthcare settings and to accelerate collaboration between the two groups, tailored training programs to equip health professionals with basic MI techniques may be a transitional approach. These programs should include foundational MI theory, practical applications, and real-world case studies. Ongoing evaluation of training effectiveness and follow-up on MI practices should also be implemented.

Promising initiatives are already underway to address these challenges. For example, the Music-based Intervention Society of China Anti-Cancer Association (CACA) was established in February 2023. The Music-based Intervention Society of CACA aims to unite health professionals and music therapists, facilitating resource sharing and knowledge exchanges. Moreover, the organization released the first set of guidelines for implementing music-based interventions in cancer care, providing a framework for establishing MI programs in healthcare facilities.

The recent CACA Music-Based Intervention Training in Healthcare Practice held from August 14 to 18, 2024 at

Table 1. Curriculum for the music intervention short training for healthcare practitioners.

Module	Topics	Category	Credit	Instructor background	
				Music therapist	Specialists' Background
Theory foundations of music intervention	Historical development and mechanisms of music intervention	Theory	1	/	Oncologist
	Cognitive behavioral therapy: case conceptualization and case studies	Theory	2	/	Psychiatrist
	Psychodynamic therapy	Theory	1	/	Psychologist
Applications in medical settings	Humanistic and positive psychology	Theory	2	/	
	Music intervention in oncology: From the perspective of an oncologist	Theory	1	/	Oncologist
	Neuro-music therapy in rehabilitation	Theory	2	Yes	Rehabilitation technician
	Music therapy in palliative care	Theory	2	Yes	Music therapy researcher
Technical skills and case studies	Psychological assessment and management of common psychosomatic issues in oncology patients	Theory + Practice	2	/	Nurse with psychologist's credentials
	Music elements in intervention: A two-part series	Theory + Practice	3	Yes	
	Music styles and emotional regulation	Theory	2	/	Lecturer in Music College
	Dynamics in intervention: case analysis	Theory	1	Yes	
	Operational procedures in music intervention	Theory + Practice	2		
Hands-on training and applied techniques	Emotion regulation techniques through music (ER)	Practical	4	Yes	Psychologist
	Music-guided breathing: Applications and techniques	Practical	4	Yes	Private sector
	Re-creative music intervention: Application techniques	Practical	4	Yes	Music therapy researcher
	Music intervention in perioperative care: Applications and techniques	Practical	2	Yes	Nurses
Professional ethics and closing remarks	Professional practice ethics and examination	Theory + Exam	1	Yes	

Guangzhou Concord Cancer Center, was also a successful step in providing MI training specific to its practice in the medical field for health professionals. The event attracted participants from West China Hospital, Sun Yat-sen University Cancer Center, Hunan Province Cancer Hospital, and nine other top medical institutions across China. Through a series of theoretical lectures, practical workshops, and case studies, participants were exposed to the latest research and best practices in the application of MI. With clinical medicine grounded in the practical realities of healthcare delivery, the integration of musicology, psychology, clinical medicine, and other multidisciplinary fields enabled them to appreciate the nuances of different musical elements, the potential impact of MI on the human mind and body, and its applications in patient care, see [Table 1](#) and [Video 1](#). By combining these diverse fields, the curriculum aimed to create a new breed of health professionals who are capable of providing holistic and innovative care to their patients. This training is expected to have a significant impact on developing MI expertise among health professionals, offering new approaches to optimize treatment options.

Future perspectives

As Hans Christian Andersen once wrote, "Where words fail, music speaks." Promoting MI training among health professionals presents a significant opportunity to enhance the quality of care for cancer patients and other vulnerable populations burdened by psychological distress. While challenges remain – such as the lack of formal career pathways for music



Video 1. A music therapist instructor demonstrates an interaction between a therapist and a patient. One trainee is playing the role of a patient who will undergo surgery, while the other trainees are listening to the music therapist instructor to understand the key elements of the interaction between the patient and the therapist. <https://vcmedpsciences.org/10.1051/vcm/2024010#V1>.

therapists and misconceptions about MI, tailored training programs and other effective initiatives may be a way to address the needs.

By expanding MI training for health professionals, healthcare facilities in China can provide better alternatives to help alleviate the psychological distress of cancer patients. The establishment of organizations like the Music-based Intervention Society of CACA and the release of MI guidelines hold the potential for positive outcomes. With close collaboration and sustained efforts, MI is expected to become an integral component of cancer care in China.

Furthermore, investigations into the molecular mechanisms of MI will deepen our understanding of neuroscience and molecular medicine. A broad range of MI applications can also help lay the foundation for developing a comprehensive music therapy system in the future – one that requires skilled personnel, clear treatment goals, standardized clinical procedures, and sustainable financing strategies.

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Conflicts of interest

No conflicts of interest were declared.

Data availability statement

Data supporting the findings of this study are available from the corresponding author upon reasonable request.

Author contribution statement

Juan Nie: Collected information, the video, and drafted the article.
Ying-Lan He: Conceptualized the study and edited the article.

Ethics approval

This study was exempted from Institutional Review Board (IRB) review by the Ethics Committee of Guangzhou Concord Cancer Center (Approval Number: 2024-09) as it involves the observational analysis of an educational program with minimal risk, using video recordings for which all participants have provided prior written consent for their use in research and public dissemination.

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