Music therapy is a field of knowledge and proficiency studied at the university level and practiced by music therapists in a variety of medical and healthcare settings through educational and social programs. Music therapy training is composed of music theory and music skill, psychology and related subjects, supervision and personal psychotherapy, and, of course, music therapy. Although relatively limited in number, music therapists as a professional group keep up a lively international dialogue and exchange on training and research programs (Voices: A World Forum for Music Therapy, n.d.), and international music therapy research is carried out in a number of countries (Aldridge, 1996, 2002; Standley, 1995; Wheeler, 2005). Music therapy as a field of knowledge belongs to the scientific paradigm of art and human or social sciences.

Background

A cancer diagnosis brings unpredictability to patients’ lives and causes great physical and mental strain, even after treatment is concluded (Cohen, Cullen, & Martin, 1982). A cancer experience has radical consequences and is an existential challenge to the patient and family as well as to the caring staff (Arman & Rehnsfeldt, 2003; Holland & Lewis, 2000; Lindholm, Rehnsfeldt, Arman, & Hamrin, 2002). The call for suffering relief and improved quality of life (QOL) has prompted medical and psychosocial advances in care and rehabilitation (Holland, 2003; Twycross & Wilcock, 2002). The development of modern cancer care has brought openness to new trends of integration and holistic thinking (Ben-Arye, Frenkel, & Margalit, 2004). Integration of scientific knowledge and a holistic view of the patient with cancer may be regarded as a new medical paradigm (Block, Block, & Gyllenhaal, 2004; Geffen, 2004), because, as a result of modern medical and technical advances, many patients are well informed and prepared to take an active part in their healing and recovery process, including the exploration of new treatment strategies (Dong & Cassileth, 2005; Markman, 2001). A growing number of patients with cancer turn to complementary and alternative medicine therapies as part of their treatment plan (Lawenda, 2006; Yates et al., 2005).

The experience of cancer is individual and private. It may affect mood, identity, and sense of well-being during the whole course of the illness (Cohen, 1982; Vachon, 2007). A music experience also is individual and private, closely related to mood, identity, and well-being. The idea that patients with cancer may benefit from musical expression and musical experiences has been supported by music therapy research (Aldridge, 2002; Bonde, 2005; Burns, 2001; Hanser, 2005). Music therapy is not a consistent concept. Perspectives on the meanings of music therapy vary according to knowledge and scientific orientation. The perspective may influence the character and methodology of the music therapy intervention as well as the understanding of its results.

Implications for Nursing: To fully develop music therapy as an adjunct intervention in adult cancer care, interdisciplinary cooperation between nurses and music therapists should be supported on clinical and educational levels.

Purpose/Objectives: To explore perspectives on music therapy as a nursing intervention in adult cancer care and to expand and integrate knowledge and understanding about music therapy as an adjunctive intervention in adult cancer nursing care.

Data Sources: Published nursing articles.

Data Synthesis: Medical and nursing journals have reported on research related to music and its effect as a nursing intervention. However, this research often lacks a musical context (i.e., knowledge and understanding from a musical perspective).

Conclusions: Music therapy is not a consistent concept. Perspectives on the meanings of music therapy vary according to knowledge and scientific orientation. The perspective may influence the character and methodology of the music therapy intervention as well as the understanding of its results.