

Development and Prospect of Music Therapy in Japan

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1. The Rapid Development of Music Therapy In Japan

As you can see on the "fact" information at the end of this article*, Japanese music therapy has developed rapidly during 1990's - 2000's. As a result, the recognition from the general public has increased, the number of the professionals and the students has grown, and the music therapy activities have spread throughout Japan. This was achieved based on the devoted work of the senior generations, bearing the fruits under the ripe social background.

Sakurabayashi described this background as: Inhuman mental environment in economically- industrially advanced society that raised people's awareness to the therapeutic needs; Growing interests in social welfare that those who at the side of strong intend to share the social resources with those who at the side of the weak; And the maturity and saturation in Japanese musical scene as a result of the early age education boom of Western classical music in 1960's(Ikuno, 2002a; Sakurabayashi, 1993).

However, this extreme rapidity of the development naturally had the side effect. Japanese music therapy is not necessarily matured in terms of the "core" for the development, in another word, its own identity. Consequently it is always shaken by the peripheral elements, namely, "social environment", "social welfare", and "musical scene". In other words, if just one of them is weaken, Japanese music therapy will be in danger to lose the balance to stand on.

In this regard, the period that Japanese music therapy has grown by the force of circumstance is slowly ending, and it is approaching to the important transitional period

for the further development. Given this circumstance, Japanese music therapists are confronted by the needs to pursue the productive discussion and have the clear visions, facing our own culture.

2. Japanese Culture: Traditional, Complex, and Transitional

When we talk about this "culture", it is not just the "traditional" culture that has important roles in Japan, but highly complex and transitional cultural phenomenon dominates this society. This complexity must be common in many Asian countries I suspect. For example, in addition to the traditional customs as the behavioral codes on both conscious and unconscious levels, Japanese receive influences from the strong attractiveness of American culture, the significant existence of European culture that played the leadership role for our parents' generation, the casual cultural exchanges within the Asian countries especially among the young generation, which also includes the Japanese culture as the neo-traditional etc. All of these are mixed and affects each other and changing: Not one of them has the primary power in our daily life. It almost seems that Japanese people have a unique feature to use different cultures to suit the different parts in their lives, and the aspects this phenomenon typically shows is our eating styles and music. Stige(2002) defined culture as "the accumulation of customs and technologies enabling and regulating human coexistence." As far as Japanese culture concerns, the above mentioned reality is "the culture today". In this sense, Japanese music therapists need to use extremely complex insights, challenged by the task to meet the people through music in the diverse and transitional cultural layers.

I myself was born and raised in Japan until I started my adult life, studied European Classical music from early on, lived 4 and half years in the United States to study music and music therapy, then about 10 years ago, came back to Japan to work as a music therapist. In this process, I have felt always at a loss wondering "what on the earth to work as a music therapist in Japan!?" In this paper, I would like to look back some of this wondering from the three perspectives: clinical/musical, academic, and professional.

3. The Clinical Perspectives on Music Therapy in Japan

1) The Group Concept and the Individual Concept

In the clinical perspectives, one of the important themes of Japanese music therapy seems to be the concept of "group and individual." In Japanese music therapy, there have been many good group sessions with sensible qualities. They make use of Japanese traditional value of "Wa"(harmony) to support the well-beings of Japanese people. For example, a group singing using the rhythm and the songs that represents Japanese collective identity is a common way to approach the elderly population. Japanese people put high and special value on "group", and the emotional/practical history for it is long and deep. Therefore this topic cannot simply analyzed and concluded by the Western method of music therapy, and Japanese music therapists needs the special research and understanding on it.

However especially after the high growth of the economy, "self expression" and "self realization" have also become important values for Japanese. In music therapy too, small groups and individual sessions have been explored, although the number of it is not too many yet, and the methods are not necessarily matured yet. Needless to say, just transplanting Western methods does not work here again.

If we take a cloth look, the individual orientation of today's Japanese people is not something separated from the traditional culture of group orientation, but is strongly grounded by it. On the other hand, a calm united group at first sight conceives the covert and nameless movements of self actualization underneath. And the people live in well-beings seem to be those who can feel a good balance between the two orientations, one way or another. On the contrary, the confusion such as a group oppresses an individual, or the unhealthy individualism breaks the human-relationships often become the themes of therapies.

How can the groups and the individuals develop co-existence? How can the clinical sessions focus on this, in the way unique to Japanese culture? Music, which can be very social as well as very individual, has a great potential to be cultivated.

2) The Unique Role of Language and Expression

Relating to this, one of the mysteries I have been feeling in Japanese culture is the

unique role of language and expression. It was the English culture that I first studied music therapy, which used language to build a logic on a straight line toward the conclusion (Fig.1). The Japanese culture I felt when I returned to Japan, was using language as if drawing a spiral, drifting and adjusting within atmosphere, balance, and cultural aesthetics. And strangely enough, the conclusion appearing in the center of the spiral, is often swallowed and not verbalized (Fig. 2). Japanese tend to deepen one's existence by "refraining words", and to talk most expressively by "keeping silence". These tendencies appear in a unique way when the clients verbalize their inner world or the family members verbalize the therapy perspectives. For Japanese, as well as what have been said and the way it was said, what was carefully not said and the actions taken are included in the area of "expression".

Needless to say, music has a great potential here as a nonverbal medium, but I think even in music itself, this Japanese characteristics creates a unique phenomenon of expression. For example, I had an experience as a music therapist singing to a bedridden old man who had no verbalization due to the after effect of the stroke. Even in the limitation of expression tools and verbal cognitive construction, he showed his changing emotions greatly through his eyeballs, mouth, and facial expressions. And interestingly enough, he seemed to be "expressing himself" not only by releasing his emotion but also by refraining it(Ikuno, 2002b).

Western theories of music therapy tend to position "expressing" as the greatest tools and objectives, but Japanese music therapy cannot be always analyzed that way, and we need to develop the original clinical theory here.

Fig. 1: The Language Process in the Western Culture

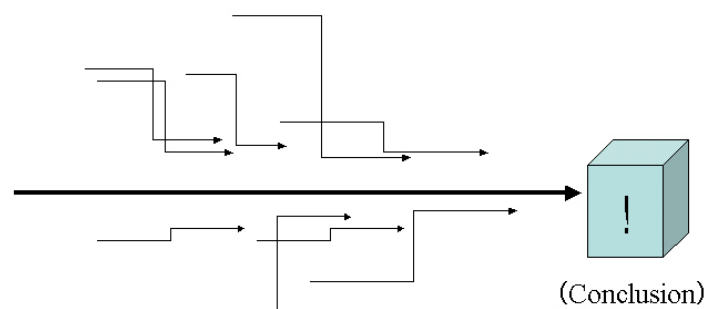
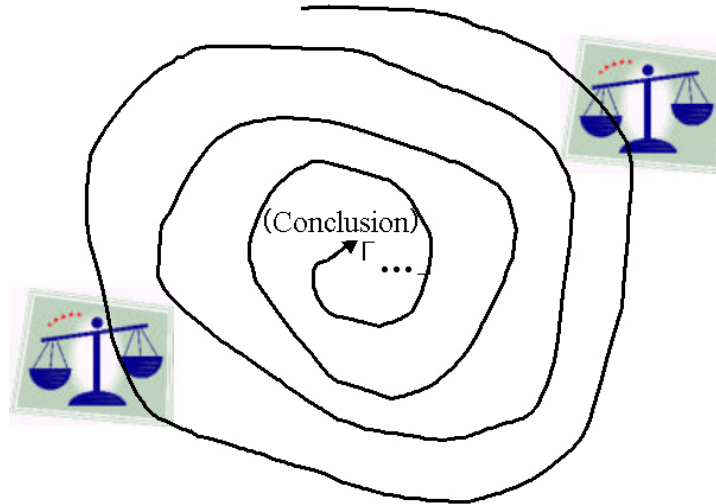


Fig. 2: The Language Process in Japanese Culture



3) Objectives of Therapy: "Doing" Value and "Being" Value

Now I would like to refer to the objectives of therapy from my experiences of trying to get into the practicing field as a music therapist, the newcomer professional. When music therapists work with the related professionals, sometimes we can share the same document form to record the achievement, but in other times we simply cannot. When we cannot, we feel bad since it seems the music therapists wasted the time. Why is it? After the long anguish, I came to rationalize our achievement by labeling them "doing" and "being." The health in "doing" means "functions recovered, abilities developed, and there was a apparent growth in quantitative data". On the other hand, the health in "being" is "the person is becoming happier and fuller, the existence is approaching closer to a well-being, even though the functions and the abilities have not changed."

For example, I once had a cerebral palsy child as a client and approached him from the several different aspects of his "wholeness". For one of the "doing" objectives, we did rehabilitation by playing four hands piano, structuring his playing spot in a musical piece. On the other hand I also included the "being" activity using the song composed and sung by myself. The words take the form that this nonverbal child' talking about his life, disabilities and family:

I was born in the autumn 9 years ago.

My mother was looking forward to seeing me so much.
She is the Mother who is always gentle, cheerful and hard working,
And gave me a birth, sending me into the bright light.

My limbs are a little hard to move,
Even though I have so many things I want to do,
And so many places I want to go.
I wish I could walk, I wish I could run,
Because I have a lot of great dreams to chase.

However I have a wonderful wheelchair,
And I myself became strong enough to challenge climbing stairs.
With my Dad, my Mom, and my brother Hiro,
I will walk the long long roads, toward my endless dream!

In this session, the child and the mother just listened to the therapist's performing, doing no other things. The lyrics were all imagined and made by the therapist, so the clients even did not participated in "composing/creating" parts. They did not verbalized their impression either, and only the results were that the child seemed to be fond of this song and requested it often, and the mother sometimes secretly wiped her tears (but said nothing...the typical Japanese expression!). Still, I think this activity gave them the sense of "Being" as they were, and had a considerable value in their therapy process.

Japanese medicine, which had committed itself only in "doing" in the past some decades, is now also introducing the concept of "QOL". However I feel something even more static, introspective, or "non-purposeful" quality in music therapy. It might be related to the life view deeply buried in Japanese' mentality, not only "Ikiru" (to live purposefully), but also "Ikasareru" (to be made to live by a greater purpose.) Japanese music therapy should develop means to recognize, deepen and communicate well-beings across the doing and the being.

4. The Academic Perspectives on Music Therapy in Japan

Now, in the Japanese music therapy development in 1990's to 2000's, the area most left behind seems to be the academic field. One background I see here is the Japanese'

cultural habit for the growth "to accept and imitate the models", rather than "to think and create own form". This teaching-learning attitude is deeply rooted in our culture. For example in the education system of Japanese traditional performing arts such as Kabuki, the students (disciples) are trained from early age to "carefully watch" and "imitate" the precursors' performance. Here, it is a kind of taboo to question the models or to create his own style until he is really approved as an independent professional. This kind of educational style was emphasized even when I studied Western Classical music as a child, and it infiltrates in Japanese "teaching-learning" culture as an unspoken rule not to question, not to make up self-taught styles.

Music therapy which is relatively a new field in education has been not an exception. For example in the practices, I often see the junior therapists automatically follow the exterior structure of the seniors' sessions, and tend to miss the therapeutic meaning the practice based on. And in the academic conferences, there are a strange kind of self-satisfactory feeling in some presenters merely to imitate the form of scientific medicine papers, without discussing the very "content" of the therapy process enough.

My opinion here is that there are not such established models in music therapy field yet that fit to our traditional educational style of imitating. Everyone should have the attitude "to question and to construct one's own ideas, even if they are still immature," from the very first day of the clinical experiences. And the academic conferences should be the opportunities for representing what he or she experienced in that process into the discussion.

So I see a big academic challenge within the students, but of course it is not only the beginners and the students that need to grow. First of all, many of the Japanese music therapists have not had enough opportunities to learn the basic academic research methods. Secondly, for the subjects unique to Japanese music therapy as I mentioned above, there are few research methods established. As a result even a very experienced practitioners start to feel a distance to the academic field.

For the academic development of Japanese music therapy, we need to acquire more knowledge and skills of the existing academic methods, as well as to explore the new methods not separated from the daily practices in Japan.

5. The Professional Perspectives on Music Therapy in Japan

Now about the professional perspectives, "the establishment of music therapists' social

positions" must be the main subject. Especially about the economic situation, most of the Japanese music therapists work part time with instable or minus payment, somehow making it with non-music therapy jobs or family supports.

This situation affects not only to the living making itself, but also to the mental stability as a music therapist. Generally speaking, many of the Asian countries are "economy-centered societies" in a different sense from the Western countries. Because of its historical circumstance, the economic development has had the first and urgent priority, and things like music therapy can be easily despised with the prejudice against "something does not contribute to the economic wealth", and therefore it has low value in the society. In such an environment, serious music therapy professionals feel even more pressured to establish a higher position in the economic society not only for his/her own living, but also for the sake of music therapy itself.

However, "social position" cannot be achieved only by the economic independence. How about the competency and the maturity as a profession? Behind the back of all the developments in professional appearance, there are many hollows Japanese music therapists have to face. Relating to it, let me refer to the educational realities which is another distortion of the rapid development.

Japanese music schools introduced music therapy one after another in the last half of the 1990's, and it created tremendously more educational opportunities comparing to when there were only the choices of self-educating or studying abroad. However some of those new schools show the examples of commercialism, by recruiting students without informing correct realities of the area, or not providing the adequate personnel as educators, especially the supervisors.

This kind of distortion directly affect to the professional situations out in the fields. In general, we have to admit that the music therapy "boom" in the educational institutions and it in the realistic fields have a great gap. Many of those who finished the music therapy courses cannot get the jobs in the area, or the new graduates just cannot deal with the severe realities of the field. If such condition continues, the position of music therapists in the society might be even worsen than now.

Another challenge in the establishment of social position is the political authority, namely the bureaucracy, and the historical system that the political decisions are made through emotional/collusive connections under it. The totally new field like music therapy has to face the very complicated obstacles here.

For example Japanese Association for Music Therapy had an energetic activities seeking the state certification around 2000-2004, but we hear there was an extremely

difficult process. JAMT was even demanded to modify the definition of music therapy, the very identity of our work, to adjust to the existing political system. There has been a big controversy about it in the association.

6. Conclusion: Music Therapy as the Suggestions of New Values to the Society

In such argument, we often hear the rational such as "We will not follow the path of foreign countries, because Japan has its own unique way in politics." However, as a person who has walked between Western and Japanese music therapies, I do not think it is the matter of "foreign countries, or Japan". I have a strange sense that music therapy is something never fits completely into an existing society, regardless of the Western or the Asian. And just aiming at to be accepted by it only drives us to the dead end. Rather, music therapy conceives the nature to shake an existing society, or to suggest the new (or deep) value of music and human-beings.

For this purpose, we need to cultivate our insights what the culture specific element and what the universal elements are in all areas of clinical, academic, and professional. By doing so, we can accomplish "independence" in a true sense, including economic independence someday.

References

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* Fact Sheet of Music Therapy in Japan

1. Brief History of Japanese Music Therapy Development after World War II

For the first several decades after World War II, music therapy was pioneered by a small number of specialists in the related fields. From around 1955, music colleges and university-based schools of music started to include music psychology in their curriculum, and the concept of music therapy was often taught as an applied field of it. Teachers and students who found themselves particularly interested in music therapy started to organize regional study groups and to seek opportunities to practice music therapy on a voluntary basis.

From 1967-1977, several music therapy study organizations were established by different opinion leaders such as Kagaya, Yamamatsu, Sakurabayashi, Matsui. Many of the current leaders of Japanese music therapy were nurtured under these organizations. Also, Juliet Alvin (1969) and Clive and Carol Robbins (1984) made visits to Japan, and had a great influence on them. In 1987, the Tokyo Association for Music Therapy was established by Murai, which identified itself as one for "music therapy practitioners."

In the 1990's an increasing number of specialists who are either self-trained or who studied abroad now practice music therapy. Interest in the subject among the general public as well as the related professionals has grown enormously.

In 1995, in order to connect the widely spread small communities of music therapy throughout Japan, the Japanese Federation of Music Therapy (JFMT) was established and started to certify music therapists. (This is NOT the state certification, and NOT applicable to health insurance).

In 2001, JFMT was reorganized as Japanese Music Therapy Association (JMTA). JMTA holds national conferences and educational lectures, publishes academic journals, gives/renews music therapist certification, as well as explores the possibilities of more institutionalized certification systems. As of end of 2004, JMTA has approx. 6200 members.

2. Education/Training System

JMTA has certified 943 music therapists by 2003. Currently there are following two ways to be certified by JMTA. In 2003, 174 were certified from 322 applicants.

- 1) To participate in the lectures held by/approved by JMTA and accumulate a certain amount of "points", to have practical experiences for a certain years, to apply with the regulated documents, and to be certified through the final interview. (Those who have finished the music therapy courses in foreign countries are mostly approved their studies, and certified after

a certain years of practice in Japan and the final interview.)

2) To complete the music therapy courses of JMTA approved schools (19 as of 2003, 4 year-curriculum of undergraduate level), to have a paper examination to be certified as a "provisional music therapist", to practice under the supervision for a certain years, and to be certified as a "music therapist" after the final interview.

Also there are cases that the local government has an original training system and gives their own certification. At any case, it is not necessarily said that these certifications are indispensable to practice music therapy in Japan, and there are those who work under own employment relationships.

3. Typical Population/Diagnosis and the Places Music Therapists Work at

- Developmental disorder children (mental retardation, autism, cerebral palsy, etc.):
Welfare centers and training centers, independent groups, clients'/therapists' home, etc.
- Developmental disorder adults (mental retardation, autism, cerebral palsy, etc.):
Welfare centers, vocational centers, residential institutions, etc.
- The elderly (Alzheimer disease, vascular dementia, preventive activities, etc.)
Residential homes, day care centers, group homes, hospitals, etc.
- Psychiatric disorder patients (schizophrenia, depression, etc.)
Hospitals, day care centers, etc.
- Terminal care patients:
Hospices, terminal care wards, etc.

In additions, there are reports on practices for brain damage, psychosomatic disease, withdrawn adults ("hikikomori"), school refusers ("futoko"), etc.

4. Approaches/Characteristics of Japanese Music Therapy

Presently, Japanese music therapists' placements spread to a wide spectrum between the two poles: the places where music therapy is acknowledged as a professional field, and the places just expect "musical recreation". In the strict sense the latter cases cannot be defined as "therapy" because of the large numbers and the irregularity of the participants, etc. However these placements often have potential to develop as therapy in the long run which has focuses on the

individual needs of the clients.

The major background theories for the practice are developmental theory, special education, humanistic psychology, behaviorism, gerontology, group dynamics, rehabilitation, and so on. In addition, some are directly influenced by the specific music therapy theories such as Nordoff & Robbins. However not too many music therapists identify themselves as the specialists of these background theories, to know and use them comprehensively. Also, there are cases that the therapist develops his/her own practicing theory based on the experiences.

Regarding the research, both of the scientific studies based on EBM and the narrative case studies are used.