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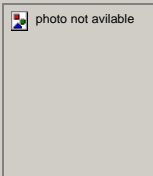
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Music Therapy Growth in Japan: The Richness and the Confusion of Transition

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Looking back, my roots of stepping into the field of music therapy go back to the midst of a pilgrimage in my late younger years, seeking the path of "the essential of human-being". This root of "being a true human-being as the first priority" is somehow keeping me integrated in this complex life of a music therapist. However, when I was flying back from my studies in United States eight years ago, I would never have expected such a busy and complex work because when I left Japan in 1988, music therapy was not yet a major academic field or a realistic career possibility in Japan. I would like to describe the recent history of music therapy in Japan first and then give some analysis on it. I will focus only on the Japanese situation this time, wondering if it has something in common with other Asian countries or not. I hope this first presentation will raise reactions and discussion from other countries.



Music Therapy Development in Japan

From early on, we had the term "ongaku-ryoho" (music therapy) in Japanese, but for the first several decades after World War II, music therapy was pioneered by a small number of specialists whose enthusiasm for the craft led to a steady, if quiet, development of the discipline. From around 1955, music colleges and university-based schools of music started to include music psychology in their curriculum. The concept of music therapy was often taught as an applied field of music psychology. 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 organisations were established by different opinion leaders. In 1987, the Tokyo Association for Music Therapy was established. It was an epoch event in Japanese music therapy history, because the organization identified itself as one for "music therapy practitioners." Its formation reflected the fact that there were many professional practitioners of music therapy who were looking for opportunities to interact and to exchange information. Based on this background of gradual but continuous development, the situation of the Japanese music therapy community has changed greatly in the 1990's and signs of the field's growth are numerous. 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 has grown enormously. Generalists in the fields of music education, special education, medicine and arts are seeking out instruction in music therapy. However there is the other side of this phenomenon that misunderstanding and counter-reaction to music therapy is also growing. In 1995, in order to connect the widely spread small communities of music therapy throughout Japan, The Japanese Federation of Music Therapy was established, which will be reorganized as an academic association this month (April 2001). The main tasks of this national organization are:

- 1) standardization and effective education
- 2) certification system
- 3) health-insurance application.

This drastic transformation brought us both excitement and confusion. But before I discuss the concrete issues of music therapy in Japan, I would like to think about why this change happened in Japanese society. It is important to understand the background of this special phenomenon as a clue for understanding the direction that music therapy should take.

Background of the Recent Development of Music Therapy in Japan

Sakurabayashi, professor of psychology in Tokyo University for Arts, who was one of the pioneers and a main opinion leader of music therapy in Japan, analysed the phenomenon from three perspectives. First, when a society reaches the apex of its industrialization, its participants experience high levels of stress, due to automatized, fragmented and/or systematized work environments that tend to ignore and deprive one's sense of humanity. Accordingly, the importance of psychosomatic medicine increases, and society itself starts to conceive of the need for "therapy". Sakurabayashi refers to the beginnings of music therapy in the United States in the 1950's, where music found its place in the psychosomatic care of World War II veterans. Today's industrialized societies, including Japan, have similar needs. Second, in any highly industrialized society, the concept of "Fukushi" (social care and welfare extending to every member of society regardless of economic status) grows. "As a part of this movement, the public started to become aware of and put value on giving a hand to those who suffered from some kind of handicap. In political administrations or in civil movements, the concept took the form of care for the elderly and the handicapped and of improvements in special education. (Sakurabayashi, 1985)." Third, music education itself began to change. Since the 1960's, educating children with Western classical music has been a sort of "fashion" in Japanese society, and as a result, enormous numbers of college graduates majoring in (Western) music have been produced. This fact has certainly raised the society's standard of music appreciation in general, and music has become an important factor for "cultured" citizens in Japan. (I will refer to this somewhat biased connection between "Western" and "cultured" later.) It has also provided a foundation for music therapy's acceptance into Japan. However, it is also the case that music education in Japan became highly performance-oriented and competitive. As a result, those who could not adjust to high levels of "music rivalry" or those who looked for something different than the "self-centeredness" of performance, started to direct their attention to music therapy as an alternative way to connect their humanity and music more closely.

Some Unique Issues Japanese Music Therapy Conceives

As described in Sakurabayashi's first point, Japanese society is becoming aware of the importance of mental health care more than ever. Accordingly, psychology-related information has been drawing the attention of the general public and professional relationships between psychologists and clients have started to be established. Of course it is a positive change, that people are more sensitive to their own and each other's psychological being.

However, there seems to also be a transitional conflict unique to Japanese (or non-Western) society, other than just fitting in as a new social system. Psychology as an academic field usually means Western culture based psychology. But Japanese society functions based on the Oriental mentality, even though it is strongly influenced by and seems to function in a Western way on the surface. Japanese people used to have their own tradition of mental care, which is not necessarily theorized in the form of Western academe. Merely transplanting Western psychology would naturally cause an allergic reaction because even a subtle difference can be a critical obstacle in mental care. The most typical differences I have been feeling are the ways of communication (verbal/nonverbal) and the inclination of life value (doing/being). Both of these contradicting values coexist in modern Japanese mentality, and this conflict is producing both richness and confusion in accepting mental care as a social system.

Regarding Sakurabayashi's second point, I will note that it is a positive transformation that people have started to aim at valuable lives not by competing but by caring for each other. In the previous generation there was (and still is) a strong defense to think this way, and the term "Fukushi" (I repeatedly use this Japanese word, because there is no equal term in English: it includes social work, social welfare, policy for the handicapped and the elderly and other social care) meant poverty and misery. However, not a single day passes without seeing the words "Fukushi" and "volunteering" in the newspaper today. Increasing numbers of younger people are more interested in helping/caring professions than competing in the economic system of corporations. And "Fukushi" departments in either universities or special schools are becoming one of the most popular choices.

However, compared to Western society that seems to have a strong foundation in Christianity, this new tendency is still superficial and not rooted as the first value in Japanese society. In addition, we did have a tradition of helping/helped custom as a basis for daily life until the Western value system began to dominate our society to be "fast, strong, and effective". Here again, we need to explore an original form for Japanese individual/collective mentality, combining traditional and non-traditional history. It is not an easy task considering the scepticism like counter-reaction against "Fukushi" which grows in a bad Japanese economy in the last decade. Thus, the human-powered Japanese "Fukushi" system now really needs those who can analyze the situation to become truly creative in these issues, not those who simply idealize it.

Regarding Sakurabayashi's third point, I will suggest three issues. First, this "revolutionary feeling" among musicians and music students, trying to grow out of competitiveness and to redefine their music as a tool for human-connection, is a natural and healthy change. In fact, it is becoming a powerful factor in the transformation of the Japanese music community. The reverse of this issue is that musicians and music industries can easily distort the concept of music therapy for their own self-satisfaction or even exploitation. There are so many "healing CDs" and "healing concerts" on the market now. Another danger is that younger music students might unreasonably idealize music therapy. It is possible for them to fantasize the connection between music and the human being with a little fragrance of narcissism. Second, along with the increasing demand in society to know about music therapy and even to become a music therapist, the schools which include music therapy classes are rapidly developing. This is in contrast to ten years ago when they used to turn down music therapy as an "epigone". This phenomenon is closely related to the saturation of music schools and the decrease of the child population in Japanese society. Every music school is now facing a survival crisis, and music therapy is one of a few timely and "well-fitting" pillars that can attract both high-school students and adult students who are auditing courses in order to learn. This phenomenon is quite dangerous since these perspectives are lacking the reality of music therapy as a profession and the being of clients themselves. Third, the unique (somewhat biased) position Western music takes in Japanese society has influenced the types of music Japanese music therapists use. Probably 95% of music therapy in Japan is facilitated with Western instruments (piano, guitar and so on) and almost all music is in Western scales, rhythm and harmony. It is quite natural that Western music therapists often ask us about Japanese traditional music used in therapy, but the truth is that if we use genuine Japanese music in therapy carelessly, it will immediately create a wall rather than a bridge to the clients. On the other hand, there are beginning to be experimental approaches that include Japanese taste into music therapy. Actually, it is not just a music therapy question any more, but is developing into the search for our ethnic identity in the modern society. Here again, we have been, and will be in a continuous transition of combining Western and Japanese culture.

The Direction of Japanese Music Therapy

As you can see, the discussion in the above three fields of mental health care, "Fukushi" and music can also be expanded to the music therapy field. The points in common are: rapid development (or transplantation), cultural contradiction between the traditional and the Western, and the need of maturity in this new originality. Music therapy in Japan grew so rapidly in a short period of time, which is wonderful but also has a counter-reaction. This "bubble time of music therapy" means there have been many cases in which the content could not catch up with the signposts in clinical, educational or political situations. In this tense mood there are two extreme tendencies: emphasizing the delay of Japanese music therapy and worshipping the Western one blindly; and excluding Western influence to go back to conservatism. Needless to say, they are both unwise.

Japanese music therapists now need to have a truly open attitude to music therapy in different cultures, which demands and also builds a solid confidence in their own tradition. Only this attitude will provide the foundation for creating a new identity.

Writing this first statement for Voices was not an easy work for me, as I was forced to think about the cultural question seriously. I found that I tended to theorize music therapy in a Western way to feel right for myself, not always feeling perfectly right in communicating with Japanese society. It was an experience to encounter a dilemma in myself. To become an editor of Voices means that I have to somehow invent a way to become the transmitter between "world voices" and "Japanese voice" (which is often nonverbal!). It excites me and scares me at the same time, but I am sure this process will produce something constructive in me, as a music therapist and a human being.

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