

## Kongress

### The impact of culture on the training of music therapists Pre-conference symposium Brisbane 2005

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*Vor der offiziellen Eröffnung des 11. Musiktherapie-Weltkongresses in Brisbane im Juli 2005 fand ein Symposium der WFMT Commission on Education, Training and Accreditation statt, unter dem Titel: Der Einfluss kultureller Gegebenheiten auf musiktherapeutische Ausbildungen. Das Symposium behandelte die Notwendigkeit der musiktherapeutischen Ausbildungsleiter auf Herausforderungen zu reagieren, die sich durch die Verschiedenheit der kulturellen Hintergründe der Studierenden ergeben. Zusätzlich haben Veränderungen im akademischen Leben, sowie politische und soziale Veränderungen im Lehrtrieb und in der Gesellschaft auch die musiktherapeutischen Curricula vor neue Herausforderungen gestellt. Die folgenden Beiträge sollten sowohl den Vortragenden als auch den anwesenden Vertretern aus 12 Ländern Gelegenheit geben, sich mit den verschiedensten Erfahrungen zu kulturbezogenen Fragen im Ausbildungsbereich zu befassen, unter Berücksichtigung kulturell unterschiedlicher Voraussetzungen in Unterricht, Auswahl der Studenten bis zu emotionalen und psychologischen Herausforderungen, denen Studenten aus und in anderen kulturellen Zusammenhängen ausgesetzt sind. Die Beiträge von den internationalen Mitgliedern der Commission sind ungekürzt wiedergegeben.*

This article gives an account of the third symposium of the World Federation of Music Therapy Commission on Education, Training and Accreditation, held as part of the 11<sup>th</sup> World Congress of Music Therapy in Brisbane, Australia, in July 2005. The symposium, convened by Connie Isenberg-Grzeda, Chair of the Commission 2002–2005 was chaired by Helen Patey, the UK Commission Member. The presenters are all members of the WFMT Commission.

The symposium was held before the opening of the congress and was a truly international gathering, attended by 35 delegates from Australia, Austria, Brazil, Canada, Germany, Italy, Japan, Korea, New Zealand, South Africa, UK and the USA.

The title of the symposium, *'The Impact of Cultural Issues on Music Therapy Education'*, reflected the awareness of music therapy educators of the need to respond to the challenges brought up by the diversity of students coming for training in the 21<sup>st</sup> century. In addition, changes in academic cultures of teaching and learning as well as social and political changes in education and in society have brought new challenges. The decision to address cultural issues seemed particularly appropriate in the context of the Congress taking place in Australia where there is increasing awareness of the need to heal the historical divisions between the indigenous people and the 'new' Australians. Delegates at the conference were given a traditional greeting by the elders of the region and later attended memorable performances of indigenous music and dance. For some music therapists, visiting Australia for the first time, this was a new and powerful experience, demonstrating the diversity of cultures which can exist within one nation, bringing with it both richness and challenges.

In planning the symposium, culture was considered in its broadest sense. It was an opportunity to share experiences and learn from one another's insights in a forum, covering a vast spectrum of students' experiences during music therapy training: from the selection process, through teaching and learning, including the emotional and psychological demands and pressures on students, up to the final assessment and examination process.

The five unedited presentations which follow are from experienced music therapy educators, all of whom having published widely on their particular interests.

### **The language/culture barrier: A franco-quebec phenomenon**

*Connie Isenberg-Grzeda is Professor of Music Therapy at the University of Quebec, Montreal (UQAM). She established the music therapy training programme in 1985 and has been the coordinator since its inception. Her experience as an educator in French-speaking Quebec has given her a particular insight into the potential for language to mystify concepts rather than clarify them, and to obscure meaning rather than simplify it. Although the presentation is referring to a specifically Canadian situation, the theme is relevant to many educators who are working in a cross-cultural setting.*

When I took on the role of Chair of the Commission on Education, Training and Accreditation in 2002, I already knew that I wanted our symposium to focus on issues of culture and education. Why this interest in the impact of culture on the training of music therapists? As a Canadian who had trained in music therapy in the U.S. in 1974, I had not paid much attention to this dimension. After all, given the extraordinary diversity of cultures within Canada, the American-Canadian

distinctions were not that salient. It was only a decade later, upon my arrival at Université du Québec à Montréal (UQAM) as a faculty member, that the question of culture and its implications for the training of music therapists hit home.

I would like to briefly tell you this story – the story of the genesis of my interest in this very complex and multifaceted subject that is inherent to our discipline. It was summer 1984 when I began to work at Université du Québec à Montréal, commonly known as UQAM, a French-language university in Montreal, the first university in Canada to open its doors to music therapy, the first university, and to this day, the only university in Québec, to hire a fulltime music therapy faculty member, the only university in Québec to have a music therapy program. I was hired that year to set up an undergraduate music therapy training program that would begin in the fall of 1985.

To understand the music therapy-specific cultural issues, it is important to first have an understanding of the larger cultural context within which this training program was developed. The vast majority of citizens of Québec are French-speaking Québécois. The vast majority of students enrolled in the music therapy program are French-speaking Québécois. Whereas this appellation would seem reasonable to most English Quebecers, of whom I am one, to Québécois it is redundant in that a Québécois is by definition French-speaking. All French-speaking Quebecers are not, however, Québécois. Why is this so? It is because of the language/culture barrier. What does this mean? It means that although the French language is an integral and defining component of Québécois culture, it is not sufficient, in and of itself, to define a Québécois.

Whereas courses in the UQAM music therapy program have always been taught in French and the language of communication inside and outside the classroom has been French, the language of the vast majority of required readings specific to music therapy has been, and remains, English. Initially these readings reflected music therapy theory and practice as described primarily within the American, British and Canadian literature. In more recent years, a larger part of the music therapy world has been reflected in these readings. Students have also always been exposed to the French-language music therapy literature, most of which emanates from France. This exposure has not always felt sufficient for the students. After all, if French music therapy literature does exist, why would French-speaking students be obliged to read in English? Just as it would be inaccurate to state that there is no literature in French in the field of music therapy, it would be equally inaccurate to state that the French literature that does exist can serve as a basis for a training program in music therapy within a North American context. Why is this so? It is because of the language/culture barrier.

What does this mean? It means that my students and I discovered together that the bulk of the literature emanating from France, although written in a familiar language and one that should be, theoretically at least, easily accessible, is in effect, written in a professional language that is foreign to our local practice. Language designed to clarify may actually obscure, language designed to simplify

may actually complicate and language designed to demystify may actually mystify. To understand why this is so, let me explain what I mean by the language/culture barrier.

When I address culture, I am addressing it from two perspectives, the socio-cultural perspective and the professional-cultural perspective. We all think about culture as it relates to a people, its history, traditions, norms and values. As music therapists, we are aware that different peoples might attribute different meanings and values to music; that music might play a different role within people's lives; that it might serve different functions; and so on. What we are less accustomed to thinking about are professional cultures, that is, what are the norms, values and traditions of a particular professional group and are these similar or different across socio-cultural divides.

In the case of the Québécois student reading French music therapy literature emanating from a different socio-cultural perspective, we have to ask ourselves: Do Québécois, although French-speaking, share a cultural experience with the French in France? Do Québécois music therapists share a professional culture with music therapists in France? The answer to both of these questions, once developed, is a decided no. My students and I have found ourselves confronted by the reality of the professional-cultural differences. My Québécois students are reading literature emanating from French society, a society in which many music therapists' primary professional identification is that of a psychiatrist, a psychologist or another member of the family of mental health professions, with music therapy viewed as a specialization. My students, however, are part of the North American music therapy culture, in which the primary professional identity is that of a music therapist, and in many cases, a music therapist trained at an undergraduate level. This professional-culture difference may result in differences in professional values, attitudes and practice. The French language, in this context, helps to clarify the words, but not necessarily the meanings. And herein lays the difficulty. If my students are to read primarily in French, they will understand the language but not necessarily the underlying conceptualization of both theory and practice. If they read primarily in English, they are reading in a language that is not their mother tongue, hence more foreign, but the conceptualization of music therapy is more familiar and pertinent to their socio-cultural and professional-cultural context.

Need this be a difficulty? Is it not possible for us to stay open to different languages even as we strengthen our own? Is it not possible for us to recognize that we live within constantly changing and evolving societies even as we strengthen our links to heritage and tradition? Is it not possible for us to discover new forms even as we revitalize our own rituals? And is it not possible for us to use music as a model for language, forcing ourselves to hear as if we are hearing for the first time through the filter of our experience?

## Working with Minority Students within a Dominant Culture

*Elizabeth York was the Director of the Music Therapy Program at Utah State University, Logan, USA, from 1995–2005. Since 2005 she has been at Converse College, South Carolina, where she has been appointed Associate Professor of Music Therapy with responsibility for developing a new undergraduate program.*

*Her most recent publication is „Finding Voice: Feminist Music Therapy and Research with Women Survivors of Domestic Violence.“ in ‚Feminist Models of Music Therapy‘, edited by S. Hadley, (2006, Barcelona Press). Elizabeth York is also well known as a singer/song-writer, with a particular commitment to women’s music. Her presentation challenges all educators to look closely at their programs, to ensure that they are providing an inclusive and non-discriminatory training experience from audition through to qualification.*

My area of interest is how we as educators acknowledge minority groups within our music therapy curricula and programs. I am aware of how, unconsciously or consciously, cultural bias might be inherent in my own curriculum. How do we recognize and address

potential bias within ourselves and within our course content and clinical work? I would like you to take a moment to think about how you would define your own dominant culture. Now within that context, identify any minority groups that exist within your own country. In the U.S. for example, I might define the dominant culture as white, Anglo-Saxon Protestant heterosexual males. The cultural and ethnic minorities that immediately come to mind in America are women, Latino, Middle Eastern, Asian, African American, Native American, and persons who are gay and lesbian. Admittedly, paradox is inherent in this discussion because what is a dominant group in one culture may be a minority group in another. For nine years I directed the Music Therapy Program at Utah State University in Logan, Utah, USA, a predominantly white culture, but one consisting of persons who are Latter Day Saints (LDS) in religious affiliation. The LDS Church is a unique form of Protestantism, considered a minority religion and culture in the rest of the USA. In Utah, however, persons of this faith ARE the dominant culture.

What is the profile of the music therapist in the United States? We are white women, between the ages of 22 and 35 years old... yet we increasingly work with clients from diverse backgrounds and teach minority students in our programs. Latinos are the fastest growing minority group in the United States. Black Americans make up a majority in many American cities in the South; 10 % of the general population in the US is gay and lesbian. Asian students from mainland China, Japan, Korea, and Taiwan are increasingly attracted to music therapy training in the United States. What training, policies, and procedures do we have in place to insure that our programs and clinical work are culturally sensitive? Can we confidently call ourselves multicultural therapists and academics?

Persons from some minority groups are more visible than others- some have invisible disabilities and are invisible minorities. What are the resources within our academic programs that communicate value, acknowledgment, and accommodation to these students? Institutions address diversity issues in a variety of ways: via disability resource centers, international student organizations, and some might even say that an improvisational approach to music therapy training transcends cultural differences if one matches a scale pattern to a client from a particular culture. But that does not begin to answer the question of including diversity and multicultural issues in the classroom.

The **AMTA Code of Ethics** provides music therapists in the USA with clear guidelines in relationships with clients, students and research subjects: In section 3.2, the Code states: The music therapist will protect the rights of the individuals with whom he/she works. These rights include, but are not limited to the following:

- The right to safety
- Right to dignity
- Legal and civil rights
- Right to treatment
- Right to self-determination
- Right to respect
- Right to participate in treatment decisions

The Code continues: The music therapist will not discriminate in relationships with clients/subjects because of race, ethnicity, language, religion, marital status, gender, sexual orientation, age, ability, socio-economic status or political affiliation. How do we insure that these lofty goals are actualized in our curricula? And is this an issue in training programs outside the USA? Do we unconsciously discriminate by using culturally biased musical materials within our audition criteria, curricula, or assume heterosexuality when discussing client populations? Do we acknowledge cultural differences and contraindications when we present different psychological approaches to therapy? Do we acknowledge socio-cultural differences when we speak of diagnoses that may be more prevalent within a particular gender such as depression among women or PTSD in rape victims as well as male perpetrators/casualties of war? In this complex world, how do we insure that our programs are inclusive of and acknowledge these complex issues, however uncomfortable they may be to confront in the classroom?

I would ask that you share strategies that you have found to be helpful within your own programs and begin to dialogue. A few ideas might include the following: Audition requirements often include the performance of a popular song or improvisation. Might the song reflect folk/popular music from an applicant's own cultural background or an improvisation based on a scale system reflective of that culture?

Inclusion of world music in the music core curriculum is now a requirement in academic programs approved by the National Association for Schools of Music

in the US. We might extend this requirement to the repertoire prepared for what are sometimes called „functional skills examinations“ on piano, voice and guitar to include songs from a variety of cultures, sung in different languages. I have mentioned improvisational strategies that include scale patterns inherent in world music.

Expansion of percussion instruction may include ethnic percussion techniques from Native American and African cultures in addition to traditional snare drum instruction in our method classes.

Class assignments can include reflection/position papers in response to attending events, concerts, plays that address cultural, gender issues such as the „Vagina Monologues“, and „The Laramie Project“. Students can receive recital credit by attending concerts on and off campus performed by ensembles from around the world.

Research from international music therapy journals can be incorporated into Psychology of Music courses (as long as the common language is English, unfortunately). Incorporating textbooks on multicultural music therapy into introductory courses such as *Music Therapy: International Perspectives* and approaches to music therapy that reflect an international perspective can also be brought into methods classes. Incorporating case examples in our lectures, experiential role-plays that illustrate work with children, adults, families from diverse cultures indicates that we acknowledge and celebrate our diverse and colorful world.

Academics can serve as role models in increasing awareness of gay-lesbian issues by receiving training as an Ally. The Ally program, common at many American universities, increases visible support for gay and lesbian students. A trained Ally displays an insignia in his/her office indicating a willingness to provide resources and an open and welcoming space for gay and lesbian students, faculty and staff.

It is my hope that this discussion will continue and stimulate our thinking about how our curricula might be even more inclusive of minority issues and challenges – a recommitment to welcome a variety of students to our programs and to our connections with diverse cultures. I believe that I benefit and grow when I strive to confront my own biases and provide an atmosphere within my program that fosters respect, an awareness of human dignity, and the inherent worth and value of every student who chooses music therapy as a profession.

### **Asian Cultural Issues In Music Therapy Training And Education – Focusing on Japanese Perspectives –**

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*the Japanese Journal of Music Therapy. Her music therapy education and teaching experiences in the UK, USA and Japan has given Kana an intimate knowledge of the challenges faced by Asian students who come to study in the West.*

### *Introduction*

One given statistic shows that nearly 50 000 students from abroad are admitted annually into US colleges and universities. In 1998, the single largest population amongst these was approximately 47 000 Japanese students. The second largest population was Chinese, the third, Korean, and the fourth, students from India.

Even though they choose to study in the US out of their own free will, or that of their parents', -unlike the refugee population- there is a high percentage of stress, anxiety and depression among these students (US Frontline, 1999)

At the same time, an increasingly greater number of Asian students travel abroad to study music therapy, due to the lack of training courses in their countries.

I would like to learn how Asian students experience cultural differences between the West and the East, and the issues involved in their acculturation process.

Before I start the article, I would like to describe my motivation for this study which comes from my own personal and professional interests. In other words, what I am going to write here is *what I have experienced myself* as a student abroad and also as an educator of music therapy training in both Western and Eastern countries.

I have lived and studied in England and the US and have always been interested in the process of growing and integrating multicultural perspectives within myself. This is to say that I have always been curious as to how I can integrate myself, having experienced three different cultures: Japanese, British and American. I also would like to acknowledge the emotional struggle accompanied by these processes.

My experiences working professionally as a liaison for an international student consulting company in Japan, helping students and their families going abroad and returning, were also motivating factors in writing this article. In addition, I taught and advised (as a Teaching Assistant) some of the music therapy students at NYU who were from Asian countries.

Drawing from these experiences, I thought this article may be of help, for those who have taught or are teaching Asian students within the Western philosophical background and for Asian students, who have studied, are studying or will be studying music therapy in the Western educational system. To make the issues clear, both to the educators and the students, might help recognize what one experiences by way of cultural processes in music therapy training and education.

In this paper, I will explain the differences in the educational system between the Western and the Eastern cultures in order to compare what students are experiencing in the school setting. I will also address the issues and the challenges

they have, and the impact of these issues on clinical settings. The acculturation process and the issue-solving strategies for each process will also be discussed.

Although this paper is written primarily from the side of the educators, because the presentation was for a forum of music therapy educators all over the world, I will try to address the needs of the students/trainees, as well.

### *Differences in the educational system*

This is a chart that describes the differences between the two cultures. Some of the characteristics are addressed below (Yu, 1994).

Western culture	Asian culture
– Democratic orientation	– Priority in relationships
– Priority in individuals	– Authoritarian orientation
– Independence	– Interdependence
– Assertiveness	– Consensus
– Individually oriented	– Group/Family oriented
– Expression of emotions	– Control of emotions
– Uniqueness of individual	– Conformity
– Morality anchored in person	– Morality linked to relationship

The authoritarian orientation is a feature in Eastern philosophy. In the classroom setting, the teacher has the power and the authority. The students have to put their hands up before they voice their opinion and usually they are never expected to criticize their teachers. It is considered very rude to eat or drink; you even have to ask for permission to go to the bathroom.

There is a strong sense of „seniority rules“ amongst the Asian society, where one is expected to „respect the older“, which includes a „polite form language“ one has to use when speaking to anyone who is older. This „age issue“ in the clinical situation has a big impact on the therapy situation. For example, it is not customary to call older people by their first name in Japan. Younger people call the older „Sensei“ (teacher or mentor), therefore automatically creating a hierarchy in the therapeutic relationships.

Other issues might arise from the expressive differences in „handling their emotions“. In the West, students are encouraged to express their emotions and

feelings and verbalize them. In contrast, Eastern people are expected to control, hide and endure them. This is especially dominant in male upbringing. Endurance is highly respected in Eastern society and boys are not expected to cry or get angry in public. This difference in emotional expression is reflected in their attitude towards mental health services. They feel shame and guilt for admitting what they call emotional „weakness“ and stigma is attached to having to go through counseling and psychotherapy. There is also a „gender issue“.

Because it is a group/family oriented society, conformity is an important social factor in Eastern society. In Japanese high schools, there is a strict dress code in which even the color of socks, length of hair, nail trimming and so forth are specifically stated. Many students, just breaking away from such a strict environment, get lost in the freedom they experience when they come to the US.

#### *Areas of difference between Asian clients and Western trained counselors*

This chart is fairly self-explanatory, describing very clearly differing cultural views which could have a big impact in counseling. SueundSue (1999) illustrate the discrepancies when Western-trained counselors work with Asian clients.

Asian Clients „expect“	Western-trained Counselors (aim for)
<ul style="list-style-type: none"> <li>- Collectivism Focus: Family and group</li> <li>- Hierarchical Relationships</li> <li>- Restraint of Emotions = Maturity</li> <li>- Counselors should provide solutions</li> <li>- Mental illness is shameful and family stigma</li> </ul>	<ul style="list-style-type: none"> <li>- Individual Focus: Independence</li> <li>- Equality of Relationships</li> <li>- Emotional Expression = Healthy</li> <li>- Clients develop solutions through introspection</li> <li>- Mental illness is the same as any other problems</li> </ul>

#### *Adjustment issues and challenges*

When students go through the transitional phase of acculturation, they experience issues and challenges specific to the Asian population (Yu, 1994).

As I explained above, the students come to the US with their own motivation to learn something new. Some of them come willingly on their own accord and others, with their parents' expectations. Therefore their struggle comes with their packet, in other words, the struggle is a part of „the deal“ in coming and learning something new. They think they should not struggle because the decision was of

their own volition. However, they suffer from cultural shock. This is listed as follows:

### *Issues*

- Lack of English Proficiency
- Difficulties in adjusting to the education system
- Lack of familiarity with the customs and the people
- Separation from the family
- Disparity between the expectation and the reality
- Experience of discrimination
- Cultural conflict
- Identity crisis

I would like to point out some issues here which are characteristic of Asian students. Because of the language difficulties, cultural differences and their confusion with the school system, the Asian students are sometimes misunderstood by teachers and peers by their shyness and non-assertiveness. The quiet attitude in the classroom setting is seen as respectful behaviour towards teachers in the Eastern ways, whereas in the West students are expected to express their opinion as much as they want. This can place stress on both teachers and students alike.

If they are studying abroad, living with their parents' expectations, the disparity between these expectations and reality becomes more of a stressor. They might feel shame, guilt and responsibility for not succeeding and also possible separation anxiety, being away from such a strong parental bond, which had also played a major role in terms of decision making.

The following are challenges which will have to be faced:

### *Challenges*

- Self expression/assertiveness
- Individuation
- Risk-taking
- Identity formation

To succeed in the formation of a healthy identity, a good balance between cultural retention and assimilation should be maintained.

### *Acculturation Process*

There is various literature which discusses the acculturation process in Asian students and there are several ways to view this (Sue 1982, Berry 1988 and Yu 1994) I take Berry's three steps here: 1. contact, 2. conflict and 3. adaptation.

I would like to emphasize that this process is not only relevant for Asian people but for all other populations as well.

### 1. Contact

- Exposure to the new culture
- Recognition of the original culture

This is the initial, „contacting phase“, with cultures. It is not only with a new culture but also with the own original one. An idiosyncratic feature in Asian students is that people from a very homogeneous country are not very conscious of their own culture until they are exposed to a new one. They do not have an opportunity to compare as long as they live in their own country. So, this is a very important phase and their level of stress would vary, depending on the experiences in this phase.

### 2. Conflict

- Appreciation and depreciation of the new culture
- Appreciation and depreciation of the original culture
- Struggle for adjustment
- Struggle for self-identity formation

This would be the phase when most students are referred to or seek professional help with their needs. It is very likely that they manifest their psychosomatic symptoms first.

It is also stated (Kim 1980 and Bowler, et al 1982) that these conflicting issues are accompanied by loneliness, anxiety, stress and lower self-esteem. There is research proving the close relationship between acculturative stress and self-esteem. The more acculturative stress is experienced, the lower the level of self-esteem. Therefore the adviser (or the counselors) must be aware of their self-esteem, regardless of their academic potentials and success.

### 3. Adaptation

- Balance between the two cultures
- Cultural flexibility
- Attainment of pride through defining a new identity

Sue (1982) talks about the accomplishment of acculturation as an attainment of pride through defining a new identity. This is also related to re-establishment of self-esteem in the new culture. After the students go through acculturation, they would become more confident and flexible in their sense of identity.

### *Issue-solving strategies: For Educators and Trainers*

When counseling these students in college or university, I suggest that professionals consider these following points.

- the students' hesitation and resistance towards mental health services
- gender and age issues
- establishing an atmosphere of non-judgmental acceptance
- gaining an understanding of the students' cultural and personal background

When the counselor investigates their background, knowledge of the students' biography would help. Whether they are from westernized Asian cities such as Taiwan, Hong Kong etc. or from small villages are significant differences (Yu 1994).

From my own experiences, it is very important to „try to“ understand their cultural backgrounds, not to depend on stereo-typed prejudices. The openness and honesty in the therapist's disclosure of his/her own experiences might help.

Age and gender issues have to be taken into consideration, as older clients might feel uncomfortable speaking about their personal issues to younger therapists.

If the counseling is for a „short term“ period, a directive approach with agenda enhancing their self-esteem would help, so that they can anticipate and set goals as to what they expect from the counseling services and feel less anxious.

The „long term“ treatment should involve an exploration of their self concept in a safe environment, as the counselor encourages and develops their cultural flexibility. Then the clients will be able to gain broader perspectives and deeper insights about themselves.

#### Short term

- To enhance their self-esteem
- Direct approach with agenda

#### Long term

- To explore their self concept
- To encourage and to develop their cultural flexibility

### **Issue-solving strategies: For Students and Trainees**

There are three points for students and trainees to be aware of:

1. To be aware of „Culture Shock“ process
  - Have good insights into external (interpersonal) and (intrapersonal) factors
  - Allow yourself to be inside the acculturation process
  - Be prepared for „Reverse Culture Shock“ (Oberg, 1954)

Oberg (1954) originally presented the term, „Culture shock“, in his research and he defines the term as „something which is not homesickness or adjustment difficulties. He describes the five phases of culture shock as follows:

1. Incubating (hatching) phase, 2. Transition, 3. Learning, 4. Accepting, and 5. Reverse Culture Shock. He specifically defines the fifth term, „Reverse Culture Shock“, as follows:

*It is the culture shock in reverse because it refers to an unexpected stress which accompanies transition of returning to surroundings which are supposed to be „familiar“ (Oberg 1954).*

This is much harder to deal with because the original cultural shock is usually expected in the new environment and can be accepted as something adventurous. However, reverse culture shock is more in the unconscious. People return to their

own country as an acculturated being and that sometimes does not lead to an easy acceptance of the „old“ surroundings.

2. To have positive views towards Cultural „Potpourri“ inside you.

„Potpourri“ is a French word, referring to a mixture of dried flowers and leaves used for making a room smell pleasant. It is like a „hodge-podge“ which is a stew with all sorts of vegetables and meat in it. It smells good; it tastes good. The process of creating a „Potpourri“ and the outcome may be similar to that of developing one's cultural identity. It is truly „one of a kind“.

3. To own these precious experiences and develop/apply them for your future work.

One can only know what one experiences. It is very important to recognize yourselves as „cultural resources“. It is an especially exciting process to develop a mixture of Western and Eastern concepts of „therapy“ and apply into your own country. For example, in Japan, there is a custom of „Ishin-Denshin“ which means a tacit understanding which, I think, is such a significant ability for a therapist. Or in Eastern culture, people can „read their mind without speaking“, which is also a special ability. It is so useful to use the resources that you already have within you, and develop them further.

## Conclusion

When we train students in like manner as we work in the clinical setting with clients, no matter where they come from or what background they have, we are to explore and to empower each person's „being“. We, as educators and also as health care professionals, should be always aware of that person's history, philosophy, culture, beliefs, values, potential, desires and so forth, without any prejudice. Especially when we deal with culture and its many facets, the respect for each individual should be the key factor.

I once interviewed a psychotherapist who works in cross-cultural fields. She (the interviewee) said, „in order to understand the process of their transition, we have to constantly update ourselves.“

I personally think the key factor in cross-cultural or multi-cultural strategies is that of „respect“. Not to be afraid of being rude or polite, as a reaction to different cultures, real and authentic respectfulness towards our clients can be transmitted through our „state of beings“ and the ambiance that we create in the therapy settings.

### For further discussion

Above is my opinion, still in process, on cultural issues in music therapy training and education. The very important topic to be discussed in the future would be different perspectives and meanings of „therapy“ in Asian culture. It differs not only from country to country in Asia but also from region to region within a country.

The Asian Music Therapy Symposium was held in January 2005 at Senzoku Gakuen College of Music, Japan. Ju Chong from Korea, Alice Wu from Taiwan and Rika Ikuno from Japan were on the panel; Yuriko Shionoya and I served as host college faculty. I hope this will open up the door to further exploration of this subject.

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