Creative and Expressive Arts Therapy in Japan

在日本的创意和表达性艺术治疗

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In this article I will discuss how both creative arts therapy and expressive arts therapy are being developed in Japan.

Japanese arts therapists who studied creative/expressive arts therapy abroad and subsequently returned to Japan have been now practicing for more than 20 to 30 years. I am one of them. These therapists have been practicing arts therapy in general hospitals, psychiatric clinics, women's clinics, YMCA, non-profit organizations, schools and corporations. They also have been teaching arts therapy and their students are now in practice themselves. Besides creative arts therapists, there are Japanese clinicians who practice and teach psychoanalytic and Jungian art therapy.

In Japan, there are currently no arts therapy programs available at university level – only music therapy programs. Psychotherapy itself is neither very well known nor accepted, although many training programs in clinical psychology do exist.

In Japan we have a strong artistic traditions – painting, music, calligraphy, dance, No-play, flower arrangement and the tea ceremony are very actively pursued. Japanese people understand very well the meaning of arts and artistry and have a high sensitivity for the arts. Probably one of the reasons why arts therapy is not yet expanding is that the idea and concept of "therapy" is not rooted in Japanese society; Japanese people tend to believe that therapy is only for unhealthy people. We would like to make more of an effort in communicating that arts therapy is for everyone and allows us to become healthier in both body and spirit. I know from my own experience that once a person experiences arts therapy they enjoy it very much.

Here, much of the creative/expressive arts therapy training is currently provided by private institutes. I, myself, have been offering expressive arts therapy training through a private institute. In April 2017, I began teaching four classes of expressive arts therapy as a faculty member at the Japan Women's University and plan to have a minor course in arts therapy in 2018.

It is exciting that the Japan Creative Arts Therapy Association has been founded this year; we now hope to develop a wider network and to expand this field.

I would now like to describe the training course of Person Centered Expressive Arts Therapy here in Japan. I was trained in Person Centered Expressive Arts Therapy in 1980s. I had practiced expressive arts therapy at the general hospital and at psychiatric clinics, schools, and corporations as well as teaching expressive arts therapy both privately and in universities. The training of Person Centered Expressive Arts Therapy began formally in Japan in 2003 via the Expressive Arts Therapy Institute, Tokyo, in a program created by Natalie Rogers. Initially completed over 400 hours of training, it

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used to take 3 years to complete; now the training takes some one and half years. The course changed from a residential program to one which now runs over weekends. Over 50 people have graduated from the course – some already were clinical psychologists whilst others went on to complete their training in this discipline. Some of the graduates work with children, some work as school nurses, some work as clinical psychologists and others work in private practice. This training course provides deeply personal transformative experiences as well as providing the participants with the skills to use in the expressive arts in both counseling and group work.

I would also like to mention the application of expressive arts in education. I work with a non-profit organization called Artwork Japan where we train people to use the expressive arts to facilitate children's learning at school. In 2004, we began to invite teachers from Learning Through the Arts, Canada; then in 2010, teachers from Lesley University introduced Arts Integration. A training program of arts integration methods began in 2014 in Japan. How children and students have responded to this method is amazing; they just love learning with arts. One of them described it as "deep learning." Active learning and collaboration is highly stressed in Japanese education now and using the expressive arts is an effective tool in education to enhance both learning and self-awareness from an holistic viewpoint. In Japan there are many problems at school like bullying and school phobia; the expressive arts help pupils to understand themselves and others, to create a sense of mutual respect, and to encourage self-expression – qualities which the Japanese tend to restrain in order to create a sense of cooperation and harmony with other people. We need to teach children how to express themselves and be assertive in a healthy way. The number of young people who withdraw from society – never going out of home due to school phobia – reached 70,000 in Japan last year.

In many ways arts therapy can contribute positively and productively to Japanese society. The good news is that it seems more and more people have recently shown an interest in arts therapy.

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Arts in Asia Today: Education, Therapy and Research "Music Therapy in Japan"

今日亚洲艺术：教育，治疗与研究 "日本的音乐治疗"

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1. What is the current state of music therapy in Japan?

1.1. Historic Overview

Music Therapy has been an area of interest among musicians, teachers, psychologists and psychiatrists since the 1950's in Japan. However, there has been very little public recognition or approval of the field because music itself has been treated as a needless luxury in people's lives since the loss of World War II.

In the 1960's, music therapy started being practiced by several pioneering individuals. The first foreign specialist that visited from abroad was Juliette Alvin who had visited Tokyo in 1967 and her book was translated in 1972. Clive and Carol Robbins made their first visit to our country in 1984 and kept coming back on a regular basis.

The interest in this field grew during the 70's and 80's. There was also an increase in the number of self-taught music therapists, as there were no training courses as such. And some qualified therapists who had studied abroad started to come back to their own country. These individuals began practicing in institutions such as welfare centers, nursing homes, rehabilitation facilities and hospitals. They also formed study groups and local associations.

These associations and study groups finally merged to unite as the Japanese Federation for Music Therapy (JFMT) in 1995. The JFMT changed its name and administration, which later became a national organization called the Japanese Music Therapy Association (JMTA) established in April 2001.

1.2. Current Situation and Professional Status of Japanese Music Therapy

In 2001, the JMTA had 6,030 members when it started, consisting of music therapists, doctors, nurses, psychologists, special education teachers and the like. As of April 2017, the numbers of members have decreased to 5,300 (male 10%, Female 90%).

As of now, there are 3053 registered music therapists by JMTA (female 95%, Male 5%, average age 47 years old), and their accreditation needs to be re-approved every 5-year cycle.

Although the Accreditation of the Music Therapist is not nationally recognized by the Government, there are many both full-time and part-time jobs in welfare, medical and educational settings. The following fields are where music therapists are practicing in Japan:

- Geriatric day/residential service and Nursing homes (funded by welfare facility)

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- Group homes for the elderly and adults with special needs (funded by government or private facility)
- Special Education school (public school funded by the government, private school funded by the owned body)
- Psychiatric hospitals (Funded by medical insurance when doctors, OT, PT accompany the session)
- General hospitals, Palliative care and hospice (same as above)
- Self-employed

Since the Great East Japan Earthquake and tsunami happened in 2011, there has been a group clinicians who are working with the survivors.

Currently, a special committee called the National Certificate Promotion Committee of the JMTA is working in order to enhance recognition and prove the professional identity of music therapy work.

1.3. Training and Education of Music Therapists in Japan – Current situation and possible future development

In 1996, the JFMT (later JMTA) started certifying music therapists using a point system; until they had approved school of music therapists training and education. The JMTA now in 2017 had approved 19 music therapy programs at the undergraduate level in universities and music colleges in Japan. Currently, there are several other ways to certify music therapists other than JMTA approved courses, such as the schools approved by the Japan Education Council for Music Therapists. Also Hyogo prefecture and other private schools certify their own qualification. The levels of quality differ depends on the programs.

Several issues in regards to the current situation of the training and education approved by the JMTA are in the curriculum based program. As the competency based curriculum will be more flexible and also assures the "competencies" of the students, rather than following the curriculum framework which ensures that educators are very responsible. Although, there are definitely concerns as to the shortage of "well-trained" educators and supervisors on clinical sites in Japan, but by introducing more of the competency based approach, it will bring better and more professionally minded training to the approved schools.

At the same time, it is necessary to equip educators and supervisors to provide aspiring students not only with more expanded knowledge and skills, but also with opportunity for personal growth and development.

One thing that is very different from other countries is the hours of Practicum and supervision set by the JMTA. It is 270 hours in Japan, whereas it is almost 1000 hours in US. This shows that our clinical training system is extensively very low in practicum hours as an internship, and that needs to be reassessed as soon as possible.

Another aspect of training that is lacking from our country is the "Experiential training" that includes being in therapy, self-experience and so forth. This is also because there are shortages of educators who have been trained with these experiences, especially in music therapy training and education in psychodynamic and psychotherapeutic approaches. These experiences are inevitable and very important, however they are not

widely respected and incorporated in the approved training programs yet. Hopefully, when the current certified music therapists go on to more advanced training, I am sure that there will be a great need for it.

1.4. Current Research and possible further development

As explained above, not many clinicians focus on psychodynamic or music-centered approaches, yet it is inevitable that these models require established training which is not yet provided in our country.

About 10 years ago, the JMTA decided to fund research in the area of EBM (Evidence-Based Medicine). There are quite a number of doctors and therapists working in this area, and this kind of quantitative research is also required by the government in order for music therapy to obtain public recognition.

Many music therapists have a qualitative and music-centered approach in their background, but sometimes their articles and presentation were not accepted by the national conference. My own opinion is that the way of research should expand to more qualitative and arts-based research.

2. Do they draw on the traditions of your own country or are they primarily under Western influence? What are the major problems you encounter in using the arts in education or therapy?

2.1. Cultural and Social Issues of Music Therapy in Japan

Although it has been almost 20 years since a National Association such as JMTA has launched, the impression of the general public in Japan regarding being in therapy still has a stigma attached to it. One must be very ill to receive therapy, although, the need and acceptance for psychiatric treatment in urban areas is increasing. Psychotherapy is still not very well accepted as a part of the social fabric in other areas of Japan.

Often in Japanese culture, therapeutic goals can be group-oriented or family-oriented, and not necessarily in the service of a given individual. There are many music therapists who practice with 50 people in a group (I would not call it a therapy, it is a sing along recreation) and call it a "therapy session." This kind of recreation model in music therapy is mainly especially popular in geriatric facilities and also in psychiatric day care facilities.

Also, age and gender issues come in to the difference. Grown-ups are expected to control their emotions and not express them openly. Many educators are trying to establish the best way to accommodate the cultural needs of their students, and so are the clinicians for their clientele. I have also keenly felt the importance of applying my learning from western music therapy sources to our own society and culture here in Japan. It is very important to have insights about the issues you are having, and whether they are either cultural or personal ones.

2.2. Establishment of Professional Identity

Whatever the situation is, the most significant work we must pursue is to explore and obtain our ability to understand and use the power of music clinically. We need to be careful about Quality of music, Quality of Experience, and Quality of Relationship. As

a clinician, we must learn to trust our own intuition, to evaluate adequately, to use yourself as a musician/clinician, to use your resources fully, to trust in yourself, your clients, and your and clients’ music. These abilities and capacities provide the professional identities of music therapists that are original in our work.

The biggest news this year is that the JMTA has hosted the 15th World Congress of Music Therapy 2017 in Tsukuba, Japan between July 4th and 8th. We are grateful to those who have supported to this congress to happen.

It was a great opportunity to share our expertise worldwide. http://www.wcmt2017.com/index.html

About the Author

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A Brief History and Current Status of Dance/Movement Therapy in Japan

日本舞蹈/动作治疗的简史和现状

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1. A Brief History of DMT in Japan

1.1. Before the 1960s

Historically, dance and movement have been universally used as therapeutic measures to maintain, enhance, and restore health. Based on this, activities that functioned as Dance/Movement therapy (DMT) were already being practiced worldwide before the advent of DMT in the USA. DMT was introduced and practiced in the USA by Marian Chace (1896–1970) who was active from the 1940s. There is no record of DMT during the 1940s and 1950s in Japan.

1.2. The 1960s; information from abroad

Although the term "*dance movement therapy"* was not used in the 1960s in Japan, The American Dance Therapy Association (ADTA) had been established in 1966 and similar activities were already being used therapeutically. Some information on DMT may have been available to the Japanese before the establishment of ADTA; while this information was not widely disseminated throughout Japan, it nevertheless did have some influence on DMT practitioners. The translation of a paper by Liljan Espenak was the first document on dance therapy to be published in Japan and, in 1967, Yujiro Ikemi used the words "*dance therapy"* for the first time in Japanese literature when he introduced Brazilian dance therapy in his book titled "*Hypnosis"*.

The 1960s in Japan:

1. An early variety of DMT was conducted at this time.
2. Fragmented information on DMT came to Japan from the USA and Brazil.
3. No activity practiced under the name of "Dance Therapy" was reported.

1.3. The 1970s; trials of original Japanese dance therapy

DMT as we know it today, actively began in Japan in the 1970s. Psychiatric patients underwent DMT treatment in regional hospitals across Saitama, Tokyo, Iwate and Aomori. Original Japanese DMT sessions took place without any prior knowledge of American and European DMT theories and practices. Those practitioners who conducted DMT in the 1970s discontinued their practices when the Japan Dance Therapy Association (JADTA) was established in 1992.

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The 1970s in Japan:

1. Psychiatric patients were treated with DMT in some hospitals.
2. Japanese DMT sessions took place using little or no information from American and European DMT practices.
3. People who conducted DMT in the 1970s stopped their activities when JADTA was established in 1992.

1.4. The 1980s; practices continued

As the 1980s got underway, practitioners began to practice DMT throughout Japan – especially in Tokyo, Shiga, Kyoto, Nara, and Osaka. There was, however, no networking undertaken between practitioners and so each carried out his or her activities in isolation. Now the focus of DMT shifted from psychiatric patients to students, patients with psychosomatic complaints, the elderly and members of the public.

Following Sharon Chaiklin's first visit to Japan in 1984, increasing numbers of dance therapists from the USA and Europe began to travel over to demonstrate and share their DMT techniques. Additionally, increasing numbers of Japanese students and practitioners went abroad to study DMT in both the USA and Europe. During this time, two contrasting streams of DMT were active in Japan: one style of DMT stood independent of American and European influences while the other style embraced them. Much of this was not documented as even active DMT practitioners in this decade kept few reports or records of their activities. Despite this, JADTA (The Japan Dance Therapy Association) was established in 1992 and many of the practitioners who began to practice DMT in 1980s are now recognized as leaders in this field.

The 1980s in Japan:

1. The practice of DMT occurred simultaneously all over Japan.
2. There were no interactions among the practitioners and their activities were undertaken independently of one another.
3. The focus of dance therapy was now expanded from psychiatric patients to students, psychosomatic patients, the elderly and members of the general public.
4. There were two streams of DMT: one that was independent of American and European DMT influences and one diametrically opposite that embraced these influences.
5. Few records of activities and reports were maintained during this period.
6. The members who founded JADTA in 1992 would go on to become the present leaders of DMT in Japan.

1.5. The 1990s: the establishment of the Japan Dance Therapy Association

By the 1990s, the general public had become much more aware of Dance Music Therapy. Information on DMT had increased and practitioners had begun to interact with each other. In 1992, in accordance with this burgeoning interest in DMT, the Japan Dance Therapy Association was established. Now platforms for the exchange of infor-

mation existed – and international exchanges also became popular. Some members of JADTA attended the Annual Conference of ADTA (The American Dance Therapy Association) and the International Committee of ADTA would play a central role in helping to develop worldwide information networks. Although such terms "*dance therapy"* and "dance movement therapy" gradually became popular during this time, many dance therapists (even those who had obtained dance therapy qualifications in the USA or Europe) continued to experience difficulties in obtaining employment in Japan. Discussions regarding the education of and professional advancement for dance therapists followed.

The 1990s in Japan:

1. Public interest in (and awareness of) DMT grew.
2. Information on DMT increased.
3. JADTA was established and offered information exchange sites.
4. Worldwide information networks were developed using the International Committee of the ADTA as the central Figure.
5. Finding jobs for dance therapists was still difficult in Japan.
6. Discussion on training and qualification systems for dance therapists began.

1.6. The 2000s; qualifications and training systems

Since 1999, JADTA has established three levels of qualifications for those members who meet the appropriate requirements. Seminars on qualifications are organized and JADTA has published its own textbook. JADTA also holds the patents for "*Dance Therapist"*, and "*Japan Dance Therapy Association"* in Japan.

1.7. The 2010s; increased international communication in Asia

The 2013 KDTA (Korean Dance Therapy Association: President Ryu Boon Soon) International Conference promoted strong growth in international communications about DMT – especially in Asia. Dr. Tony Zhou took on a central role in establishing the Asian network for DMT researchers in 2017.

2. An historic perspective on basic Japanese concepts relating to DMT

An exploration of Japanese DMT history shows us how this discipline has developed and grown over the years. In Japanese culture, the body and mind are perceived as inseparable and have a strong spiritual aspect; it is natural that we should think them as unified. By contrast, Western practitioners have very different ideas. One example is the connection between thinking and moving – e.g. touching the head when they mean the mind.

The Japanese philosophical concept of the body has been explored by Tetsurou Watsuji, Kitarou Nishida, and Yasuo Yuasa who believe that the body itself exists in the space where we have relations with others; human beings only exist in human relationships.

3. The Current Status of DMT and its Future in Japan

Summarizing the current status of DMT in Japan, we will describe possible future developments for Japanese DMT.

3.1. Membership, Credentials and Education

Japanese Dance Therapy Association (JADTA) held an annual scientific study. The organization is now some 25 years old. As of February 17th 2017, there are 301 members (63 male, 238 female). There are also some patronage members of groups in the association.

The credentialing system of dance therapists began in 1999; currently there are 32 registered dance therapists, 5 registered associate dance therapists and 308 dance therapy leaders.

Japan does not yet have a graduate-level university training course specifically for dance therapy but several courses do exist where practitioners can earn credits to become a dance therapist. JADTA has held training courses and lectures for this some 26 times with qualified dance therapists planning and delivering the lectures.

3.2. Philanthropy

JADTA has pledged to undertake two core actions to contribute to local communities through dance therapy. One core action is to send dance therapists to disaster areas where earthquakes or tsunami have occurred. The second core action is to send dance therapists to areas where there is currently no opportunity to engage in dance therapy – even if an interest has clearly been expressed. The Umeda Foundation, created in memory of Tadashi Umeda (JADTA's first president), currently uses its funds to provide dance therapy to local communities. The results of both these core actions are reported by contributors in the JADTA newsletter.

Most recent developments in 2016 have included expanding the information interchange through SNS (including the revision of the JADTA homepage) and initiating a Facebook interface.

3.3. Plans to Apply to The Science Council of Japan

JADTA now plans to register as an academic organization. By doing this, we aim to increase the recognition of DMT. We have been preparing for this application through publishing an annual research journal, undertaking research meetings, and holding annual conferences throughout this past quarter of a century.

3.4. Plans to step forward

We aim to promote smoother sharing of information by utilizing SNS.

Japan's DMT (based, as it is, on Japanese body culture) has developed its own uniquely creative perspective and style; it is conspicuously different from DMT techniques and practices developed in the West. We will continue to cooperate with Asia and

the world while acknowledging the complex history of this creative form and its implications for future growth and development.

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