The Re-entry Experiences of International Music Therapy Professionals from the Asia Pacific Rim Area

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**Abstract**

As music therapy is a relatively new healthcare profession in the Asia Pacific Rim area, students from the area may travel to countries with well-established music therapy programs, such as the United States and Australia, to receive formal music therapy education. Upon completion of their training, many of these international professionals choose to return to their home country. The purpose of this study was to (a) assess the existence and severity of reverse cultural shock in music therapy professionals from the Asia Pacific Rim area who relocated/established their professional practices at home after formal music therapy training in the United States, (b) understand their re-entry experience by exploring the relationships between reverse cultural shock and re-entry satisfaction, and (c) investigate the relationship between reverse cultural shock experienced and re-adaptation to home culture on a personal level. Forty-two music therapists accepted the invitation to participate in an on-line survey. Results revealed that most participants experienced low levels of reverse cultural shock during re-entry to their home country. The Pearson’s Correlation Test found there was a medium-strong negative correlation between the severity of reverse cultural shock experienced and level of re-entry satisfaction, and weak negative correlation between re-adaptation to home culture on a personal level and

severity of reverse cultural shock experienced. The transfer and application of music therapy knowledge and skills learned in the United States to the professional practice in participants' home cultural environment was also investigated. This study serves as the starting point for further investigation into the subject.

**Keywords:** music therapy, international, re-entry

Since the first documented use of music as therapy in clinical practice in 1832 in the United States (Maranto, 1993), the discipline of music therapy has progressively expanded throughout the world. According to the World Federation of Music Therapy (WFMT, 2011), some level of music therapy practice was taking place in eight major regions of the world - North America, Australia/New Zealand, South East Asia, Africa, Western Pacific, Eastern Mediterranean, Latin America and Europe. In 1994 it was reported that 27 countries offered some type of training in music therapy (Erdonmez, 1994). In 2013 it was reported that there were more than 100 music therapy training programs (undergraduate level, graduate level and part-time courses) available around the world, with at least 20 of them established in the Asia Pacific Rim (APR) area recently (WFMT, 2013). It is believed that with the increasing interest in music therapy and the expansion of the profession internationally, the number of music therapy training programs is likely to increase in the coming years.

Despite the worldwide expansion of the profession, there are still countries where music therapists are struggling to achieve the same basic recognition and respect for their services as is accorded to other more established health professionals (Brotons, Granham-Hurley, Hairston, Hawley, Michel et al., 1997). In addition, some of these countries can only offer limited training experiences (i.e., introductory courses and weekend workshops) that are not recognised by professional organisations as properly constituted training experiences (Erdonmez, 1994). When potential students in these countries seek music therapy training, they are more likely to relocate to countries with established formal training, especially those in the United States, Australia and Europe. The former, having a long tradition of providing music therapy training, has historically offered the highest number of degree programs in the world (Moreno, Brotons, Hairston, Hawley, Kiel et al., 1990).

While the first music therapy degree program in the United States was established in 1944 at Michigan State University (AMTA, 2011), most music therapy programs in the
APR area were started in the early 1990s. For example, the first music therapy degree program in Korea was established at a graduate school of SookMyung Women’s University in 1997 (Hwang & Park, 2006). The Japanese Federation for Music Therapy (JFMT), now the Japanese Music Therapy Association (JMTA), established the standards of education for music therapy courses in universities and started certifying music therapists in 1996 (JMTA, 2011). Despite these developments music therapy training programs in the APR area are relatively new and still developing, which may explain why many students from the APR countries continue to travel to other countries.

**Cultural Shock and Reverse Culture Shock**

In the 1960’s published studies began to document the difficulties that sojourners encountered during their initial entry into unfamiliar cultural environments. Oberg (1960) defined cultural shock as “anxiety that results from losing all familiar signs and symbols of social intercourse from the change in cultural environment” (p.177). The experience of cultural shock may not only affect one’s mental state, but also productivity and satisfaction in life (Oberg, 1960; Furnham & Bochner, 1986; Ward, Bochner & Furnham, 2001). Until sojourners have achieved a satisfactory adjustment they are not able to fully play their part on the job or as members of their new community (Oberg, 1960). However, since cultural shock is a universal and well-documented phenomenon, most sojourners are prepared for the experience.

That said, the experience of cultural shock is more severe when the host cultural environment is significantly different from the home cultural environment. While the United States is a very westernised country, most nations in the APR area are very eastern-oriented. Differences in social customs, life style/living conditions, language, ideas and beliefs, mean students from the APR area often encounter more difficulties adapting in the United States compared to students from more westernised countries. Given the significant differences in cultures, it seems reasonable to theorise that students from the APR area will experience a stronger cultural shock in the United States than students from other more westernised countries. As international students become more engaged in their new cultural life and the environment of the host country, the effects of cultural shock gradually decrease (Oberg, 1960; Kiley, 1999; Furnham & Bochner, 1986; Ward, Bochner & Furnham, 2001).

A number of researchers have studied the effects of returning to one’s home cultural environment after staying in a host cultural environment for an extensive period.
of time, known as “re-entry” (Asuncion-Lande, 1980; Uehara, 1986; Westwood, Lawrence & Paul, 1986; Weaver, 1987). They found there were similarities between initial entry into the unfamiliar cultural environment in the host country with re-entry into the supposedly familiar cultural environment in the home country. The researchers described the encounters and emotional responses during the re-entry process as symptoms of “reverse cultural shock”. Reverse cultural shock was later defined by Uehara (1986) as “temporal psychological difficulties returnees experience in the initial stage of the adjustment process at home after having lived abroad for some time” (p.420).

Unlike cultural shock, sojourners usually did not expect reverse cultural shock upon arriving home. Since most sojourners assumed that they already knew all there was to know about the culture in which they were born and bred, they did not suspect that difficulties would occur when “going back home”. What they may have failed to notice is that during their stay in the host country, there were also changes back in their home countries as well as within themselves. The effects of reverse cultural shock are usually bigger than the cultural shock experienced in the host cultural environment. It is, therefore, believed that sojourners who have had a significant involvement in the host culture are more likely to experience a more severe reverse cultural shock than those who had not (Uehara, 1986; Brislin & Van Buren, 1974; Westwood, Lawrence & Paul, 1986; Christofi & Thompson, 2007).

Although reverse cultural shock has been widely discussed and investigated in various disciplines and professions (e.g., exchange scholars, veterans and international company executives), no studies focusing on the topic of re-entry in the profession of music therapy were found. Therefore the purpose of this study was to investigate the re-entry experiences of United States-trained international music therapy professionals when they relocated their practice to their home country. The research focused on music therapy professionals from the APR area because of the growing number of students from that area going to the United States for formal music therapy training, the cultural differences between the East and the West, and the lead author’s experience and interest. With the differences in cultures, the researchers were particularly interested in the transfer and application of knowledge and skills learned from the host country back to the home country.

The research questions were as follow:

1. Do music therapy professionals from the APR area who established their professional practices in their home country after obtaining formal music therapy
training in the United States experience reverse cultural shock during their re-entry to their home cultural environment?

2. Is there a correlation between level of re-entry satisfaction and the severity of reverse cultural shock experienced by music therapy professionals from the APR area who established their professional practices in their home country after obtaining formal music therapy training in the United States?

3. Is there a correlation between readaptation to home culture and the severity of reverse cultural shock experienced by music therapy professionals from the APR area who established their practices in their home countries after obtaining formal music therapy training in the United States?

**Method**

**Participants**

All participants in this research were identified as music therapy professionals from the APR area who established their professional practices in their home country after obtaining formal music therapy training in the United States. For this investigation, the APR countries were identified as China (including Hong Kong and Macau), North Korea, South Korea, Taiwan, Japan, Singapore, Malaysia, Thailand, Vietnam, Indonesia and the Philippines. Potential participants were selected through the membership information provided by the Certification Board for Music Therapists, Inc (CBMT) and the American Music Therapy Association (AMTA Member Sourcebook, 2010). A total of 158 potential participants were identified from the membership directory in the AMTA Sourcebook by their Asian-sounding last names and/or their Asia-location mailing addresses. An additional 78 board-certified music therapists were identified as potential participants through CBMT. However, it was not possible to know whether there was any duplication of potential participants between the CBMT and AMTA databases since CBMT only provided potential participants’ email addresses to the researcher but not their names. Therefore, the same person could have provided different contact information (email address) to each membership database. For this reason, it was not possible to accurately estimate the number of potential participants for this study nor to identify whether the sample of respondents was representative of all international music therapy professionals from the APR area who established their professional practices in their home country after obtaining formal music therapy training in the United States.
Respondents had to meet all the following inclusion criteria: a) Spent at least 9-months overseas; b) Received formal music therapy training from AMTA approved academic institutions in the United States (AMTA, 2010), and c) currently actively practicing music therapy back in their home country. For this study, “actively practicing music therapy” was defined as practicing music therapy for at least 3 hours per week.

Survey Instruments

The 50 question/statement web-based survey consisted primarily of items or questions adapted from survey tools used in previous research studies investigating re-entry experience and difficulties of sojourners. Specifically, survey questions/statements were adapted from the Re-entry Shock Scale (Seiter & Waddell, 1989), the Re-entry Satisfaction Scale (Gao & Gudykunst, 1990; Hammer, Hart & Rogan, 1998), as well as modified statements regarding the difficulty in re-adapting to home culture on a personal level (Brabant, Palmer & Gramling, 1990). Even though the scales were not standardised, they generated valuable information in understanding participants’ re-entry experiences in previous studies (Seiter & Waddell, 1989; Gao & Gudykunst, 1990; Hammer, Hart & Rogan, 1998; Brabant, Palmer & Gramling, 1990). In addition, some questions specific to the music therapy profession were created regarding transfer and application of knowledge and skills learned in the United States to their home cultural environment. The format of the questions included multiple choice, Likert scale, yes/no answer, short answers, and open-ended questions.

The Re-entry Shock Scale was first created and used by Seiter and Waddell (1989) for investigating intercultural re-entry process, re-entry shock, locus of control, satisfaction and interpersonal uses of communication of American sojourning students. The 7-point scale ranged from 1 (strongly disagree) to 7 (strongly agree); the mid-point value was 4 (neither agree nor disagree). The Re-entry Shock Scale was scored by totalling the item scores and then dividing by 16, producing an index score ranging from 1-7. An index score of 7 indicated the participant was experiencing extreme reverse culture shock and an index score of 1 suggested the participant was experiencing extreme no reverse culture shock.

The Re-entry Satisfaction Scale, loosely based on an eight-item attitudinal satisfaction scale employed by Gao and Gudykunst (1990), was created and used by Hammer, Hart and Rogan (1998). The Re-entry Satisfaction Scale was designed to examine the readjustment of American corporate managers and spouses to their professional social environments upon their return to the United States. The modified Re-
entry Satisfaction Scale used in this research was based on the four items developed in the re-entry satisfaction scale, and was scored by totalling the item scores and then dividing by 4 producing an index score ranging from 1-7. The higher the index score the more positive was the participant re-entry satisfaction.

The scale regarding the Readaptation to Home Culture on a Personal Level was created by Brabant, Palmer and Gramling (1990) to research the problems that confront foreign students with family and friends, in particular, and daily life, in general, following their sojourn to an American campus. Seven items ascertain difficulties with family, seven items pertain to problems with daily life and three items address problems with friends. This scale was the basis for the modified statements used in this research.

Five questions specific to the music therapy profession were created by the current researchers regarding transfer and application of knowledge and skills learned in the United States to the home cultural environment. Questions were open-ended to allow respondents to express their thoughts in their own words.

**Design and Procedure**

The research proposal was reviewed and approved by the Human Subjects Institutional Review Board (HSIRB) at Western Michigan University. Since it was not possible to accurately identify international music therapy professionals from the APR area who established their professional practices in their home country after obtaining formal music therapy trainings in the United States, the criteria for participation was included in the invitation/consent e-mail that was sent to 236 potential participants. The survey remained open for six weeks with a follow-up reminder email sent to potential participants three weeks after the initial invitation using the same procedure described above for subject recruitment. The results were charted, graphed, and tallied.

**Results**

**Demographic Information**

Forty-two responses were received but only 32 respondents completed the entire survey, and 29 completed all open-ended questions. The demographic information for the 42 respondents is presented in Table 1.

**Data Analysis**

Pearson’s correlation test was run to examine potential correlations between variables.
**Research Question 1:** Do music therapy professionals from the APR area who established their professional practices in their home country after obtaining formal music therapy training in the United States experience reverse cultural shock during their re-entry back to their home cultural environment?

Results for the Re-entry Shock Scale showed that the 32 respondents' index scores ranged from 1.75-6.5 in the Re-entry Shock Scale with a mean score of 3.87. These results indicate that even though all respondents experienced some degree of reverse cultural shock when they returned to their home country after training in the United States, the rate was generally low (see Appendix A).

Table 1.

**Demographic Information of Respondents**

<table>
<thead>
<tr>
<th>Gender</th>
<th>38 Females</th>
<th>4 Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years</td>
<td>10 21-30</td>
<td>22 31-40</td>
</tr>
<tr>
<td>Education</td>
<td>6 Bachelor</td>
<td>33 Master’s</td>
</tr>
<tr>
<td>Professional credential</td>
<td>33 MT-BC</td>
<td>9 Other</td>
</tr>
<tr>
<td>Advanced professional designation</td>
<td>1 Nordoff Robbins</td>
<td>2 Neurologic Music Therapist</td>
</tr>
<tr>
<td>Other credentials</td>
<td>3 Registered Music Therapist</td>
<td>1 Certified Music Therapist &amp; Licensed Creative Arts Therapist</td>
</tr>
<tr>
<td>1 British Health Professions Council Certified Music Therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years spent in host country</td>
<td>2 &lt; 1 year</td>
<td>4 1-3 years</td>
</tr>
<tr>
<td>Employment</td>
<td>24 Full-time</td>
<td>10 Part-time</td>
</tr>
<tr>
<td>Years of active practicing</td>
<td>16 1-3 years</td>
<td>9 4-6 years</td>
</tr>
</tbody>
</table>

**Research Question 2:** Is there a correlation between level of re-entry satisfaction and the severity of reverse cultural shock experienced by music therapy professionals from
the APR area who established their professional practices in their home country after obtaining formal music therapy training in the United States?

Data collected from the Re-entry Satisfaction Scale indicated that all respondents, in varying degrees, were comfortable or satisfied with living at home and found life at home to be an enjoyable experience (Mean 5.03; SD 0.95). The mode being in the middle of the scale likely reflected that the majority of respondents were neither very uncomfortable or unsatisfied nor very comfortable or satisfied with living back home in general (see Table 3).

Table 3.

Statistical analysis and distribution of answers on the Re-Entry Satisfaction Scale

<table>
<thead>
<tr>
<th>Questions</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much have you readapted to your home culture?</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>10*</td>
<td>9</td>
<td>8</td>
<td>4</td>
<td>5.09</td>
</tr>
<tr>
<td>How comfortable do you feel living in your home country?</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>18*</td>
<td>2</td>
<td>5.44</td>
</tr>
<tr>
<td>How much is life back in your home country an enjoyable experience?</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>9</td>
<td>12*</td>
<td>2</td>
<td>5.06</td>
</tr>
<tr>
<td>How satisfied are you with work or social activities now that you are back in your home country?</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>10*</td>
<td>3</td>
<td>4.53</td>
</tr>
</tbody>
</table>

1 = not at all; 7 = Extremely; *Refers to mode of responses received for each question

The Pearson’s correlations of index scores from the Re-entry Shock Scale and the modified Re-entry Satisfaction Scale was \( r = -0.561 \). These results suggest that the respondents experienced a medium strong negative correlation between level of re-entry satisfaction and the severity of reverse cultural shock. This means that the more severe the experience of reverse cultural shock during re-entry, the less satisfaction was experienced during the re-entry process.

Table 4.

Distribution of Answers Under the Category ‘Family’

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No Problem</th>
<th>Some Problem</th>
<th>Big Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>My parents interfered my life</td>
<td>10</td>
<td>14</td>
<td>8</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

*Australian Journal of Music Therapy Vol 25, 2014*
My relatives interfered my life 3 23 8 2 0
My parents took a lot of my time 4 20 5 6 0
My relatives took a lot of my time 2 26 5 1 0
I didn’t have much privacy 10 15 5 11 0
A lot of my money went for my parents 4 26 3 1 1
A lot of my money went for my relatives 0 30 4 0 0

Research Question 3: Is there a correlation between readaptation to home culture and the severity of reverse cultural shock experienced by music therapy professionals from the APR area who established their practices in their home countries after obtaining formal music therapy training in the United States?

Table 5.

Distribution of Answers Under the Category ‘Friends’

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>No Problem</th>
<th>Some Problem</th>
<th>Big Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>My friends had changed 9 14 13 3 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My friends weren’t very interested in my experiences in the U.S. 6 20 8 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I didn’t have much to talk about with my old friends 8 19 7 4 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pearson’s correlations test was run to determine if there was a correlation between the scores from the Re-entry Shock Scale and the Readaptation to Home Culture on a Personal Level Scale. The findings (r = -0.051) indicated there was little (if any) negative correlation between readaptation to home culture on a personal level and the severity of reverse cultural shock.

Eighteen statements adapted from the Readaptation to Home Culture on a Personal Level Scale (Brabant, Palmer and Gramling, 1990) were divided under 3 categories: family, friends and daily life situations/events experienced back home after sojourning. Data collected from each category of this scale are indicated in Table 4, 5 and 6 respectively.

Table 6.

Distribution of Answers Under the Category ‘Daily Life’

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>No Problem</th>
<th>Some Problem</th>
<th>Big Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>I found that things went too slowly for me 4 26 2 4 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I found that things went too fast for me  8  19  6  4  0
Transportation was a problem  6  24  1  4  2
It was hard to predict what people were going to do  9  18  3  9  2
I found myself depressed  10  19  3  7  1
I found myself bored  4  23  3  6  0
I found it hard to “fit back in”  13  12  4  14  1
I found myself uncomfortable in many situations  13  13  2  12  3

The five open-ended questions about the transfer and application of music therapy knowledge and skills learned in the United States was designed with an open text field to encourage a written answer rather than a Likert scale so qualitative data was collected. Data collected from these questions are summarised in Appendix B.

These results appear to indicate that while the majority of respondents had successfully readapted to their home culture on a personal level, a substantial minority expressed that they had difficulty fitting back in, found themselves uncomfortable in many situations, and even felt depressed. Even if the same respondents encountered problems when trying to readapt back to home culture, the severity of problems was generally not high.

Discussion

Results of this study indicated that most music therapy professionals from the APR area who established their practices in their home countries after obtaining formal music therapy training in the United States experienced some degree of reverse cultural shock during their re-entry experience. In addition, there was a medium strong negative correlation between reverse cultural shock experienced by these professionals and re-entry satisfaction level, and little (if any) correlation between reverse cultural shock experienced and readaptation to home culture on a personal level.

On the Re-entry Shock Scale, the modes of the obtained index scores were mostly on the lower end of the scale, indicating that even though all respondents experienced reverse cultural shock during their re-entry, the severity of reverse cultural shock experienced was generally low. Additionally, there was not a marked difference between each obtained individual index scores, and between the average rating for each statement (SD=1.06 and 1.02 respectively). On the scale where a Likert scale was used (1=strongly disagree, 7=strongly agree), statement 12, “Life in my home culture is boring after the excitement of living abroad” scored the lowest average rating (2.13) and statement 9, “I
feel like I have changed a lot because of my experiences abroad” scored the highest average rating (5.78) among all the statements in the scale. On average respondents disagreed with statement 12 and agreed with statement 9. Additionally, there were a number of statements where most of the respondents chose the extreme ends in the scale (statements 1, 4, 9, 12; mode ≥10). Although some respondents did express having difficulty fitting back in, feeling uncomfortable in many situations and feeling depressed in the Readaptation to Home Culture on a Personal Level Scale, most respondents chose “strongly disagree” for statements 1, “When I returned people did not seem that much interested in my experience abroad”, 4, “When I returned home I felt really depressed” and 12 in the Re-entry Shock Scale, and these particular findings did not quite align with the earlier studies investigating reverse cultural shock experienced by sojourners (Seiter & Waddell, 1989; Austin, 1983; Koehler, 1980; Sobie, 1986; Faulkner & McGaw, 1977).

It is important to note that in this study most sojourners in the field of music therapy had opposite experiences to those that have generally been reported in previous reverse cultural shock-related research (Seiter & Waddell, 1989; Austin, 1983; Koehler, 1980; Sobie, 1986; Faulkner & McGaw, 1977). A possible reason could be due to the diverse and broad nature of the music therapy profession (statement 1), especially when respondents of this research were actively practicing music therapy back in their home country.

An analysis of the data also revealed that the respondents’ index scores on the modified Re-entry Satisfaction Scale, ranged from 2.75-6.25, with the majority of the responses generally on the upper end of the scale indicating that they were relatively positive about their lives after returning home and had not experienced severe reverse cultural shock upon returning home. However, three respondents answered “not at all” for question 4 regarding their satisfaction level with their work and social activities. A possible explanation for their dissatisfaction with work could be due to music therapy being a relatively new health-care profession in most countries in the APR area. As a result, music therapy has not received the same level of recognition as in the United States. Dissatisfaction with social activities could be related to responses received for statement 9 on the re-entry shock scale (“I feel like I have changed a lot because of my experiences abroad”). Changes in oneself could change the expectations for social activities, and social activities that one used to enjoy might not be as enjoyable as before.

Using a scoring system created by the researchers, the scores for each respondent regarding their readaptation to home culture on a personal level were
calculated. The mode of the scores obtained was 17/18, indicating the majority of respondents had successfully readapted to their home culture on a personal level. The only statement that recorded more responses to “yes” than “no” in the yes-no section was the statement “I found it hard to ‘fit back in’” under the category “daily life”. The only statement that recorded equal responses to “yes” and “no” in the yes-no section was the statement “I found myself uncomfortable in many situations” under the category “daily life”. These responses matched very closely to the responses obtained from the other scales used in this study (i.e. statement 9 in the Re-entry Shock Scale “I feel like I have changed a lot because of my experiences abroad” and question 4 in the modified Re-entry Satisfaction Scale “How satisfied are you with work or social activities now that you are back in your home country?”), and could be explained by the changes in expectation in social activities due to changes in oneself.

The lack of alignment with previous re-entry studies across other disciplines might be explained by the positivity of the music therapy profession, and the characteristics of the Eastern culture. Since music therapy professionals are generally very positive and open to new ideas and influences, these positive qualities perhaps helped ease the re-entry experience of international music therapy professionals resulting in their re-entry experiences being more successful in general when compared with other disciplines. Also, from the primary author’s personal experience, people from the Eastern cultures generally appear very positive and do not like to display their negative thoughts or beliefs publicly. That could explain why such positive responses were received from these APR music therapy professionals, even if they struggled during their re-entry. Another possibility could be their determination and passion for the music therapy profession. These professionals might also see bringing music therapy skills and knowledge back home as their “mission”. With such determination and passion, it is possible that even when these international music therapy professionals encountered difficulties on both professional and personal level during their re-entry back home, their determination and passion towards the profession might still motivate them to be positive about their encounters and experiences.

Limitation of Design

The small sample size for this study means that it is not possible to generalize these results to all music therapy professionals from the APR area who established their professional practices in their home country after obtaining formal music
therapy training in the United States. The small number of participants (n=32) could have been due to fewer participants than expected. The method of recruiting eligible participants might also be the reason for the small number of participants since other potential channels for recruitment were not tapped for this study. Also, the low return rate of the survey might be related to the time of the year that the researchers chose to collect data (May-June) since some eligible participants might have been on vacation and missed the closing date of the survey. The total time needed to complete this survey (approximately 30 minutes) might also have negatively affected the return rate. Furthermore, because the survey was written in English, some eligible participants might have been discouraged from completing the survey if they had not been using English in their daily lives after returning to their home country.

Lastly, in analysing the responses that were received, it appeared that there was some confusion regarding the instructions for completing one of the sections in the survey (Readaptation to Home Culture on a Personal Level). This could have affected the accuracy of the data that were collected in this section of the survey.

**Recommendations and Conclusion**

As the practice of music therapy is now taking place in the eight major regions of the world (WFMT, 2011), it is clear that this profession is expanding very rapidly and there is an increase in interest and demand for music therapy services around the world in general. As mentioned previously, there has been a significant increase in number of students from the APR area receiving music therapy training in the United States over the past 10 years who eventually become music therapy professionals. Although it is assumed that many of these international music therapy professionals eventually returned home to start their own music therapy practice, no citations were found in the extant literature that addressed the re-entry process and related issues encountered by these international music therapy professionals. While the findings from the present study provide some insight about the re-entry experiences of international music therapy students, other research areas remain:

**Differences in re-entry experiences between United States-trained professionals and professionals trained in other countries.** Previous research about re-entry experience stated that cultural differences between the host and home country is one of the factors in affecting sojourners’ re-entry experience (Westwood, Lawrence & Paul, 1986; Brislin & Van Buren, 1974; Cajoileas, 1959). As there are over 100 music therapy-
related programs available around the world (WFMT, 2013), it would be useful to compare re-entry experiences of international music therapy professionals trained in different countries.

**Research methodology.** While the 50 question/statement web-based survey consisted primarily of items or questions adapted from survey tools used in previous research studies investigating re-entry experience and difficulties of sojourners, future researchers might use different methodology to collect related information, such as interviewing some of these professionals for more in-depth qualitative data in terms of re-entry experience related to the music therapy profession.

**Recruitment of participants.** Even with the help of CBMT and AMTA for participant recruitment, the number of responses received for this study was low. Participants could also be recruited through the national music therapy associations of countries in the APR area, such as the Japanese Music Therapy Association, Korean Music Therapy Association and Music Therapy Association of Taiwan. As membership information obtained from these national music therapy associations is likely to be up-to-date, this could improve the chances of recruiting more eligible participants.

In addition, some of the responses received indicated that some respondents who received music therapy education in the United States did not work as a music therapist upon returning home. It would be interesting to explore their reasons for leaving the profession, and their current employment situation in their home country.

**Relationship between demographic and re-entry experiences.** Previous research indicated that demographic information, such as age and gender, plays an important role in affecting one’s re-entry experience (Austin, 1983; Koehler, 1980; Sobie, 1986; Faulkner & McGaw, 1977; Hammer, Hart & Rogan 1998). It would be useful to see if those factors would affect the re-entry experience of international music therapy professional similarly with a larger sample size.

Other questions still remain. Future researchers may wish to investigate if personality impacts re-entry experience, and whether there is a difference in the level of severity of shock experienced over time of return.

As no research was found in the extant literature that addressed re-entry and related issues encountered by international music therapy professionals in their home country, the findings from this study serve as the starting point for further investigation. Although the results indicate that returning professionals experience low reverse cultural shock and generally high satisfaction level after returning home, it is hoped that this information will
not only enhance the understanding of re-entry experiences of music therapy professionals from the APR area, but also help to prepare international students who are currently pursuing their music therapy education in the United States for the re-entry process when they seek to start their professional practice back home.

References


Appendix A

Statistical Analysis and Distribution of Answers to Each Question on the Reverse Shock Scale

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  When I returned people did not seem that much interested in my experience abroad.</td>
<td>11*</td>
<td>8</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>2.59</td>
</tr>
<tr>
<td>2  Life was more exciting in the host culture.</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>6*</td>
<td>5</td>
<td>6*</td>
<td>4.44</td>
</tr>
<tr>
<td>3  My friends seem to have changed since I have been gone.</td>
<td>6</td>
<td>10*</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>3.06</td>
</tr>
<tr>
<td>4  When I return home I felt really depressed.</td>
<td>11*</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3.09</td>
</tr>
<tr>
<td>5  I had difficulty adjusting to my home culture after returning from abroad.</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>6*</td>
<td>5</td>
<td>3</td>
<td>3.91</td>
</tr>
<tr>
<td>6  Since I have been abroad I have become more critical of my home culture’s values.</td>
<td>5</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>9*</td>
<td>3</td>
<td>1</td>
<td>3.84</td>
</tr>
<tr>
<td>7  I miss the foreign culture where I stayed.</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>9*</td>
<td>6</td>
<td>4</td>
<td>4.72</td>
</tr>
<tr>
<td>8  I had a lot of contact with members of the host culture.</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>8*</td>
<td>5</td>
<td>4</td>
<td>4.53</td>
</tr>
<tr>
<td>9  I feel like I have changed a lot because of my experiences abroad.</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>12*</td>
<td>10</td>
<td>5.78</td>
</tr>
</tbody>
</table>
10 When I returned home I felt generally alienated.  5  8*  3  2  6  4  3  3.56
11 My friends and I have grown in separate directions since I have returned.  5  9*  5  3  4  4  2  3.38
12 Life in my home culture is boring after the excitement of living abroad.  15*  9  3  2  1  1  1  2.13
13 I miss the friends that I made in the host culture.  1  1  1  6  7  8*  8*  5.28
14 Since I have been abroad I have become more critical of my home culture’s government.  2  4  3  8  9*  2  4  4.25
15 My friends and family have pressured me to “fit in” upon returning home.  8  10*  5  4  3  1  1  2.72
16 The value and beliefs of the host culture are very different from those of my home culture.  0  6  2  3  9*  6  6  4.78

Notes: Statistical analysis: 1: extremely no shock; 7: extremely shocked
Mean: 3.87; Standard deviation: 1.06; Median: 3.84; Mode: 2.75, 2.875, 3.375, 4, 4.3125 and 5.0625. *Refers to mode of responses received for each statement

Appendix B
Responses to the Open-Ended Questions in the Survey

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How do you think the language difference in your host and home country impacted your re-entry experience?</td>
<td>• English as first language (9)</td>
</tr>
<tr>
<td></td>
<td>• Difficulty explaining music therapy technical terms in their own language back home (3)</td>
</tr>
<tr>
<td></td>
<td>• Difficulty switching languages at times (3)</td>
</tr>
<tr>
<td></td>
<td>• Difficulty getting back into the language custom (2)</td>
</tr>
<tr>
<td></td>
<td>• Difficulty expressing self in own language (3)</td>
</tr>
<tr>
<td></td>
<td>• Difference in language impacted way of thinking during re-entry (2)</td>
</tr>
<tr>
<td>2. Did you experience difficulty in transferring knowledge or skills learned in the host country back to your home country in your practice? If so, how did they impact your</td>
<td>• Experienced some degree of difficulty in transferring knowledge and skills learned from host to home country in practice at the beginning (21)</td>
</tr>
<tr>
<td></td>
<td>• Differences in culture between host and home country made transferring of learned knowledge more challenging (9)</td>
</tr>
<tr>
<td></td>
<td>• Difficulty in advocating music therapy back in home country using own language (4)</td>
</tr>
<tr>
<td></td>
<td>• Need to re-learn songs/learn new songs from home culture (3)</td>
</tr>
</tbody>
</table>
re-entry experiences?

- Difficulty to write lyrics in own language (2)
- Difficulty transferring learned knowledge because of different value system (2)
- Being mistaken as “showing off” while explaining music therapy knowledge in English (1)

3. Have you encountered difficulties regarding musical repertoires during your practice back in your home country? If so, how did that impact your re-entry experience?

- Encountered difficulties with musical repertoires in practice back home (20)
- Difficulties probably caused by cultural differences between host and home country.
- Difficulty time writing lyrics to songs in own language (2)
- Learn music from home all over again (15)
- Tried translating learned English songs to own language, and did not work in therapeutic situations because of different social contexts (2)
- Took a lot of time to build/rebuild repertoires, but positive about it as that broadened repertoires (10)

4. If you have encountered difficulties in your re-entry experience, what have you done to ease the situation? Please indicate any strategy (strategies) that you found to be effective to ease the transition.

- Provided ways to help ease transition (23)
- Strategies mentioned: re-reading books, evaluations and home work from past; gathering information in advance; working with and learning from local professionals and networking with experienced therapists; advocating music therapy and communicating with administrator in working environments; contacting music therapists from the United States to ask for professional advice; being flexible and evaluating situations with expanded vision; being psychologically prepared for the transition during re-entry.

5. Are there any other aspects in your re-entry process you would like to comment on that were not covered in this questionnaire?

- Provided suggestions on how to best cope with re-entry process (5)
- Mentioned difference between host and home created most difficulties during re-entry (1)
- Volunteering at home to understand market better (1)
- Adapt learned theories and methods, and make adjustments in working environment (1)
- Positive attitude during re-entry (1)
- Other difficulties during re-entry: lack of job opportunities, supervision and continuing education opportunities (1)
- Difficulty practicing at home as low receptiveness of music
therapy in different population (1)
• Difficulty advocating music therapy in home country (1)
• Tension existed between music therapists trained locally and overseas (2)