
Guest Editorial

Addressing the Culture Shock of Hospitalization through the Co-Operation between Music and Medicine

Jane Edwards^{1,2}, Patravoot Vatanasapt³, Bussakorn Binson⁴

¹University of Limerick, Limerick, Ireland

²Deakin University, Geelong, Australia

³Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand

⁴Faculty of Fine and Applied Arts, Chulalongkorn University, Bangkok, Thailand

Culture shock is a term created some decades ago to describe the psychological disorientation one can experience when encountering a new social and cultural situation for the first time [1]. It was initially used to describe new experiences in a country different from where one grew up but the term has also been used more broadly to describe personal experiences in transition to new professional roles [2] and to account for distinctiveness in the experience of being a minority cultural group [3]. Those of us who have worked in hospitals, or have been admitted for treatment, know that for many patients hospitalization can be disorienting. The hospital can be unfamiliar; the people, the lighting, the noise, and the smells. Even the feel of the bed linen, the height of the bed, and the way the lighting is arranged can require mental effort to adjust to the new experience.

Admission to a hospital is a unique type of culture shock. The psychological disorientation can sometimes be as difficult as undergoing treatments. It is difficult to sleep, it can be impossible to relax, it can be irritating to hear so many people talking together, whether nearby or in the distance. Sometimes there are multiple sound sources such as other patients' TVs, radios, and music players. What an oasis music can provide in such a situation! Whether a music therapist comes to bedside to share music, or a clinical treatment room is used for the opportunity to play some music, or whether one listens to self-selected music through headphones, within moments transportation to a familiar and comforting world occurs. The balm that music can provide in hospital settings leads to this special issue on Music and Medicine in South

East Asia where many developments in music and medicine practice and research can be discovered and celebrated.

The idea for this special issue was formed after the 2nd international IAMM conference held at Chulalongkorn University, Bangkok in July 2012. This conference was a superb opportunity for sharing and community building across music and medicine internationally. Due to the location of the conference many delegates from Thailand were present but other countries across the South East Asia region were represented including presenters and participants from Indonesia, Malaysia, the Philippines, Singapore, and Vietnam. Southeast Asia is a region comprised of an immense variety of ethnic groups, culture, and faiths. Almost one-thousand languages are spoken within ten countries in the region. The land mass covers 3% of the total land on the earth, with almost 9% of the global population, or about 600 million inhabitants. The geographical landscape ranges from mountains, plateaus, and to the peninsular and islands between the Indian and Pacific Ocean. The region of Southeast Asia is inhabited by a heterogeneous population with a wide range of traditions, religions and life styles. By the year 2015, the Association of Southeast Asian Nations (ASEAN) will establish a regional economic integration or the ASEAN Economic Community (AEC) aiming to achieve a single market and production base, this includes medical services [4,5]. The declaration of AEC will certainly accelerate a dramatic change in health care services in this region. Parallel to improving health care systems to serve their own population, many countries in the region have developed plans to be a destination for medical service clients from around the world. Although music medicine and music therapy are new to the modern Western medicine practiced in this region, in Thailand the indigenous music of various regions has been used as a means for healing the spirit in traditional medical approaches. With growing knowledge and evidence for the role of music and medicine, the alternative views from this region should be compelling to the rest of the world.

Some of the papers presented in this special issue are authored by delegates from the 2012 IAMM conference. Others papers were submitted because to include representation of voices from across the region. The guest editors traced the work and efforts of many of the authors

PRODUCTION NOTES | Address correspondence to: Jane Edwards, PhD RMT, Address: Music & Health Research Group, University of Limerick, Ireland, Email: jane.edwards@ul.ie | COI statement: The authors declared that no financial support was given for the writing of this article. The authors have no conflict of interest to declare.

through word of mouth and internet searches. Papers from Thailand, Singapore, Malaysia, and the Philippines are published in this issue with contributions from music therapists, ethnomusicologists, allied health practitioners, and medical doctors. The topics covered range from music based therapy work with children and adults with cancer, traditional music healing rituals, and the development of professional associations of music therapy and societies for music and medicine.

Two papers refer to MusicMedicine practices in Thailand and present diverse perspectives to music integration within health and medical care. A medical perspective on uses of music for patients following laryngectomy is presented in the paper *Music speaks the words: An integrated program for rehabilitation of post laryngectomy patients in Khon Kaen, Thailand* by Patravoot Vatanasapt, a head and neck surgeon working in Khon Kaen province along with his co-authors Nutchanart Vatanasapt, Supawan Laohasiriwong, and Benjamin Prathanee. Bussakorn Binson and Made Mantle Hood, both ethnomusicologists, describe healing rituals from Thailand and Bali in their paper *Cognitive Collaborations: Sounding Thai and Balinese Sensibilities in Healing Rituals*.

Marisa Marin, a clinical psychologist practicing in the Philippines, indicates how music can be used as a therapeutic support for children in hospital who are dying in the paper *Exploring Therapeutic Songwriting for Filipino Children with Leukemia*. Her paper describes, through case examples, the cultural sensitivity and language skills needed to deal with complex psychosocial issues in a multicultural environment. Two papers from Singapore show that there have been extensive developments within music therapy spearheaded by the professional association, and in particular within medical contexts. A collaboration between professionals resulted in the paper authored by the Singapore Music Therapy Association, *Developing Music Therapy as a Professional Allied Healthcare Discipline: The task ahead for the Association for Music*

Therapy, Singapore. In their paper *Music Therapy at SingHealth* Patsy Tan, Ashley Spears, Melanie Kwan and Christal Chiang write about how Medical Music Therapy has been developed within a hospital network in Singapore.

Two papers from Malaysia provide further perspectives to the diversity of MusicMedicine practices in the region. Ethnomusicologist Patricia Hardwick describes the Mak Yong healing ritual in the paper *The Body Becoming: Transformative Performance in Malaysian Mak Yong*. A group of medical practitioners and researchers Sharon Chong, I-Wei Foo, James Lai, Hock Yeow, Geraldine Law, and Johnson Stanslas describe the development of a society for music and medicine in Malaysia in their paper *The Birth of Malaysian Society for Music in Medicine: A Concerted Move to Promote the Use of Music for Therapeutic Purposes*.

The diversity of music practices in healthcare rituals and treatments in South East Asia is well represented in this excellent range of papers. The growth of music and medicine practices in this region will be followed with interest by IAMM members and the international community of music and medicine practitioners and researchers.

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