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THE IMPACT OF MUSIC THERAPISTS' RELIGIOUS BELIEFS ON CLINICAL IDENTITY AND PROFESSIONAL PRACTICE

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INTRODUCTION

Overview

The purpose of this study was to investigate the impact of the music therapist's religious beliefs and practices on his or her clinical identity and professional practice. Data were collected through interviews with a group of music therapists who practice different religions. At the outset of the study, *religion* was defined as a specific and recognized belief system. Inspiration for the topic and focus was based upon my personal and professional experiences practicing my religion while also working as a music therapist. These experiences were viewed as a valuable source of information toward greater understanding. Heuristic and narrative methods were used for this study.

Topic and Purpose

As a recent convert to the religion of Islam, I have experienced a profound and life-changing event. Many aspects of my life, such as daily routine, diet, dress, and my overall outlook and goals in life, have changed. With these significant changes in all aspects of my life, my professional work as a music therapist has also been affected. Converting to Islam affected my personal identity, as I felt caught between the person I was and the person I desired to be as a Muslim. As a Caucasian Christian female from the Midwest, my status in society changed from majority culture member to a minority as a Muslim American. The traditional Islamic dress and headscarf, or *hijab*, that I choose to wear makes this change most visible. Various issues have arisen professionally and clinically. I wanted to further investigate how my religious practice influences my identity and practice as a music therapy clinician. I hoped to answer these questions through self-reflection as well as to learn about the experiences of other music therapists who practice their religion. In a broader, more global sense, I hoped to learn more about my new religion as well as contribute to a better understanding of other world religions.

Potential Significance

The connection between religion, spirituality, and health is a topic of interest for many people. Fukuyama and Sevig (2002) note that in most cultures around the world, spiritual and religious beliefs and practices are connected to health, sickness, and healing. Many religions teach self-discipline and values that strive to balance physical, mental, and spiritual health. As two major forces in the world for change and hope, *religion* and *therapy* can often find themselves at odds with one another. By investigating how these two aspects come together and interact with one another in music therapy, I hoped to open up pathways of communication and facilitate the understanding of a greater connection between these forces.

In the field of music therapy, researchers have not specifically explored the dynamics between religion and therapy. Instead, the majority of the literature investigates spirituality within the practice of the Bonny Method of Guided Imagery (BMGIM) and Music within palliative care, as well as therapists' experiences of spirituality. To date, no English studies examine the religious practices of the therapist and how these affect his or her clinical practice. Thus, I hope that this study will fill a gap in the professional research.

Framework and General Research Questions

The overarching question for the study is as follows: What is the impact of a music therapist's religious identity and practices on his or her clinical identity and professional practice? The following list includes sub-questions that provided additional guidance in developing the topic and focus of the study, as well as its implementation:

1. What is the impact of religion on the music therapist's clinical identity?
2. What is the impact of religion on the music therapist's work, including therapeutic relationships with clients, families of clients, and professional relationships with co-workers?
3. What role does religion play in interactions with peers (i.e., other music therapists and helping professionals)?

Delimitations

The scope of the study was limited to the three monotheistic religions of Christianity, Islam, and Judaism, with participants representing each religion. In addition, the researcher's self-inquiry as a practicing Muslim was integrated within the data collected from participants. It is my hope that the variety of religious experiences presented in this study will be of interest to a large audience.

Music therapists who met the qualifications for inclusion but who practice a religion besides Judaism, Christianity, or Islam were not included in the study. This decision was not intended to exclude other religions practiced in the United States; rather, due to time constraints and responsibilities of the researcher, the exclusion was necessary. Another component of this limitation is the fact that Islam, Christianity, and Judaism are

three of the monotheistic religions. This aspect contributed to saliency of the data and connections among the participants and their stories.

The scope of the research was further limited by excluding interviews with clients, families of clients, and colleagues of the participants. While the therapists' clinical work was reviewed as part of the research, actual music therapy sessions were not studied. Since I desired to reach a substantial breadth and depth of experiences, a quantitative study using a survey with a large number of music therapists would not have been an appropriate design for this study. Therefore, I chose only to interview therapists and gather information about their beliefs and experiences. By doing so, this study strongly reflects the perspective of the music therapists.

LITERATURE REVIEW

My inquiry in the current research addresses religious practice specifically but not exclusively. It is difficult to separate religion and spirituality, both in everyday life and in this research. While religion was the focus of the study (due to my personal experience of changing religions and the ways in which this change affected my personal identity and clinical practice), I found that the term *spirituality* appeared frequently in the literature in tandem with or as a correlate to the term *religion* and that these terms were used inconsistently. (I have addressed distinctions between these terms in more detail below.) While I do not consider *religion* and *spirituality* to be synonymous, I have used the terms interchangeably at times in the following review, according to the study being reviewed.¹

The Impact of Spirituality/Religion in Therapy

Plante (2007) describes psychology's current relationship with religion and spirituality as one of increasing interest and rediscovery. This new attitude toward religion and spirituality sharply contrasts that of psychology's past with influences such as Freud, Skinner, and Ellis, who found very little use for or purpose in religion. Plante writes the following:

Psychology has had a long history of being neglectful, if not outright antagonistic, to issues related to spirituality and religion, often finding those who are spiritual or religious as being deluded or at least not as psychologically healthy and advanced as they could be. (p. 892)

To investigate the religious involvement of psychologists in the United States, Delaney, Miller, and Bisonó (2007) surveyed a sample from the American Psychological Association's membership and compared findings with the general American population according to recent Gallup polls. The researchers found that 95% of Americans report a belief in God, while 91% of psychologists reported they had believed in God at one point in their lives. The researchers also report that 48% of the psychologists and 15% of Americans felt that religion was unimportant in their lives, findings supporting previous research that American psychologists are much less religious than the people they serve.

¹ Review was limited to literature in the English language.

In the social work literature, Furman, Zahl, Benson, and Canda (2007) examined social workers' attitudes toward religion and spirituality in the United States and Norway. When asked about the frequency of their personal religious and spiritual practices such as meditation, visualization, and prayer, 27% ($n = 163$) of the Norwegian respondents and 67% ($n = 1,392$) of the U.S. respondents reported that they engaged in these activities at least weekly. When asked about their use of spiritual or religious helping activities, more respondents indicated that it was appropriate to use spiritually oriented activities than those who actually used these types of interventions.

As was reported by Delaney et al. (2007) and Furman et al. (2007), religion is important to many Americans. Hoogestraat and Trammel (2003) believe that families and couples can benefit from spiritual and religious discussions. The authors recommend that the therapist be aware of his or her comfort level with religious topics as well as clients' comfort with such topics. Also, it is recommended that therapists take responsibility for exploring their own attitudes about spiritual and religious issues by participating in self-reflection.

Cohen and Hill (2007) examined the roles of individualism and collectivism in three religious groups in the United States. They found that American society was strongly influenced by the individualism of the Protestant religion with its strong reliance on one's personal relationship with God. American therapists should be aware of these possible biases and their influences on work, research, and relationships with clients.

The Judeo-Christian perspective was prominent throughout the literature search. Only one Muslim perspective was present. Patel and Shikongo (2006) conducted interviews with five Muslim female graduate students in psychology. The researchers examined the role of spirituality and religion in the students' training at a university in South Africa. In this study, all participants felt that it was crucial to understand a patient's spirituality in order to understand his or her mental health problems and that a helper should be prepared to address spiritual issues in therapy. When these students attempted to incorporate spirituality into an acceptable approach for therapy, they were faced with negative reactions from professors. The participants expressed a strong desire for their training programs to incorporate spiritual and religious dimensions into the curriculum.

Music Therapy and Spirituality/Religion

In the music therapy literature, music has been used to address religious and spiritual matters. As mentioned previously, use of the terms *religion* and *spirituality* have not been consistent. Aigen (2008) found that there was a preference for the term *spiritual* over *religious* in the music therapy literature. He documented that spiritual issues are an emerging interest in music therapy clinical work and research. Aigen explained that by using the term *spiritual* instead of *religious*, music therapists ascribe to the term describing a progressive sense of religion, which is congruent with the secular identity of the field of music therapy.

Lipe (2002) examined how music influences health to offer possible directions for the development of theory, research, and practice in the area of holistic health, spirituality, and music. In her review of the music therapy literature, Lipe found an inconsistency in the use of the terms *spirituality* versus *religion*. She recommends

examining the spiritual or religious involvement of music therapists who use music to address spiritual issues with their clients.

In her phenomenological inquiry of spiritual moments in music therapy, Marom (2004) discovered that it was very difficult to create one all-encompassing definition of *spirituality* due to the variety of spiritual moments that participants experienced. The first definition was broad in scope, but a narrower definition was later adopted due to the changing focus of the inquiry. Marom found that the participants' personal beliefs and experiences shaped their own ideas and use of the term *spirituality*. Magill (2005) explains that philosophers and theologians have been struggling with the meaning behind spirituality throughout history. The author says, "Spirituality is the essence of one's inner being and refers to the life within heart, mind and soul. It is through these internal, invisible lenses that one gains perspective of one's true nature and one's ultimate reasons for living" (p. 4).

Amir (1992) indicated the occurrence of spiritual moments in her in-depth examination of meaningful moments in music therapy. "Moments of Spirituality" were discovered through the research and were defined as, "moments in which both clients and therapists felt connected to God, connected to their own soul and had some kind of mystical and sacred experience" (p. 139). Aigen (2008) documented that Grocke (1999) also included a category of "spiritual experience" in her study examining pivotal moments with the Bonny Method of Guided Imagery and Music (BMGIM).

In an autobiographical essay, Bonny (2002) shares a story about a spiritual epiphany after performing a piece of music on the violin. The experience deepened her faith and led to what Bonny called "spiritual training", which revealed issues from her past that required professional guidance from a therapist. Bonny's psychological healing came about through her work with a psychotherapist using imagery and hypnosis. These experiences inspired her to go on and pursue a degree and, later, a career in music therapy.

Bonny (2001) authored an article highlighting the role of music and spirituality in music therapy. Bonny views the relationship between spirituality and the therapeutic process as a way of guiding the client in discovering his or her unconscious patterns and understanding those patterns. The author encourages music therapists to address spiritual aspects in their work as well as explore their own spirituality.

Marr (2001) explores how BMGIM can be used in the Christian religion for people to explore their own transpersonal and spiritual worlds. The author defines spirituality as finding meaning in one's life and theorizes that transcending consciousness can "change the way people then view themselves and the world around them" (p. 400). In further support for the use of music in addressing spirituality, Włodarczyk (2007) conducted a quantitative study with ten patients in an inpatient hospice unit. The researcher investigated the effect of music therapy on patients' spiritual well being by using an ABAB design of a music therapy session followed by a nonmusic session. It was found that the music therapy setting facilitated more discussion of spirituality-related topics than the nonmusic session.

The Impact of the Therapist's Religious Identity on Clinical Practice

The literature review revealed three differing perspectives from which researchers examined the effect of a therapist's religious identity on clinical practice. Fayek (2004) depicted the effect of his interpretation and study of Islam on his practice as a psychoanalyst. Although the author was raised by a Muslim family, he decided to not practice Islam. Fayek believes that if he had followed the religion in his home country of Egypt, he would most likely not have become a psychoanalyst. Fayek's philosophy of religion could very well be influenced by Freud's views of religion as Plante (2007) described. Fayek's (2004) lack of religious affiliation seems to be a source of pride, as he claims that it helps him practice psychoanalysis more authentically. He believes that his view of religion could affect his interpretation of clients' religious affiliations, stating, "Religion as an active ethnic identity in patients could, and maybe should, be considered part of character defenses, because the ethnic religious identity is not a matter of choice" (Fayek, 2004, p. 457).

From a very different perspective, Langberg (2006) addresses the issue of the spiritual life of a therapist. She acknowledges that helping people with their problems can be very taxing on a therapist. Along with being shaped by current life experiences, therapists are also deeply affected by their pasts. Langberg says that worship, truth, study, prayer, and obedience can help maintain self-care and better existential understanding of the pain and suffering that therapists witness.

Finally, Zeiger and Lewis (1998) caution therapists against revealing their religious beliefs to clients. The authors question whether the religious attire of a therapist could cause perceptions of dissimilarity that would result in barriers for therapy. If a religiously oriented therapist chooses to dress with religious attire, he or she should expect to be evaluated in a stereotypical way by the client. The authors recommend that a religious therapist be aware of possible issues of resistance, transference, and countertransference and should be able to manage the consequences of wearing religious attire. The authors recommend future research into the experiences of therapists that choose to wear religious attire to better understand the effects on religious and therapeutic dynamics.

RESEARCH METHOD AND DESIGN

Approach and Rationale

The goal of this research study was to examine the impact of a music therapist's religious beliefs on his or her clinical identity and practice. As inspired by my firsthand experience with my religious practice influencing my professional work, the study used elements of self-inquiry and heuristic research methods. Moustakas (1990) states, "In heuristic methodology one seeks to obtain qualitative depictions that are at the heart and depths of a person's experience—depictions of situations, events, conversations, relationships, feelings, thoughts, values, and beliefs" (p. 38). Use of self-inquiry in this study is especially appropriate because of my personal insight and growth that developed during a profound experience of joining a new religion. Through much self-exploration, as Bonny

(2001) recommended, I developed personal insight and was able to meet new and unique challenges in my personal life and professional practice as a music therapist.

Population Selection

Participants in this study were chosen based on their clinical experience as music therapists and their religious practices. These music therapists needed to have at least three years of clinical experience and currently be practicing in the United States. Three female therapists and one male therapist participated. This was not a purposeful choice, but may represent the high rate of females in the music therapy profession.

To be included in the study, participants were required to be regularly practicing Judaism, Christianity, or Islam². One Christian, one Jewish, and two Muslim music therapists participated in the study. Two Muslim music therapists were interviewed due to ease of contact and to provide a needed voice for this minority in the profession. The Muslim participants were converts to the religion, like the author. The controversial issue of music in Islam contributed to difficulty in locating a “cradle-Muslim” (someone born into the religion) who is a professionally trained music therapist. According to my current knowledge, music therapy as a research-based profession is a recent development in the Muslim world. With a limited number of academic training programs in Islamic countries, locating and interviewing a “cradle-Muslim” would be quite difficult. Time constraints did not allow for the participation of additional Jewish and Christian participants, although this would have been ideal. Participants' religious practices ranged from traditional to progressive.

Data Gathering Methods

Heuristic and narrative research methods were used in this study. Heuristic methods were used to gather data by way of self-inquiry techniques. As Bonny (2001) and Hoogstraat and Trammel (2003) recommended, I engaged in self-reflection and exploration of my religious and clinical practice. I reflected upon my personal experiences as well as the topics that were discussed with each participant in the interview. I also recorded my observations of participants throughout the research activities and data collection process.

Additional data were gathered through a brief questionnaire and semi-structured interviews with participants. Face-to-face interviews were conducted to develop trust between each participant and me, thus improving the quality of disclosure and richness of data. One interview was completed through Skype connection due to the geographical distance between the participant and me. Each interview was audio taped. I concurrently jotted down answers and comments during the interview. Directly following the interview, I recorded additional thoughts, feelings, and observations in a reflexive research log. The recording of each interview was replayed in a secure location to protect each participant's confidentiality as I transcribed the interview. The transcript was given to the participant for review, corrections, and editing. This process was completed for each participant involved in the study.

² Other world religions, such as Hinduism and Buddhism, were not included due to reasons stated in the “Delimitations” section above.

Data Analysis Procedures

The analysis of this study was undertaken on many levels. Following the interviews and the completion of each transcription, I began data analysis by composing narratives for each participant. Kenny (2005) describes two general categories for the use of narrative research method. These two categories are (a) using narrative form and (b) analyzing and interpreting texts. It felt very natural to use the narrative form in this study by composing a type of story about each participant. Writing the narratives involved reviewing, summarizing, and synthesizing the relevant information in each person's story and placing that information into the narrative form. Kenny (2005) states that a dynamic and experiential relationship between the researcher, the context of the researcher, and the reader can be created in narrative inquiry. With this justification, the participants' narratives were meant to tell the story of each person's religious beliefs and clinical practice, as well as to enhance the reader's understanding.

Following the completion of each narrative, I returned to the interview transcripts to continue the analysis. The remainder of the data analysis was conducted in reference to general analytic procedures described by Marshall and Rossman (2006). The transcripts were reviewed and segmented according to the content. The documents were reviewed again until categories could be determined that clearly described the segments of data. Next, each category was assigned a corresponding code that was used directly in the analysis of the transcripts. After each separate transcript was analyzed and coded, the prevalent categories from all transcripts were compiled into one document. The categories containing related data were compared and contrasted. Connections between related categories were defined and discussed. When a holistic depth and richness was found in the data, the analysis was considered complete. Along with the above data-analysis procedures, Marshall and Rossman (2006) strongly recommend writing analytic memos. Information that was captured in the analytic memos I maintained for the study included data gathering techniques and experiences, development of categories in the analysis process, and the research focus of the study. Due to the heuristic nature of this study, I used a layering technique in my writing by inserting personal reflections to document my experiences as researcher. This unique approach was used to present my personal reflections on data collection and analysis, as well as to share the self-inquiry reflections.

Trustworthiness

Creswell (2007) explains that Lincoln and Guba's (1985) naturalistic procedures to establish trustworthiness include criteria such as credibility, transferability, dependability, and confirmability. In the current study, trustworthiness was established by focusing on credibility and transferability, also known quantitatively as "internal validity" and "external validity" (Lincoln & Guba, 1985). A number of validation strategies (Creswell, 2007) or qualitative mechanisms (Lincoln and Guba, 1985), were used to address credibility and transferability. Credibility was established by triangulation: In the current study, the use of multiple data gathering methods like researcher's self-inquiry, preliminary questionnaires, in-person interviews, participants' checking (of interview transcript and narrative story), and peer review constitutes triangulation). Recursive

analysis was also important in establishing credibility. Each participant's data was analyzed in two ways. The data were first analyzed on an individual basis. Second, a comprehensive analysis of the effect of the therapist's religious practice on clinical work was created by comparing and contrasting each individual analysis with other participants' individual experiences. This element of an ongoing analysis process comprises a recursive analysis that addresses credibility, which contributes to trustworthiness.

Participant checking was used to insure credibility in the data. Each participant was asked to review his or her interview transcript and narrative that was written by the researcher. This review was an important step in the research process for establishing trustworthiness of the data. In addition, the review demonstrated respect for participants' thoughts and feelings on the topic, given the personal nature of the research.

Transferability was established in the current study by thick description of the data. Each participant's experience was told using elements of narrative research to create detailed first-person stories. The documentation of my research activities and decision making in the form of analytic memos and a reflexive journal contributed to the thick description.

Researcher's Personal Biography

Religion is a topic of significant relevance in our world today. For many people it is a force of power, change, and mystery. The religious dimension has always been important in my life, both personally and as a therapist. Because of the intimate and unique aspects of music, applying religious dimensions in therapy contributes to existential connections between the music, the client, and the therapist.

My initial inclinations of spirituality resulted in a journey that eventually led me toward the religion of Islam. I have undergone many changes since my religious conversion. These changes have been important in my life and serve as motivation to be a better person. Some of these changes have been personal and covert, while others have been overt. One important and somewhat controversial change I made was choosing to wear the traditional Islamic hijab. Before putting it on, I was very concerned about how I would be perceived by people, especially my coworkers and the individuals I served as a music therapist. As Zeiger and Lewis (1998) cautioned, I was aware of the possible effects that this decision might have on my work. When I finally decided to wear it, the hijab made my religion more evident to people with whom I interacted day-to-day, thus bringing up myriad issues in my clinical practice. These experiences encouraged me to look deeper into the effects of religion on music therapists' clinical practice.

I believe that music therapists can rigorously practice their religions without unethically putting their religious beliefs onto the individuals they serve. In my personal experience, religion affects all parts of my life. I was cognizant of the possibility of meeting another music therapist in the study who did not share my personal feelings. If this had occurred, I would have worked to recognize our differences without unfairly judging his or her decisions.

One unique experience I have had since becoming Muslim is a shift in my status within society. My religion became visible when I started wearing the hijab. Even if someone does not know what religion I belong to by looking at me, by covering my hair

and wearing modest clothing, I appear different from most other women. This was not the case before I put on the hijab because I blended in with the general population. Sometimes it seems like I carry the misunderstandings about the religion along with me in day-to-day life, which feels like a burden at times and a blessing at other times. I have tried to accept these experiences as a means of changing cultures and status within American society from a majority member to a minority member. I feel grateful for the shift in my perspective. This change of status for me has led to increased insight about the experiences of other minorities in this country, such as racial minorities and people with special needs.

My daily involvement with these changes and their influences in my life has been an intense experience. It is possible that the resulting complexity of thoughts and feelings blinded me to certain aspects that I may have never considered. Additionally, when working with other music therapists from religions different from my own, it may be challenging to step outside of my worldview to openly and in an unbiased manner collect the needed information for the study. However, it was essential that I was able to interact with study participants without judgment in order to maintain authenticity. Since I regularly interact with people who do not belong to my religion or practice my beliefs, I think that I was well prepared for this challenge. In addition, tolerance, acceptance, and harmony with others are highly valued in the religion of Islam, so this belief assisted me in stepping outside of my worldview.

Ethical and Political Considerations

The topic of this research study strives to respect the beliefs of participants and any political considerations accompanying those beliefs. During the analysis and in writing the final research report, my aim was to advocate respect for the participants' beliefs. In all interactions with participants, I encouraged openness and respect. Likewise, any ethical issues that arose during research activities and discussion were handled sensitively without consciously passing judgment on the participant.

PARTICIPANTS' STORIES OF RELIGION AND CLINICAL PRACTICE

The following section includes narratives that were written by me, the researcher, to reflect participants' stories of religion and clinical practice. The narratives contain very little, if any verbatim script from the interviews. Instead, data were synthesized from the interview and brief questionnaire to compose a first-person, narrative story, representative of the participant's voice. The narratives were sent to the participants; they approved what I wrote or suggested changes. Since the study was conducted through an additional lens of heuristic inquiry, my insights and experiences as the researcher are also represented. While the study evolved, I gained experience with interviewing techniques. Accordingly, the complexity of the data gathered also increased. To reflect this progression, the narratives are presented in the chronological order in which they were constructed. To protect the identities of participants, names have been changed and other identifying information such as workplace or city of residence is not shared.

I began each interview by explaining the purpose of the study and how the participant would be a part of the research process. Next I asked questions from the "Preliminary Questionnaire" (see Appendix A). These questions provided the opportunity to get to know the participant and establish a rapport that would aid in gaining data. After the preliminary questions were answered, I began the process of asking the more in-depth "In-Person Interview Questions" (see Appendix B). The interviews were semi-structured, allowing the flow of conversation to move freely and comfortably. The written questions functioned as a framework for remaining on topic. The duration of each interview ranged from one to two hours in length.

Kesha

Kesha was the first participant in the study. I asked her to participate because she was a practicing Muslim and fit all other qualifications. Prior to the study, I had limited personal contact with Kesha. This may have enhanced my rapport with her during the interview. We share a religion and a similar story because she is also a convert to Islam. We used a common religious language during the interview. When Muslims speak to other Muslims they often use religious expressions that convey the name of God in certain situations. This language flowed freely as she shared her story.

Even though Kesha and I share similar experiences as converts, there are certain practices we do not share, such as type of dress. This may have contributed to some feelings of uneasiness during the interview process for both of us; however, I strove for an attitude of acceptance and respect. Since Kesha was the first participant, my understanding of interviewing techniques was not well practiced. I believe this had an impact on the amount and quality of data I was able to collect.

Kesha lives near a large metropolitan city. She was raised as a Christian but converted to Islam as a young woman. When she married a Muslim man and started their family, it was Kesha's plan to remain Christian while raising her children as Muslims. However, as she started to learn about Islam she realized that it was something that spoke to her and decided to change her religion. Kesha decided to become a music therapist after her first year in college. This is her story:

Like most music therapists, music is very important to me. It has always been a way that I can communicate with God. From as early as I can remember I played music in my church and used it to praise God. When it was time for me to go to college and choose my major, music seemed like a natural choice. When I found out about music therapy I realized that this would be a perfect job for me. I felt as though God guided me to the field of music therapy so I can do the work that He wants me to do. I still feel this way even though my relationship with God has changed. I converted to Islam in 2002. I was raised Christian, but I came to a point in my life where Islam became such a strong truth that I wanted to start practicing. Much like when I decided to pursue music therapy, I had a strong intuitive feeling that Islam was the right path for me, so overwhelming, I just couldn't ignore it. I really believe that my decisions to become a music therapist and to follow Islam came from God.

It hasn't been an easy road, though. It's hard to live as a Muslim in the United States. My faith keeps me strong, Alhamdulillah³. I have found a lot of support within the Islamic community where I live. Because I wore the traditional head covering, the hijab, I felt as though people might be judging me. It took me more than a year to feel ready enough to wear it all the time. I really like wearing the hijab, but I felt fearful of people thinking things about me that were not true. I had one job interview, and it was the most uncomfortable situation because for some reason the woman that was interviewing me wouldn't look at me. She just acted strangely and avoided eye contact with me. Of course, she didn't say anything about my hijab, but I could just sense that she was very uncomfortable. Maybe it was something else, but I didn't get the job. I was just so shocked from that experience. It made me realize that I may need to remove my hijab to get a job. So I did, and my next interview was a success and they hired me. It wasn't easy to take off my hijab, but I felt that providing for my family outweighed the need for me to wear it. It was a really hard decision, and it saddens me that I had to make it. I would love to live in a country where it would be easier or more acceptable for me to practice my religion and wear the hijab.

There was one time, right after I converted, that I thought I might leave the music therapy profession. You see, in Islam, there are some people who believe that listening to certain types of music is forbidden. I see benefit in some of it, but music is still central to my life and my identity. My whole life experience with music is that it all started in the church. Music was my way to connect with God, so how could I leave it behind? I did consider the practice of not listening to music, but I just couldn't accept it.

Sometimes in my work I feel conflict with some of the content of songs that clients request. I have never and will never refuse to use a requested song with a client. As long as it is appropriate, I will use it, even if I don't believe in the message or meaning in the song. In that situation I will usually say silently to myself, "A'staghfir Allah"⁴ and go on. I also try to remind myself that I am providing the joy and the love of what they believe in. I don't think it's wrong for me to help them pursue that because I think it's better that they are pursuing something rather than nothing at all. Although it is challenging at times, I feel blessed to be able to work as a music therapist. I love being a Muslim and enjoy practicing my faith.

Personal Reflections

Kesha's story is one of irony and perseverance. Her willingness to share deeply felt joys and fears contributed to my understanding of her experiences as a Muslim and a music therapist. The parallels that we discovered between her decision to become a music therapist and her decision to follow Islam was important for the research. This discovery led to a new line of inquiry to explore with subsequent participants. I appreciated her level of honesty in sharing both the difficulties and joys of practicing her religion and music therapy.

When we discussed the topic of music in Islam, I related to the struggle that she reported going through. Kesha's early music experiences in the church were directly related to her spirituality. This deep connection seemed to foster a long-lasting

³ "Thanks be to God."

⁴ "seeking forgiveness from Allah"

relationship with music even though she dealt with religious restrictions. Kesha talked about feeling some conflict with certain song requests from clients and shared the techniques she uses in these situations. I related to her feelings and participate in a similar internal process while continuing with the therapeutic intervention.

An important part of Kesha's story is the difficulty she experiences in practicing her religion in the United States. This is a shared struggle for many Muslims living in the United States. As Kesha shared the struggles she encountered when choosing to wear the hijab, I felt very connected with her challenges. After her interview, I realized there were additional issues that I wanted to explore. I think we both felt the scenario of the job interview when she was wearing the hijab was a case of discrimination. I wanted to confirm that perception with her by asking directly if she felt she had been discriminated against because of her religion and appearance. Her response of removing her hijab seemed to indicate that this was most likely the case. I also wanted to know if she hadn't had that experience in the job interview, would she have continued wearing the hijab when she got a different job as a music therapist. I later wondered if my choice to wear the hijab caused any discomfort for Kesha during her interview because she had chosen to remove her own.

Sister Katharine

Sr. Katharine was the second participant. I asked her to participate in the study after having limited professional contact with her. I believed that she would be an ideal participant because of the number of years of experience she had both as a music therapist and as a Sister in the Catholic church.

I felt quite nervous before my interview with Sr. Katharine. The cause of my anxiety was my personal relationship with her religion, which was Catholicism. I joined the Catholic religion in my late teens, and this experience was an important part of my spiritual journey. I was concerned about this connection with Sr. Katharine. In one way, I felt very connected to her because of my past. On the other hand, I was fearful of that connection possibly offending her. I was concerned that she might view my conversion from Catholicism to Islam as a type of rejection of her way of life. I journaled on the topic prior to the interview and prepared myself for this topic if it came up in her interview, but it did not.

Sr. Katharine lives and works in a large metropolitan area. She is a music therapist at a nursing home for Sisters of her order. She also teaches piano to inner city children and is a music minister at her church. She has many years of experience working in music education, music therapy, and music ministry. This is Sr. Katharine's story:

I truly believe that God speaks to us through all the good people in our lives. As a young girl, God spoke to me through the positive experiences I had with my teachers in Catholic school. It is there where I met the women who would influence my development and path in life. They were leaders in the community in a time when most women worked in the home. Their strength was inspiring to me, and I wanted to be like them. I feel at times as if I've come full circle in my life because the group of women that were so inspiring to me as a child I now belong to as a Sister.

Music therapy is really my second opportunity to work with others through music. I avoid saying that this is my second career, because I don't see myself as having a career. I have never thought of anything I've done as a career. Rather, I feel that music therapy is a special part of my ministry as a Sister. I got my first degree in music education and worked as a music teacher for over 20 years, but I started feeling burnt out. I became depressed and at the same time had some major health problems that caused me great physical pain and required surgery. It was during my recuperation that I began to realize the healing power of music. This realization of music's healing power was a pivotal moment for me. I learned about music therapy from another Sister who was in the field. I felt that music therapy would be a very natural extension to my ministry work, and it has proven to be just that.

My decision to become a Sister and my decision to pursue music therapy were two very different experiences. My path to become a sister was a long process. I will always be a Sister, until the day that I die, but the title of "music therapist" is just temporary. It's the fact that I will always be a sister—that's what made the decision much more serious for me.

I have no regrets with joining the Sisterhood. I think some people anticipate that I may feel sadness by not marrying or having children. Children are so very important in my life. I have taught many children in my work. I feel as if I can give quality interest and time for other people's children because I don't have my own.

When people see me, it's not easy for them to know that I am a Sister. I don't wear anything very noticeable that identifies me as a Sister. The most outward symbol of my spiritual and religious life is my title of "Sister," It goes with me everywhere and in everything that I do. There was one time that I didn't use my title. I was in my music therapy internship then. It was at a large hospital. I just wanted to see how people would receive me as a regular person. I don't want to be treated special because of my title. I see my position of "Sister" as more of a relationship, and I hope that people see me as a real sister to them, for anyone who needs a sister.

I really feel like music helps me communicate with God. Music and chanting really help me focus while I'm praying as a type of meditation. I'm so grateful for being able to use music in this way to enrich my prayers. I often find that when I am working with an individual who is diminishing or close to death, I will use the mantras and chanting that I sing on my own. I'll change the words to make it meaningful for my client, but I do find that these mantras are therapeutic for this setting.

Some of my music therapy work is with my fellow Sisters who are ill or at the end of their lives. I really enjoy working with them, although sometimes it can be challenging because some of the Sisters know me personally. It can become difficult maintaining the line between therapy and religion. I really like stepping out of my comfort zone and working with people who are not of my faith. I sometimes wish we as Catholics, weren't such a majority religion in this country. Maybe that is part of why I really enjoy working with individuals from outside of my religion. Of course, in doing that, I have come across individuals that believe something that clashes with what I believe and practice. I try hard not to be judgmental and instead be honest and acknowledge our differences.

Whether I'm working with individuals from my religion or outside of it, I am sometimes asked to sing songs that I don't believe in. I just sing it and remind myself that this is therapy and I am doing this for the person's benefit. I focus on the client's needs

and that this is a meaningful song for him or her. Sometimes I feel conflict between my work and my religious and spiritual life. One time I worked with a young man who was dying of cancer. While I worked with him he never once mentioned a belief in God or what he believed. It was hard for me to understand why he would not be prayerful and thinking about God at that time. I just really don't understand, and I suspect it's my religion supporting those ideas. I deal with these troubling experiences by changing my perspective. I try to focus on how love, family, friendship, or forgiveness may be at work in their lives. I guess I'm trying to use my beliefs to process the behaviors of my client.

In the Catholic religion, the sacraments have a very deep role in our worship and beliefs. I think of my interactions with people as sacraments. I heard a Christian doctor speak about the lack of spiritual care in hospitals. He said, "Ya know, sometimes we're the only sacraments that they're gonna receive." This made me think that sometimes we, as therapists, are as good as it gets for some people. It is in this way that I feel like I'm living my faith as a therapist, and I feel very blessed to be able to do that in the field of music therapy.

Personal Reflections

The time spent with Sr. Katherine was enlightening and enriching. Her story is rich with nostalgia, struggle, and triumph. I commend her self-awareness and insight into the complex yet complementary ways her clinical and religious practices intertwine. There were many things that Sr. Katharine talked about in her interview that moved me emotionally and spiritually. I felt moved as I listened to her explain how she views her work in music therapy as an extension of her ministry rather than as a career. I had sensed this about Sr. Katharine, and as she explained her views my intuition was validated. I was surprised to relate with Sr. Katharine's experience of her title of "Sister" as an outward symbol of her religion. I felt a shared experience with her because the way that I wear the hijab is similar to the way she experiences the effect of her title in her life—as a consistent presence. This idea of "title" as an outward symbol of religion was unique among all the participants in the study. I also related to the internal process that Sr. Katharine uses when clients request songs that are contrary to her beliefs. She said the process allows her to maintain the therapeutic intervention. This was a similar process that Kesha described using in her clinical practice.

From a cultural perspective, I found it interesting that Sr. Katharine works with Sisters who are members of her order and who are all members of a shared culture. She reported both positive and challenging things about this position, but said that she really enjoys working with individuals from outside of her religion. I was somewhat surprised by this statement because I expected her to report more enjoyment in working with people from a shared religion, especially given her work setting.

Daniel

Daniel was the third participant. I asked Daniel to participate in the study because of his religious practice of Judaism. I had mixed emotions in preparing for Daniel's interview. I knew little about Judaism but was very open to learning from him. I also felt anxious about our differences. Jews and Muslims share common history, values and principles,

and are related through the “father” of the monotheistic religions—Abraham. Jews and Christians are given a high respect in Islam because they are people of the Book. Yet, one of the oldest and bloodiest conflicts is between Jews and Muslims in the Middle East. While I realized that Daniel and I were just two people who would be having a conversation, the symbolism of our meeting still caused anxiety. He was the most different participant from me, yet I connected deeply with his journey and current religious practice.

Daniel was raised in a reformed Jewish household but rejected the religion at the age of 15 years. Daniel’s personal spiritual growth and development as a music therapist were closely connected. The inspiration for his spiritual and religious practice came from his work in music therapy, as opposed to his spiritual practice inspiring music therapy work, as was the experience of the other participants. This is his story:

Music therapy and my spiritual life are very connected to one another. Although I was brought up in a reformed Jewish family, I moved away from the religion and eventually decided to stop practicing when I was fifteen. I still believed strongly in God but not as any form of religion. Later in my life when I was studying jazz performance, I met some music therapists that made a strong impact on me. At that point in my life, I was looking for more meaning. When I found out I could use my musical talents on a daily basis to really help people, I started to feel more hopeful about my future. I changed my major and started studying music and creative arts therapy.

It really wasn’t until I met a certain gentleman that I started thinking seriously about God. During my internship in a hospital I met a man—I’ll call him David—that was a victim of a violent crime. In the incident, his house was burglarized. He was tied up and set on fire. The damage of the burns were so serious that both of his arms had to be amputated. One of the issues we were addressing was spiritual in nature. He was asking, “Why did God want me to survive?” David’s questions about God really affected me. He was the first person that I had ever met that when he said “God” he really meant GOD. He was really, really, from the depths of his heart, struggling with this concept of his relationship with his Creator. That had a major effect on me, and I felt that it was worthwhile to explore that with him in therapy. So it was ultimately my involvement in the creative arts and music therapy that got me back in touch with my spirituality.

After I graduated, I got a job in a nursing and rehabilitation center. At that point, I wasn’t practicing Judaism. Most of the residents were elderly and some of them were Jewish. I even worked with some Holocaust survivors. It was the first time that I actually started thinking of myself as being Jewish. I would attend the Friday afternoon Sabbath service with some of the residents. As I sat there with them, I realized that most of the service was completely foreign to me. It was at that point that I decided to explore my Jewish heritage.

My life really started to change when I observed a Shabbos for the first time. I went with a friend to a Yeshiva, which is a Torah learning center, and spent Shabbos (also called Shabbat) there. This meant that for 25 hours from Friday sundown to Saturday nightfall I was solely dedicated to prayer. I turned my cell phone off, took all the money out of my wallet and just allowed myself to experience the observance of prayer. It completely resonated with me, and immediately I knew that this was something that I had been missing for 23 years of my life.

I feel that my work as a music therapist is very connected to my practice of Judaism. I believe that music is a gift from God. Many people take advantage of this gift by using music in negative and destructive ways. I wanted to use the gift of music to help people. Music is one of the best ways to access the soul. We have a tremendous responsibility as music therapists to use music in positive ways to help people. This is a way that I wanted to give to humanity. I use music to show God that I am using His gift for the right purposes. At the same time, I can serve humankind with the gift of music to better society. These ideas go hand-in-hand with Judaism because we have many commandments or "mitzvahs" to serve both God and fellow man. These mitzvahs are like vitamins for the soul. They make your soul very healthy, and that is what I felt the connection was; by having a healthy soul, you'll always be able to access the best part of yourself in the creative process and connect to the deepest part of your fellow human beings.

As a music therapist, I have to stay objective and keep the therapeutic goals in mind when working with my clients. This is important especially when I work with individuals that may have different beliefs from my own. I feel very little conflict in these situations because my goal is to try to find the best vessel to at least maintain or improve a person's health. I'm very open to singing songs or making music about the person's beliefs if it is going to be productive to his or her therapeutic process. If I'm comfortable with my own beliefs, then I'm going to serve clients best by allowing them the freedom of religion in the session.

One Jewish practice that I follow has caused some conflict in my work. It is one of the laws of Judaism called "Shomer Negiah." It means "guarding touch", and the practice means that a man doesn't touch a woman and a woman doesn't touch a man, except for his or her close relatives. This can be challenging in professional situations when a woman comes up to me to shake my hand I have to say, "I'm sorry, I don't shake hands. I only touch my wife." The challenges payoff because I get an opportunity to share my beliefs. I think that is a unique situation that we have here in this country. Our society today encourages diversity and protects against religious discrimination. If you don't seize the moment now in a society that promotes it, then I think that you're really missing out on a major opportunity to share your culture with people.

I wear a kippa or yarmulka on my head. I use a tzitzit, which is a type of garment I wear under my shirt. I also have a beard because in the Torah it is prohibited to put a razor to your face. Wearing these symbols of my faith affect my clinical practice because it defines who I am when people see me. Some residents, especially those with dementia, will call me "Rabbi", but generally I don't get tremendous opposition regarding my appearance. Because my appearance is not common, I feel like it helps me kind of weed out a lot of the superficialness in my relationships—clinically and professionally. If they can't get past my appearance, then they're probably not going to get past many issues within his or her self. Since I decided to become more observant in my Judaism, I have only see progress in my work. Maybe it has something to do with the principles and practices I adhere to as a part of my Judaism.

The religion of my client doesn't matter to me. I don't have a preference of working with a certain faith. However, I do feel like I have more to offer a Jewish patient because of my faith. I'm working with a woman right now who is Jewish. Over the years, she fell out of touch with the observant Judaism in which she was raised. During our

music therapy sessions, many themes go back to her childhood and her Judaism. Because of our shared faith, heritage, and knowledge, I am able to explore these issues with her. I can't say that it's something that I prefer to do, but I do think it is a tremendous opportunity that we crossed paths. I think that if she had been Christian or Muslim or Hindu I wouldn't have felt as comfortable exploring someone's past and religious background as I do with this Jewish woman. I just don't have the knowledge of other religions, and I don't know that I really want to go into another religion, personally.

Music has a central role in Judaism. Music, singing, and chanting are used throughout our worship. The Torah is chanted or sung in a certain way. That way of chanting has been passed down orally, just the way it was sung 3,300 years ago. Many of the prayers are also sung, so there is constant singing. In the Hasidic movement, there are special songs that we sing called "Nigunim." These are wordless melodies and they are more directly connected to the soul because words are one step detached from the soul. Nigunim are very prominent in my life.

There is a restriction on the use of musical instruments during the prayer service. This is related to the history of the destruction of a very important Jewish holy temple, the Beis Hamikdash. As a way of mourning its loss and in hope of it being rebuilt, the use of musical instruments was prohibited during the prayer service. Only on high holidays and celebrations are instruments used. During worship and prayer services, the human voice alone is used, and it has been that way for 2000 years. No instruments should be played on the Shabbos as well.

The important role of music in Judaism inspires my personal spiritual practice. Singing and reciting my prayers is a powerful experience for me. I think some of it is that physiologically, when you're singing, you're getting the best oxygen from your diaphragm and the best blood flow to your body. It makes me feel lighter, more connected, and expressive. When I make up my own melodies while praying, I feel even more expressive.

Sometimes I use the singing and chant for my prayer in my clinical work. I think some of it happens unconsciously. Praying, chanting, and singing Nigunim in my religious life brings a whole other element into my clinical practice. I especially feel that during improvisations. Because I use my voice so much in worship, I feel I can use it more freely and expressively during my therapy work. The use of music in my religious practice gives me a knowledge that I use with my clients.

Another way that my religious and spiritual practice inform my work as a music therapist is in maintaining a healthy perspective between life and work. Even though music therapy is a very righteous field because we are using our energy to help people, I still think there are ways that one can get caught up into it in unhealthy ways. It's easy to lose sight on what is really important. I think the religion gives those checks and balances that prevent you from investing yourself too much in your work and not enough in other areas, such as your family.

For me, my work as a music therapist and my religious practice are totally connected as part of the same story. The music therapy really got me in tune with what was important in life. It really made all the problems that you deal with in the world seem so trivial. It brought me closer to God. I care much less about trivial things, and I think that the less you care about trivial things, the more you care about infinite things and the

things that last forever. And that, at the end of the day for me, Infinity and God are synonymous.

Personal Reflections

Daniel's connections between religion and music therapy were unlike any of the other participants. This became clearer as his story unfolded. His observance of Judaism is a driving force in his life from which he derives much meaning and guidance, both personally and clinically. It is fascinating that his initial rejection of Judaism would evolve into a deeply committed observance later in his life.

My initial anxieties and concerns disappeared quickly after meeting Daniel. His appearance quickly put me at ease because of his beard and traditional clothing, which was similar to traditional Islamic dress. To aid the sharing of his story, Daniel would quote directly from the Torah. I enjoyed these moments of listening to the spoken Hebrew and then his explanation of the passage. He taught me a lot about Judaism, which took extra time, but which I feel was essential in a successful interview experience.

The role of music in Judaism is central and therefore allows Daniel many opportunities to use his voice and musical gifts to add to his worship. His choice to wear religious attire was something unique from the other participants and something in which I related. His philosophy of sharing his beliefs and culture in an open society was a support for the struggles I often face.

The way that Daniel described his religious practice as grounding in his life was thought-provoking. He enjoys having his career in music therapy, but in his observant practice of Judaism, he is encouraged to focus on his family and his religion as sources of meaning. Daniel's unique ability to intertwine his spiritual practice into his clinical practice was inspiring.

Fatima

Fatima was the fourth participant. I asked Fatima to participate in the study because she met the qualifications for participation, but also because she had worked both in the United States and overseas in an Islamic country. Her perspective of working and living in the U.S. and overseas would add richness to the aim of the study. I had personal and professional contact with Fatima before her participation in the study. This may have contributed to our comfort level with one another, thus influencing the richness of information gathered for the study.

Fatima's story is one of conflict and resolution. She is a convert to Islam. Fatima has 13 years of experience working in music therapy in the United States and overseas. She lives and works in a large metropolitan area. This is her story:

Two things I hold close to my heart is my Islam and my work as a music therapist. These are both things that I have prayed about and opened myself up spiritually to find the answer. I feel that I have been divinely inspired to follow both of these paths. In Islam, we believe that people who are mentally disabled or mentally ill are innocent, so my job takes on another level of spiritual significance.

My decision to become a music therapist was something I felt guided by God to do. I was a performance major in my freshman year in college. Working as a singing waitress after my first summer of college gave me a taste of life as a performer, and I didn't like it. I knew I needed to do something else, but I didn't know what. One night as I was driving to work, I had a moment where I felt like I was guided. I was listening to a Christian song by Kim Voice, called "You Can Be Mine." There's this part of the song that says, "If you can lead the lonely ones and you can lead the blind, then you can be mine." I instantly remembered a music therapy video about Nordoff and Robbins working with a child with Autism and it clicked, "Oh my God! That's it! I can do music therapy!" I had heard that song a million times before, but for some reason it just struck me and it just clicked, "Yes! That is what I am supposed to do."

The path that led me to Islam has been a process of my whole life. Certain beliefs that I've always had led me to continually question the Christian religion I was brought up in as a child. I tried practicing Christianity and Catholicism, but that yearning for knowledge and for my questions to be answered was never satisfied. By chance, I stumbled upon Islam. I was introduced to it by a taxi driver in Atlanta years ago. He was Muslim, and he said something about how Muslims believe we all worship the same God. That really affected me because that was one of the big questions I had always been trying to answer. That experience began the process that would slowly open my heart to Islam. There are so many hateful people that use Islam to justify violence and killing, but none of it is true. It made it hard for me to accept the true religion, but when I finally realized how wrong those people were, I was able to see that Islam is really a religion of love and peace.

The particular branch of Islam that I practice is called Sufism. There is a strong focus on the unity of Islam and how Muslims are connected to the "People of the Book", meaning Christians and Jews. I feel the unity of Islam and I try to live it. Islam helps me to see things holistically. Music plays a very important role in Sufism. In fact, as a Sufi that is one thing that sets us apart from the other sects of Islam in that we believe music is a sacred experience. We use music to pray and to commune with our creator. Some Sufis also dance with music. They are called Dervishes. As they spin, they surrender their whole self to the hand of God. They let go and get in such a state of relaxation and prayer that they believe that God is turning them. Their practice is very inspirational for me.

Music is the most powerful way that I can communicate with God. I use music in prayer. I feel a spiritual connection when I play music. I feel this spiritual connection when I am doing music therapy. I feel like this enhances my abilities as a therapist. Working with individuals with special needs is considered a "halal" job, or something that is approved of in Islam. Because Islam sees them as being innocent, with no stain of sin on them, we believe they will go directly to heaven because they aren't aware of their actions. Unfortunately, this is an attitude that I don't feel we value in America.

I experience some conflicts in my clinical practice that have to do with my religion. I feel it the most when working with adolescent or teenage boys. In the religion, there is separation between men and women. Some people may see it as sexist or discrimination, but it isn't at all. It's something that is very different from Western values and it's there as a protection for men and women. Anyway, with my religious practice and especially from living in an Islamic country, I prefer not to be in a therapeutic relationship with males who are beyond childhood. I've seen in Islamic schools where

girls are taught by women and boys are taught by men, and it really works. This takes away any possibility for sexual tension.

It's difficult to be a religious minority here in the United States. I don't have bad feelings towards people of other faiths, but sometimes those people have bad reactions to me when they find out that I am a Muslim. Since I don't wear the traditional head covering anymore, I am more invisible, like a man can be. I decided it wasn't going to be a good idea for me to wear it in the States. I think it's very hard on women sometimes because we "out" ourselves by wearing the hijab. I try hard to keep religion out of my clinical work, but it does come up sometimes. I am a spiritual person and if, for example, the mother of a child with autism asks me to sing hymns with her son, then I'm going to sing hymns. I know those hymns because I was raised singing them. Someone might assume that I am Christian in this situation. This actually did happen to me, and once the mother found out I was Muslim, they did not return to music therapy. It was heartbreaking for me.

Other conflicts that I have are within my religion. In Islam, there is an interpretation that says that listening to and playing string and wind instruments is haram⁵. I've read a lot on the issue and, for me, the answers were in the holy book, the Qur'an. Nothing can contradict the Qur'an because it is perfect and unchanged since the time it was revealed to the Prophet Mohammed (PBUH)⁶ more than a thousand years ago. This is when it's hard for me to separate my religious interpretation of Islam from my music therapy work. Because the human side of me jumps in and becomes judgmental and I shouldn't, and I'm very aware of it. I did try to change my music listening for a while, but it just simply felt wrong. I am careful with the music that I listen to, in general. I believe the message shouldn't be destructive, exceedingly egotistical, or violent. Because we know—and not just Islam believes this—that what we give our energy to defines our reality.

Since I became Muslim, I have had the opportunity to practice music therapy in an Islamic country in the Middle East and here in the U.S. There are challenges in both places, but still if I had the chance I would go back overseas to live and work. The treatment I received as an American Muslim in the Middle East was completely opposite of how I have been treated here in America. It's so much easier to practice the religion over there because it's built into the framework of the society and it's a part of life. The temptations of drinking alcohol or eating something you're not supposed to are absent there, too. In the U.S., it's very different. Wearing the headscarf is something that really makes you stick out here, especially after September 11th. I feel a type of kinship with minorities, and I have some insight into how it feels to be discriminated against based on something you can't change.

When I'm practicing music therapy, if I had to choose, I prefer to work with someone from a cultural background that is similar to my own—like a Christian instead of a Muslim client. I feel much more comfortable with the music that, for example, someone with a Christian background might prefer. Working with a Muslim client, he or she might prefer Arabic or traditional music that is not my specialty. Also, a Muslim

⁵ "forbidden"

⁶ Abbreviation for "Peace be Upon Him." This is a translation from the Arabic language. It is a way that Muslims show respect for the Prophet Mohammed. It is obligatory to say this when mentioning Prophet Mohammed's name.

client might follow the practice of not listening to strings or wind instruments so that would impose more restrictions on the session.

When I have worked with Christian clients in the U.S. and they ask me to sing religious songs with them, I don't feel any personal conflict. Somebody who has a different interpretation of what Islam says might feel conflicted. I think they would feel that singing a song about Jesus, for example, would be bad. I don't feel that conflict because I'm focusing on the unity of Islam and its common beliefs with other religions. At the same time, when I'm singing the song, I'm singing it therapeutically and as a performer. I'm not singing it to profess my beliefs.

My spiritual practice and clinical work are very connected for me. God is working on me. God is allowing me to work with people with special needs. The Persian poet, Jalāl ad-Dīn Rumi, is a revered saint in Sufism. He has many analogies and metaphors for spiritual practice, and one of them is being the chickpea cooking in the pot. God's cooking me right now. I'm not done yet, but someday I'll be really good soup!

Personal Reflections

As the fourth and final participant, Fatima's experiences in the United States and overseas contributed to the depth of the data collected. Her practice of Sufism and the role of music in her spiritual and religious life added richness to the study. The journey she took to become a music therapist and her religious path mirror each other closely. She underwent a period of questioning and searching for a truth that she could accept—one truth in music therapy and another in Islam. Fatima discovered during her interview that she uses prayer to make major life decisions, like choosing a religion and a profession.

Because of Fatima's religious and spiritual practice as a Sufi, she talked about a strong sense of connection to God through music. As the mystical arm of Islam, Sufism is a practice of using music, dance, and poetry to connect with and praise God. She shared ways that her Sufi and Islamic beliefs influence her work in music therapy.

It was difficult for Fatima to share the story about the conflict that developed with her former client's mother. She talked about how the mother's behavior toward her changed after discovering she was Muslim. I sensed the heartache she felt, even many months after the incident, and I related to these feelings. I wondered what it must have been like for Fatima trying to conceal her religious practice from her clients.

Fatima discussed some differences between Islamic culture and Western culture. Separation between men and women was something to which she had to adjust. She believes that the separation is a positive aspect, even though it may be viewed as negative and discriminatory. The role of music in Islamic culture was another issue that Fatima discussed. She eventually found the answers to her questions and has made some changes to her music listening practices, accordingly. Also, regarding culture, I found the fact that she would prefer to work with someone from her culture as opposed to someone from a different culture surprising.

Conclusion

Going through a process of vicarious experience in reliving each participant's story was an honor. I could sense a truth and excitement in the retelling of their stories. Even if it

had been years since the events transpired, each person shared his or her story as though it had just happened, sharing vivid memories of these events in their lives.

COMPARATIVE ANALYSIS

The comparative data analysis revealed ten thematic categories. Many of these categories also connected to other categories. The categories were organized into two general areas: religious considerations and clinical considerations. Discussion of the findings of the study and categories will be included in this section.

Religious Considerations

In the analysis, five coding categories were discovered that related to a common theme of *Religious Considerations*: (a) Relationship to Birth Religion, (b) Process of Religious Commitment, (c) Outward Symbol of Religion, (d) Role of Music in Religion, and (e) Music as Communication with God. These categories were determined following the analysis of data and deal mainly with religious and spiritual material that was revealed during the interviews with participants.

Relationship to Birth Religion

The participants' current relationship with the religion in which they were born was important in the research. For clarity of the data analysis, coding was based on rejection or acceptance of the religion. Kesha, Fatima, and Daniel all rejected their birth religion. Kesha rejected her birth religion to later accept Islam in her young adulthood. Fatima left her birth religion to join the Catholic church in her young adulthood. She decided to become Muslim later in her life and left Catholicism. In this process, she rejected her birth religion, not once, but twice. No other participant reported the same experience of leaving the birth religion and also leaving an adopted religion to join the current religion of practice.

Sr. Katharine was the only participant who accepted her birth religion. She accepted it and decided to pursue the religious life. The process was completed in a fairly conventional way, which was not the experience for the other participants. Her religious commitment to the Church was something that she pursued from a young age. This makes her situation unique from the three other participants.

Like Sr. Katharine, Daniel's story was different from the other participants. He initially rejected his birth religion of reformed Judaism. However, he began practicing observant Judaism many years later. Determining this to be a rejection of the birth religion could be questionable, but analysis of the data supports this rejection and subsequent re-acceptance. Daniel talked about how he pushed himself to learn about Judaism. Also, Daniel said that he now participates in a number of religious practices that his family did not practice in his youth, such as observing the Shabbos and wearing traditional attire. These choices indicate a marked difference between the Judaism in which Daniel was raised from the Judaism that he practices today.

The relationship to my birth religion closely mirrors Fatima's experience. I too left my birth religion for Catholicism in my late teen years, but many years later found

Islam and eventually converted. While it outwardly appeared that I was moving further away from my birth religion, in my heart I felt closer to the values and beliefs taught in my childhood.

Process of Religious Commitment

The process that participants underwent to commit to their current religion varied, as well as the rate with which that commitment took shape. Kesha's process of religious commitment took several months. After studying the religion, she described a moment of clarity and then she made the commitment by converting to Islam.

Sr. Katharine talked about how the process for her to become a Sister took a very long time, about nine years. Sr. Katharine shared that she made the initial decision to join the church in her youth. This was an interesting finding, especially given that she took a more conventional path to her religious commitment by not rejecting her birth religion.

Daniel's journey was a process of searching, relearning, and then opening himself again to Judaism. His final acceptance of the observant lifestyle seemed to come naturally to him. He described the first time that he observed the Shabbos and how this was a dramatic turning point for his commitment to his religion. Fatima's acceptance of Islam took many years. Like Daniel, Fatima underwent a long period of searching. Fatima shared her struggle to let go of the negative stereotypes and violent behavior of extremists to learn the truth about the religion. The time she took seems to have settled her anxieties and made way for a greater understanding of her role as a Muslim.

The stories of Fatima and Daniel resonated the most with me. I understood the process of learning, experiencing, and finally accepting a new way of life. It was a very slow process for me, which was frustrating at times, but worth the struggle. I also experienced a turning point in my journey to Islam; a point at which I was able to filter out the misconceptions about the religion and focus on what was meaningful to me.

Outward Symbol of Religion

The participants were asked what symbols of their religion are visible to others. The analysis revealed the significance of this category in the findings. Some participants reported conflicts, while it was minimal for others. The source of conflict was ambiguous at times but were most often in relation to a practice that is unpopular in American culture or a stereotype related to that practice. Through analysis of the data, it appeared that the participants who wore or used symbols of religion reported feeling the least conflict. One might expect the opposite finding: that those who wear religious attire or use a religious title would experience more cultural conflicts.

Kesha said that she felt a lot of conflict in regard to wearing the hijab, which is her most visible outward symbol of religion. Wearing the hijab while working was not easy because of the awkward experience during her job interview and other concerns with current clients. Following the job interview experience, Kesha decided she would need to remove her headscarf to obtain a job. Kesha continues to work as a music therapist without wearing the hijab and reported no change in her religious practice. At the time of this research, she did not feel ready to put the headscarf back on, but she did say that if she could live in a country where Islam is more accepted, she would be happy

to wear the headscarf again. Kesha likes wearing it, but she feels too much conflict to wear it in America where it often attracts unwanted attention.

Fatima identified many issues relating to outward symbols of her religion, such as the daily prayer, fasting, dressing modestly, and wearing the hijab. Fatima believed that being a member of a minority religion in this country affected how she practices these outward symbols. Fatima participates in all obligatory practices (outward symbols), and because the headscarf is not obligatory and she feels that she receives too much negative attention when wearing it, she chooses not to wear the hijab. This is similar to Kesha's practices and feelings about wearing the headscarf. Whereas Kesha never lived outside the United States, Fatima has lived and practiced music therapy in an Islamic country. Fatima talked about how it was much easier to practice her religion when she lived in a country where she was part of the religious majority. Fatima prefers living and working in an Islamic country, which is similar to Kesha's feelings.

Sr. Katharine's most prevalent outward symbol of religion is different from the other participants' because it is her title of "Sister." She wears jewelry, which is unlike other participants' symbols of religion. Sr. Katherine explained that her religious title is always with her, and some people do treat her differently than they treat her when she does not use the title. Clients may express concern about behaving or talking in a certain way when they find out that she is a Sister.

Daniel's experiences with outward symbols of his religion were different from the other participants. Daniel wears religious attire as part of his personal spiritual and religious practice. He wears these things to work. The religious attire he wears causes very little conflict in his clinical work and very few negative responses. Another outward symbol of his religion is a practice called, "Shomer Negiah." Jews who believe in this practice refrain from touching someone of the opposite sex who is not related to them. Daniel practices Shomer Negiah at his work and did say that it does become a challenge, but that he takes advantage of these unique and important opportunities to share his religion and culture with others.

This was a sensitive topic for me. Its sensitivity revealed itself as I was completing the analysis of the participants' data. I related the most with Daniel's experiences because I feel that the religious attire I wear is an important part of my religious practice. I try to keep an open mind in talking about my religious attire and educating others appropriately. While I share a religion with the Muslim participants, I did not relate with their choice to not wear the hijab. I did very much relate to their fears and concerns about wearing the headscarf but for me, the benefits of wearing the hijab outweigh the consequences that accompany my decision.

Role of Music in Religion

As a type of culture, religion has myriad components and influences. Pedersen (2002) states, "Culture controls our lives and defines reality for each of us, with or without our permission and/or intentional awareness" (p. 4). One important consideration for music therapists is the role of music in culture. Bradt (1997) and Brown (2002) stress the importance of understanding the role of music in a client's culture. I expanded this recommendation to the current research to examine the role of music in the participant's

religious culture. The Jewish and Muslim participants contributed much of the data on the topic.

Kesha's analysis revealed that she avoided approaching Muslim families in her community about initiating therapeutic music activities with their children. She expressed concern about how they would interpret the suggestion due to the restrictions on music in the religion. Also, Kesha shared her personal feelings of conflict with the issue of restrictions on music in Islam. She even questioned returning to the field of music therapy. Her final decision was to do what felt right for her and not restrict herself musically.

While working in an Islamic country, Fatima found that most families were accepting of music therapy if it was going to be used to help someone who was ill, such as medicine is used to treat illness. This allowed for the use of instruments and singing in music therapy. Like Kesha, Fatima shared her personal journey of learning about the restrictions of music in Islam and how she found peace in her understanding and practice. It was interesting to find that Kesha and Fatima both felt that working with a Muslim client who practices the restrictive use of music would be limiting clinically. Fatima expressed discomfort with the idea of working with a Muslim client from outside of her culture. Fatima felt that as a Western music therapist, she is limited in providing music that is not from her native culture. It was her opinion that she would not be as effective a therapist for a Muslim client who was from a different cultural background than her own. However, she did feel that she would be more therapeutic for a Muslim client that shares her same cultural background, instead of, for example, a Muslim who practices restrictions on music. Being aware of these concerns regarding the role of music as a possible countertransference in the clinical setting would be important.

Daniel explained the central role that music plays in Judaism. The use of instruments during worship services is restricted, which is similar in Islam, in that there are no instruments permitted in the mosque for the prayer. Another role of music in Judaism is that the prayers and the Torah are sung and chanted. Daniel uses a lot of music and song in his personal spiritual practice. This religious practice affects his work a great deal by contributing to his clinical repertoire, as well as by helping him feel more comfortable using his voice in his work.

During Sr. Katharine's interview, the role of music in Catholicism was not addressed directly. Following the analysis, additional research on music in the Catholic church was required. Sr. Katharine mentioned there are some hymns that she will not allow to be sung during services because she does not like the message that they portray. Her comment and the United States Conference of Catholic Bishops report (2007, November 14) note the importance of the message of a hymn and that it must be approved by the church. Some restrictions are placed on music in the Catholic church, such as the formalized placement of certain songs and chants in the mass, use of recorded music during the mass, and special attention to the use of sacred silence.

Like the category of "Outward Symbol of Religion", I found the role of music in religion to be a sensitive subject. Learning about the restrictions on music in Islam forced me to evaluate the meaning of music in my life and how my relationship with it affected my religious practices. I altered my music listening and still struggle with determining the role of music in my life.

Music as Communication with God

All participants reported that music was essential in prayer, worship, and communicating with God. Kesha feels a very strong connection with God through music because her first music experiences were in the church. This connection was part of the reason why Kesha had difficulty accepting the restrictions on music in Islam. Using music in chant and repeating a melodic mantra helps Sr. Katharine focus on her prayer. If it were not for music, Sr. Katharine would not know how she would communicate with God. As for Daniel, the prayers in Judaism are sung or chanted. Daniel said that using his voice and singing aids him in expressing the intention of his prayer. Fatima explained that music is very important in her spirituality. However, it has been a challenge for her to find Islamic music that moves her spiritually like some Christian/Gospel music. Fatima said that she believes that music is the most powerful way that she can communicate with God. As a Sufi, she uses music as prayer. Also, Fatima reported that she feels a spiritual connection when she plays music, even when she is doing therapy.

Although I have experienced a connection with music during worship in the past, this was not something that I shared with the participants at the time of the study. Because music does not play a role in my religious practice as a Muslim, I stopped experiencing a connection with music during worship. I cannot say that it was something that I missed, at least not until I realized it was gone. This was a valuable personal insight that I discovered while completing this research.

Clinical Considerations

The second group of coding categories that I discovered related to a common theme of *Clinical Considerations*: (a) Commitment to Music Therapy, (a) Decision to Become a Music Therapist, (c) Challenges in Experiences with Clients, (d) Religious Beliefs Informing Clinical Work, and (e) Conception of Helping. These categories address clinical topics and issues. Some of the categories relate to the participants' religious beliefs as they influence or affect their clinical practice.

Commitment to Music Therapy

The participants dedicated themselves to the profession of music therapy in different ways. I found that two participants had a similar experience and the other two had very different experiences. However, all said that they feel their commitment to become music therapists was either inspired by God or relates to their spiritual practice.

Kesha reported that her decision to commit to music therapy came at a moment of realization and was an emotional response. After reading about music therapy, she knew it was something that she needed to pursue and it would be what she was meant to do in her life. Fatima's experience was similar to Kesha's in that she described the exact moment when she knew music therapy was for her. She described it as an overwhelming sense of inspiration that she believes was from God.

Sr. Katharine's experience was quite different from Kesha's and Fatima's. Music therapy became a second career for her after having been a music teacher for over 20 years. After becoming ill herself, she realized how healing music was for her. It was not

until she experienced a struggle and loss of health herself that she felt that music therapy was something she wanted to pursue.

Daniel's shares some similarity to Sr. Katharine's commitment to music therapy. Both were looking for more meaning in their lives and an alternative to their current lifestyle. Music therapy offered Daniel a place to use music to help others. Another interesting note about Daniel's commitment to music therapy was that he took a different path to get his degree and board certification. This may, in some ways, mirror the alternate way that he approached his religious commitment by initially rejecting his birth religion (reformed Judaism) and later accepting the faith with observant Judaism. Daniel took an unconventional and alternative route to his religious commitment and to his commitment to music therapy.

My own commitment to music therapy began before I learned about the profession. Before learning about the profession, I planned to help others through music. When I discovered music therapy, I instantly knew—like Kesha and Fatima—that this would be my career path in life. I have also felt a spiritual calling to be a music therapist.

Decision to Become a Music Therapist

This category developed when some of the participants reported a parallel experience in their decision to become a music therapist and the process of their religious commitment. The category defines connections or lack thereof between religious and professional choices. Connections were established for three of the four participants. Both Fatima and Kesha reported links between their decision making processes to become music therapists and to convert to Islam. Both participants explained that it was a moment of spiritual and emotional realization in which they knew that they were meant to follow that path.

Daniel's process of religious commitment was inspired by his involvement in music therapy training and clinical work, which was a unique parallel among all of the participants. Self-exploration in his training, a profound clinical relationship with a client, and exposure to elderly Jewish clients encouraged Daniel to learn more about the religion. Daniel's inherent involvement in music therapy brought him closer to his spirituality and farther down the path to religious commitment. Observing his first Shabbos was the turning point for him in his religious practice—a point that he might not have reached if it had not been for the music therapy clients who inspired him spiritually.

Sr. Katharine did not report having any connection between her decision to commit to her religion and her decision to become a music therapist. She described her commitment to the Sisterhood as a very serious decision that impacted the rest of her life. Sr. Katharine did say that her religious practice, ministry, and music therapy complement each other quite well. Like Sr. Katharine, I did not experience a connection between my religious and professional choices because the nature of each process was very different.

Challenges in Experiences with Clients

Music therapists work with a variety of clients and families or caregivers; some relationships develop with little conflict and others are challenging. All participants reported feeling some type of conflict between their religious practice and their work with clients. Two participants reported feeling conflict during music therapy sessions

with clients if a song was requested that they did not feel comfortable singing. Instead of allowing their beliefs to take over in the session, they maintained the clinical intervention and focused on their role as therapist. Kesha and Sr. Katharine both reported feeling conflict in these situations.

Daniel admitted to feeling some discomfort when, for example, Christian clients use the name of Jesus in music therapy sessions. He copes with this by focusing on his role as therapist and realizing that if evoking the name is meaningful for those clients, then that is an important thing for him to acknowledge and support. Fatima reported that she feels no conflict in situations that counteract her religious beliefs as a Muslim. Like all of the other participants, she focuses on her role as therapist and maintains that she is singing the song for the client and not to profess her personal beliefs.

As I was preparing to implement the interviews, I wondered if the participants had a preference for working with someone from their religion as opposed to someone from outside of their religion. I addressed this topic with all participants and received a similar answer all around: each person had no specific preference. However, probing further into the issue, I discovered some interesting findings. Three of the four participants expressed enjoyment in working with clients from outside of their religion. Sr. Katharine, Kesha, and Fatima all expressed these opinions. Daniel did not indicate a specific preference for working with a Jewish client or non-Jewish client. He did share a story about a client who was Jewish. Because of their common faith and heritage, he felt that he could support her in a way that he could not support a client from outside of his religion. He reported enjoyment in this type of therapeutic relationship, although he did not indicate it as a preference.

The only participant who related a problem with a client's family member was Fatima. She had been careful not to reveal her religion to a specific client's mother, for fear that it would cause problems. When Fatima was fasting at a community event for her work during Ramadan, her religion was revealed to the client's mother. Following the incident, Fatima observed a noticeable difference in the mother's interactions and reported that the family did not return for additional therapy services.

A connection between the categories "Challenges in Experiences with Clients" and "Outward Symbol of Religion" was discovered for two participants. For both Kesha and Fatima, outward symbols of their Islam caused conflict with people in relation to their professional work. These conflicts included Kesha's interview experience when she was wearing the hijab and Fatima's fasting as the key to revealing her religious beliefs. Kesha expressed concern in wearing the hijab in her work for fear of what the public—including her clients and their families—would think of her. Kesha's feelings about potential experiences with clients present a barrier for her to wear the headscarf for political, social, and personal reasons.

Because he wears religious attire, Daniel has experienced some negative reactions. However, these responses usually have been temporary. Daniel feels that gauging clients' responses to his appearance is a good assessment for how invested they will be in the therapeutic process.

I found it difficult to establish an academic frame of reference in the data analysis regarding experiences with clients because of personal challenges I had in balancing my religious and professional identities. I was very concerned about how clients and their

families would respond to my hijab. I waited to put on the headscarf when I started a new job for an easier integration of my new identity and appearance with my clinical work.

Religious Beliefs Informing Clinical Work

The current category was essential in depicting critical results of the study. The data analysis revealed many influences of participants' religious beliefs on clinical practice. Some topics revealed in the category include work as an extension of spirituality, professional challenges in being a religious minority, and musical influences from spiritual practice.

There are many connections between Sr. Katharine's religious beliefs and her identity as a music therapist. One aspect that set Sr. Katharine apart from the other participants is her approach toward her work. Instead of a career, she views her clinical practice in music therapy as an extension of her spiritual ministry as a Sister. Sr. Katharine is sensitive to the fact that religion may not be as important to some people as it is to her. In the past, she has avoided the topic with some clients. When we discussed the issue in depth, Sr. Katharine said in the future she would ask about the client's beliefs as part of the assessment. Another way that Sr. Katharine's religious practice contributes to her clinical work is serving clients who are dying. With her belief in the death and resurrection cycle as a Catholic, she feels comfortable working in a hospice setting. Last, Sr. Katharine shared that music and singing are important parts of her prayer that help her connect with God. When working with diminishing or sick clients, she sometimes finds herself using the same mantras or melodies that she uses in her prayer.

For Fatima, connections with the current category and "Outward Symbol of Religion" and "Challenges in Experiences with Clients" were discovered. While many conflicts were reported with her experiences in the United States, the conflicts seem to dissipate when examining her work in an Islamic country. Through the struggles, Fatima remains steadfast to the core that connects her work to her religious practice. She feels strongly that her work as a therapist is approved of Islamically by serving individuals with special needs. Because individuals with special needs are seen as innocent in the eyes of God, she feels a strong connection to core Islamic principles in her work. Additionally, the spiritual connection to God that she feels when playing music transfers into her clinical practice, thus enhancing the spiritual and religious connections in her work. Last, Fatima believes that God has brought her to this profession to help others as a way of improving herself and her religious practice. In this way, there are multiple layers of religious connections informing her clinical work.

The analysis of Daniel's interview transcription revealed connections between the current category and others, such as "Outward Symbol of Religion" and "Challenges in Experiences with Clients." As a part of his religious practice, Daniel wears religious attire. He said that he receives very little negative feedback about his appearance and believes that it has contributed to improving his work. He feels that his appearance helps to weed out superficialness and provides clients with an opportunity to get to know him and share his culture at the same time.

The central role of music in Judaism provides Daniel with many opportunities to connect with God in the most powerful way—through music. This worship that incorporates singing and chanting helps him feel more comfortable using his voice and

allows him to be more expressive when singing during his clinical work. The songs he sings as part of worship, called *Nigunim*, affect his clinical practice. He reported using the same or similar melodies when working with clients. Daniel believes that by practicing Judaism and improving himself in that practice he is better able to connect to his clients. He associates many of his duties to serve mankind as a Jew to his work in music therapy. While it seems to be challenging to practice observant Judaism, I feel that for Daniel, the benefits outweigh those challenges. While making a living and having a career are important, they are not his main goals in life. Daniel explained that his practice of Judaism reminds him of what is most important, such as his family and his spirituality. Practicing his religion in the way that he does helps Daniel maintain balance. Daniel did pursue a religious life in the past when he attended a Rabbinical school. However, he found that a strictly religious life did not provide him with the balance that he needed. With a full-time job as a music therapist, combined with his practice of observant Judaism, he is better able to maintain a balanced life.

Kesha's connection with God seemed to begin with the music she played in church in her childhood. Her analysis revealed a direct conflict with that value when she was faced with the restrictions on music in Islam. In her interview, she reported feeling unsure if she should continue in the music therapy profession. She questioned the validity of these practices in her life, but later decided to continue playing instruments, singing, and listening to music as she desired and as was necessary for her clinical work.

Sr. Katharine, Daniel, and Fatima shared similar philosophies of how their clinical practices are an extension of their religious practices. Kesha was the only participant who questioned remaining in the profession because of religious beliefs. I found myself relating with Kesha's questions and inspired by the other participants' spiritual philosophies relating to clinical work. The category addressed many of my deep questions at the outset of the study.

Conception of Helping

The data analysis illustrated most participants' concept of helping or philosophy of helping others through their work in music therapy. The category was added toward the end of the data analysis. The coding was more clear in some participants' analyses than others. "Conception of Helping" did not reveal itself as clearly in Kesha's analysis, but one concept of helping was illustrated in a small section of her interview. Providing her clients with things that bring them happiness is something that is important in her clinical practice. She also said that it makes her glad that her clients are pursuing something in their lives instead of doing nothing.

Sr. Katharine talked about how she sees her interactions with clients as a type of sacrament; not a formal sacrament that is recognized by the Catholic church, but one that is more loosely defined and spiritual in nature. Sr. Katharine's philosophy of helping is inspired by her religious practice. Similar to Sr. Katharine, Fatima's concept of helping has a religious link. Fatima talked about the Islamic perspective of individuals with special needs and mental illnesses and how this resonates with her own beliefs. Fatima believes that helping people as a music therapist is approved of in her religion. There is an additional layer of spiritual quality to her clinical work because she believes it is a blessed occupation.

I was able to determine specific concepts of helping as Daniel articulated various reasons for wanting to become a music therapist and how that was connected to practicing observant Judaism. He believes that by accessing his soul and improving his spiritual practice, he will be able to connect with his clients and better help them. He also talked about how helping clients with practical things was very important for him when deciding to become a music therapist. He spoke passionately about being able to use the good aspects of the power of music to help people be constructive and to minimize the use of music for destructive purposes.

The evolution of this category was significant for the study because it illustrated specific ways that participants' religious practices affect their clinical identities. Upon undertaking the research, I did not expect to find these connections for the participants. The only participant's data that did not reflect a direct religious influence on her concept of helping was Kesha. It is possible that a connection would have been established for Kesha had a depth of data been reached in her interview.

DISCUSSION

The main, overarching question guiding this qualitative study was "What is the impact of a music therapist's religious identity and practice on his or her clinical identity and professional practice?" The research revealed unique relationships between each participant's religious practice and clinical work. The person's childhood, past life experiences, spiritual quests, struggles, hopes and accomplishments shaped his or her religious identity. This finding relates to Marom's (2004) observation of the therapist's personal beliefs and experiences that can contribute to a dynamic and individual meaning of "spirituality."

As spiritual and religious practices can be so much a part of one's innerworld, it also becomes part of one's outerworld and identity. Ruud (1997) encourages music therapists to be aware of their personal musical identity. He states that we can increase our sensitivity towards our cultural background and personal history by knowing the role of music in significant life experiences (p. 12). This sensitivity can be a unique tool for music therapists. Given Ruud's statement, it seems that understanding the role of music in one's life would be crucial for the religiously practicing music therapist, as music often plays an important role in religion.

Clinically, religious practices can inform one's concept of helping, interactions with clients and colleagues, and professional decisions. Exactly how our clinical and religious identities interact can depend greatly on the therapist's understanding and utilization of ethical thinking and behavior. It is extremely important for a music therapist to carefully examine the role of music in his or her culture (including religious culture) and the client's culture. This approach is supported in the multicultural music therapy literature by Bradt (1997). The author cautioned music therapists to increase their self-awareness, drawing attention to multiple ethical issues that can potentially arise in multicultural music therapy practice. Dileo (2000) explains that a therapist is responsible for accepting, respecting and communicating with the client. The author's "Ethical Decision-Making Model" (pp. 17-20) provides a thoughtful and comprehensive guide for music therapists to use. As the therapist's religious identity travels with him or her into therapeutic relationships it can complement and enrich clinical practice. The therapist

must practice caution and ethical self-awareness to ensure he or she is meeting the responsibilities that Dileo (2000) discusses. "The therapist must monitor his or her own biases, attitudes and feelings that present obstacles to accepting the client, and pursue supervision or personal therapy to remove these obstacles." (Hancock, cited in Dileo, 2000, p. 82).

Additional results of this study can be linked to the related literature by Zeiger and Lewis (1998). The authors cautioned therapists against revealing their religious beliefs to clients. The religious attire for Kesha and Daniel, Fatima's fast during Ramadan, and Sr. Katharine's title were all outward symbols of religion significant to the findings of the study. In a related observation, the cognitive functioning of the client tended to have an impact on the effect of the therapist's outward symbol of religion. When the cognitive functioning of the client was high, the religious beliefs of the therapist were more likely to be addressed. If the client was functioning at a lower cognitive level, the therapist's religious beliefs (as revealed through outward symbols) were less of an issue. However, the issue and possible conflict then shifted from the client to the parent or caregiver in these situations. Even as hard as she tried, Fatima's religion was revealed through her fasting, and Sr. Katharine's religious title was eventually discovered. Daniel made no attempt at censoring his outward symbols of religion, while Kesha felt she had to remove her hijab to find and maintain a job. The ability to separate his or her religious identity and clinical identity was different for each participant. Likewise, comfort levels in managing the consequences of revealing their religious beliefs, whether through religious attire or other outward symbols of religion, also varied amongst participants. Zeiger and Lewis (1998) encouraged therapists to be aware of possible consequences in revealing personal religious affiliation or beliefs to clients.

As my worldview shifted with my conversion to Islam, the cultural influences informing my life also shifted. While adapting to the outward symbols of religion in my personal and professional life, I was undergoing a more intense inner struggle. My biggest concern, as a music therapist, was the changing role of music in my life. I deeply questioned my ability to be an effective therapist when my religious intuition desired to restrict much of the music that I had always listened and related to. The process of this research, through self-inquiry, involvement with participants, and analysis of the data, has provided me with much guidance and hope. The answers to my deep religious and clinical questions are beginning to take shape.

It was my intention in this research to explore the impact of a music therapist's religious beliefs and practices on clinical identity and professional practice. The use of narrative research method allowed for a unique analysis and synthesis of the data to compose the participants' narrative stories. The interviews with participants were adequate in gathering data for the study, although the first interview was not as thorough due to my inexperience. As the study progressed, my comfort with interview techniques improved. Having the experience of interviewee instead of interviewer might have initially established stronger interview techniques. Including myself in the interview process (as an additional participant) would have added another level to the data collection and analysis. The original research proposal included a focus group with all participants and myself as the moderator. I had hoped to facilitate an open discussion with all participants to contribute to the study, but time constraints did not allow for it.

This study investigated the dynamics and effect of clinical practice and religious beliefs from the therapist's perspective only. Future research might expand the scope of the study by interviewing clients and/or caregivers to gain a broader understanding of how the therapist's religious and clinical identities may affect the client/client's family. This inquiry could be particularly interesting from a multicultural standpoint, examining therapeutic relationships between therapist and client when they do not share the same religion and/or culture. An important follow-up to this study could examine the experiences of therapists who practice other religions besides Christianity, Islam, or Judaism. Including music therapists who are agnostic or atheist would further expand the understanding of the impact of the therapist's beliefs on clinical identity and practice. Last, As Langberg (2006) stated, spiritual beliefs and practices can be effective in maintaining self-care for therapists. Researching the influences of religious practice and beliefs of music therapists for self-care maintenance could be examined in the future.

REFERENCES

- Aigen, K. (2008). The religious dimensions of popular music and their implications for music therapy. *British Journal of Music Therapy*, 22 (1), 24-34.
- Amir, D. (1992). Awakening and expanding the self: Meaningful moments in the music therapy process as experienced and described by music therapists and music therapy clients. (Doctoral dissertation, New York University, 1992).
- Bonny, H. (2001). Music and spirituality. *Music Therapy Perspectives*, 19 (1), 59-62.
- Bonny, H. (2002). Autobiographical essay. In Lisa Summer (Ed.), *Music consciousness: The evolution of Guided Imagery and Music* (pp. 1-18). Gilsum, NH: Barcelona.
- Bradt, J. (1997). Ethical issues in multicultural counseling: Implications for the field of music therapy. *The Arts in Psychotherapy*, 24 (2), 137-143.
- Brown, J. (2002). Towards a culturally centered music therapy practice. *Voices: A Forum for Music Therapy*. Retrieved from <https://normt.uib.no/index.php/voices/article/view/72/62>
- Cohen, A. & Hill, P. (2007). Religion as culture: Religious individualism and collectivism among American Catholics, Jews, and Protestants. *Journal of Personality*, 75 (4), 709-742.
- Creswell, J. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Delaney, H., Miller, W., & Bisonó, A. (2007). Religiosity and spirituality among psychologists: A survey of clinician members of the American Psychological Association. *Professional Psychology: Research and Practice*, 38 (5), 538-546.
- Dileo, C. (2000). *Ethical thinking in music therapy*. Cherry Hill, NJ: Jeffrey Books.
- Elwafi, P. (2009). *The impact of music therapists' religious beliefs on identity and clinical practice*. Unpublished master's thesis, Temple University, Philadelphia, PA.
- Fayek, A. (2004). Islam and its effect on my practice of psychoanalysis. *Psychoanalytic Psychology*, 21 (3), 452-457.
- Fukuyama, M. & Sevig, T. (2002). Spirituality in counseling across cultures. In P. Pedersen, J. Draguns, W. Lonner, & J. Trimble (Eds.), *Counseling across cultures* (5th ed., pp. 273-294). Thousand Oaks, CA: Sage.
- Furman, L., Zahl, M., Benson, P. & Canda, E. (2007). An international analysis of the role of religion and spirituality in social work practice. *Families in Society*, 88 (2), 241-254.
- Grocke, D.E. (1999). A phenomenological study of pivotal moments in Guided Imagery and music therapy. (Doctoral dissertation, University of Melbourne, Australia, 2000).
- Hoogstraet, T. & Trammel, J. (2003). Spiritual and religious discussions in family therapy: Activities to promote dialogue. *American Journal of Family Therapy*, 3, 413-426.
- Kenny, C. (2005). Narrative inquiry. In B. Wheeler (Ed.), *Music therapy research* (2nd ed., pp. 416-428). Gilsum, NH: Barcelona.
- Langberg, D. (2006). The spiritual life of the therapist: We become what we habitually reflect. *Journal of Psychology and Christianity*, 25 (3), 258-266.
- Lincoln, Y. & Guba, E. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

- Lipe, A. (2002). Beyond therapy: Music, spirituality, and health in human experience: A review of literature. *Journal of Music Therapy*, 39 (3), 209-40.
- Magill, L. (2005). Music therapy: Enhancing spirituality at the end of life. In C. Dileo & J.V. Loewy (Eds.), *Music therapy at the end of life* (pp. 3-17). Cherry Hill, NJ: Jeffrey Books.
- Marom, M.K. (2004). Spiritual moments in music therapy: A qualitative study of the music therapist's experience. In B. Abrams (Ed.), *Qualitative inquiries in music therapy: A monograph series. Volume One* (pp. 37-76). Gilsum, NH: Barcelona.
- Marr, J. (2001). The use of the Bonny Method of Guided Imagery and Music in spiritual growth. *Journal of Pastoral Care*, 55 (4), 397-406.
- Marshall, C. & Rossman, G. (2006). *Designing qualitative research* (4th ed.). Thousand Oaks, CA: Sage.
- Moustakas, C. (1990). *Heuristic research: Design, methodology, and application*. Newbury Park, CA: Sage.
- Patel, C. & Shikongo, A. (2006). Handling spirituality/religion in professional training: Experiences of a sample of Muslim psychology students. *Journal of Religion and Health*, 45 (1), 93-112.
- Pedersen, P. (2002). Ethics, competence, and other professional issues in culture-centered counseling. In P. Pedersen, J. Draguns, W. Lonner, & J. Trimble (Eds.), *Counseling across cultures* (5th ed., pp. 3-26). Thousand Oaks, CA: Sage.
- Plante, T. (2007). Integrating spirituality and psychotherapy: Ethical issues and principles to consider. *Journal of Clinical Psychology*, 63 (9), 891-902.
- Ruud, E. (1997). Music and identity. *Nordic Journal of Music Therapy*, 6 (1), 3-13.
- United States Conference of Catholic Bishops/USCCB. (2007, November 14). Sing to the Lord: Music in divine worship [Electronic Article]. Retrieved from <http://www.usccb.org/liturgy/SingToTheLord.pdf>
- Włodarczyk, N. (2007). The effect of music therapy on the spirituality of persons in an in-patient hospice unit as measured by self-report. *Journal of Music Therapy*, 44 (2), 113-22.
- Zeiger, M. & Lewis, J. (1998). The spiritually responsible therapist: Religious material in the psychotherapeutic setting. *Psychotherapy*, 35 (3), 415-424.

APPENDIX A

Preliminary Questionnaire

1. What events happened to lead you down the religious path that you have chosen?
2. Please share a story of how you chose to become a music therapist.

APPENDIX B

In-Person Interview Questions

1. What are some of your experiences with employers, supervisors, colleagues, or professors in relation to your religious belief system or practice?
2. Has your religious identity been something that clients have asked about or discussed in any way?
3. Has being of the same religious identity as your clients affected your practice or the therapeutic process/relationship in any way? Has being of a different religious identity from your clients affected your practice or the therapeutic process/relationship in any way?
4. Has a client ever advocated or engaged in a belief, feeling, behavior, or practice that is against your religious belief? How did you react to this, both in the moment with the client and in the longer term?
5. Has a client ever advocated or engaged in a belief, feeling, behavior, or practice that was congruent with your religious beliefs? What was your reaction?
6. Has an employer, supervisor, colleague, or professor ever said something that offended your religious sensibility or criticized an aspect of your religious belief system or practice? What is your reaction or feeling when this happens?
7. Likewise, have any of these people ever said something that supported your religion or belief system?
8. What are some ways that your religious practice inform or affect your clinical practice? Can you give examples?