

A survey of the experiences of Arab music therapists' academic and cultural adjustment in music
therapy training: A mixed-methods analysis

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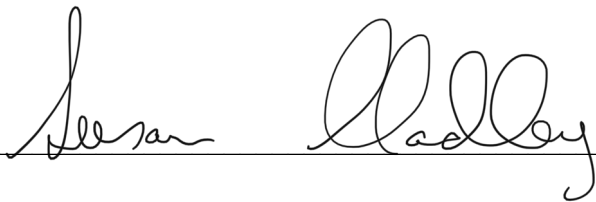
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Presented to the
Slipper Rock University
Music Therapy Program



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Abstract

The field of music therapy is currently working towards increasing cultural awareness, equity, social justice, and belongingness for the wide diversity of music therapists and the people we work with. Due to the Eurocentric approach to music therapy education and training, the Arab community is a cultural group that has minimal representation in the music therapy literature. Throughout the Arab world the music therapy profession could still be regarded as being in its infancy stage. With limited international higher education programs in music therapy, most people living within the Arab region must travel to study. Previous research in music therapy and other mental health professions have indicated that international programs have fallen short in their ability to support the needs of international students, instead assuming they will acculturate with ease, and provide minimal education and guidance on ways therapeutic interventions can be adapted in various cultural contexts. This research study utilized a mixed-methods approach within a constructivist paradigm that pulls from feminist theoretical perspectives to better understand the educational and cultural experiences of Arab music therapists through an anonymous online survey. The data was analyzed for common themes that emerged. Overall, a majority of respondents felt that their music therapy education and training experience did not meet all of their cultural needs. The researchers hope that the data gathered will be useful for other Arab international music therapy students, but more importantly, that it will help guide and inform music therapy programs globally in their efforts to better support the needs of Arab music therapy students.

Keywords: education, training, music therapist, Arab, South West Asia and North Africa (SWANA)

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Motivation for Research

Before entering the M.M.T. program at Slippery Rock University, I was working as a music therapist in Qatar and then Kuwait. Throughout most of that time, I was also volunteering as the Eastern Mediterranean regional liaison for the World Federation of Music Therapy, where my role was to seek out the professional music therapy community within the region and report back on what was happening. Being a white, American, English speaking, ciswoman I am the numerical minority within the music therapy field in the region. However, as part of the dominant group in music therapy worldwide, my identity came with unearned privilege and power. In my time in Qatar and Kuwait, the impact of a euro-centric approach to music therapy education and training was evident. In my own clinical practice with Arab music therapy participants, I felt the undeniable need to take on a social justice approach to my work, as the cultural intersections of the Arab community were not represented in my education and training. Throughout my time volunteering as the regional liaison, I was fortunate to create supportive relationships with dedicated music therapists working throughout the Arab world. Many of these therapists had studied music therapy within an institution outside of their own cultural identity. While many expressed happiness in their career choice, they also expressed very difficult challenges integrating into their education and training programs, where the Arab voice was the minority. I also heard many stories of struggle and challenge in the need to independently adapt the education and training they received to suit the needs of their communities. These informal meetings between myself and Arab music therapy colleagues always stuck with me and are what drove me to pursue this research topic in an effort to be a better ally and to amplify their voices within the wider music therapy community.

The lack of Arab representation in music therapy literature is devastating because it not only ignores the needs of Arab music therapy service users, but because it ignores the needs of Arab music therapy students. The rich history of music and higher education in Arab communities has much to offer the world of music therapy. While this is a larger topic that I cannot address in one study, I wanted to begin by offering a platform for Arab music therapists to share their experiences in education and training. My hope was that this initial step would create a space where further research could emerge and challenge the imbedded ideologies within the music therapy profession in an effort to move towards more policy changes and cultural inclusion.

Literature Review

While reviewing the literature to better support the research subject it became evident that there are many gaps present in representing not only Arab music therapists but Arabs in all mental health professions. All literature referenced was written in the English language, which had an impact on the breadth of the review. To describe the geographical location of the Arab countries discussed the term South West Asia and North Africa (SWANA) is used to accurately portray the geographical location and to better represent the diversity of cultures that are present throughout the region. The term Middle East and North Africa (MENA) is only used when referencing studies that may use this term, however readers should note that this term based on a Eurocentric view of the world map rooted in colonialization (Asi, 2022). The review will begin within the music therapy profession, looking at the experiences of Black, Indigenous and People of Color (BIPOC) music therapy students and then transition into the experiences of international music therapy students and the unique challenges that may come with that subset, and the implications for the Arab music therapists' experience based on research done in other mental

health fields. The next section of the literature review will address the entry and re-entry experiences of Arab music therapy students into their professional practice, and some of the unique experiences of international students and implications for Arab music therapists based on research outside of music therapy.

Minority music therapy student experiences

The music therapy profession is currently going through a period of being called out for and acknowledging its oppressive approach to education, training, and practice rooted in euro-centric approaches with deep roots engrained in colonization. This critique is being seen throughout the mental health world, as globalization, immigration, and the sharing of cultures and knowledge continue.

The music therapy profession has witnessed an increasing number of published materials in which the experiences of music therapists from varying socio-cultural intersections are brought forward (e.g., Gilboa & Salman, 2019; Hadley, 2013; Hadley, 2021; Kim, 2011; Lan, 2020; Lauw, 2017; Leung, 2014; Norris et al., 2021; Norris & Thomas, 2021; Swamy & Webb, 2022). However, there is limited representation of the Arab music therapy community in these texts (Gilboa & Salman, 2019, Hassanein et al., 2022, Hassanein, 2023). Although this study is inclusive of all Arab music therapists, it is necessary to take a closer look at the experiences of Arab international students.

International student experiences

With the current trends of globalization and economic migration it is no surprise that in 2020 it was reported that there were 6.4 million internationally mobile students (Migration Data Portal, 2023). UNESCO Institute of Statistics defines internationally mobile students as:

individuals who have physically crossed an international border between two countries with the objective to participate in educational activities in the country of destination, where the country of destination of a given student is different from their country of origin. (UNESCO, 2023)

While there is no specific data on how many music therapy students are migrating for their music therapy education and training, we can assume that there are international music therapy students around the world, and there is a high possibility that these numbers will increase as the desire for music therapy training and education increases and the profession continues to engage in global advocacy for the field. While there are many Arab international students, it is important to note that there are currently four degree programs in music therapy in the SWANA region. There is a Bachelor of Arts program in Amman, Jordan at the National Conservatory since 2006 and in Baabda, Lebanon at Antoine University since 2017. There are also two master's degrees, one offered at Antoine University and the other in Nantes, Tunisia as a collaborative program between the University of Sousse and the Institute of Music Therapy of Nantes which took their first students in 2021.

Acculturation and Culture Shock. International students are at a higher risk for accelerative stress and cultural shock (Al-Krenawi & Al-Krenawi, 2022; Çiftçi & Zalzal, 2016; Kim, 2011; Lan, 2020), and music therapy students are expected to immerse themselves in new music cultures and approaches to music (Keith, 2017; Lan, 2020), while also adapting to other non-musical cultural norms in communication and expression (Lan, 2020; So, 2016). These experiences impact the quality of their music therapy education and impact their individual professional practices, whether in their home countries or abroad.

Arab student experiences. According to UNESCO's *Outbound internationally mobile students by host region* statistics from 2021, 588,648 persons left their home countries for their higher education studies (UNESCO, 2021). This is due to a variety of factors such as governmental sponsorship programs within the Gulf Cooperation Council (GCC) and due to the many Arab immigrants and refugees within the Arab diaspora. Although the Arab community is diverse, many who identify as Arab are subject to similar acts of discrimination, such as threats of hate crimes, experiences of microaggressions, and the impact of Islamophobia in higher education spaces (Abuelezam et al., 2022; Awad & Amayreh, 2016; Azim & Happel-Parkins, 2019). Based on a recent study in 2022, Abuelezam et al. found that Middle East and North Africa (MENA) American students were more likely to have symptoms of depression and anxiety than their non-MENA white classmates, especially if they had experienced discrimination within the last year (Abuelezam, 2022). While students face a variety of challenges transitioning into higher education, it would seem that Arab students face their own unique set of challenges.

Professional entry/re-entry

Professional entry into the field of music therapy can be both exciting and daunting for many music therapy students and young professionals. This transition into internship or practice can be especially daunting for BIPOC music therapists who feel like the multicultural component of their education is lacking. This can be true for both students who studied within their own countries or internationally. Below we will discuss unique factors for international students from non-western countries who return to their country after completing their education/training program.

Re-acculturation and transferring knowledge to cultures and communities outside of training programs Any international student will need to make sense of how their education and training

will fit into their cultural context once they return home. This transition has been examined in a variety of professions. For example, Shi (2022) found one of the major themes in her research regarding the re-entry experiences of Chinese mental health counselors was that “participants’ experiences of multisystemic dissonance between their U.S. counseling training and their practice in China led them to realize that they would need to embark on a process of adapting their training to the new environment” (p. 27). While re-entry can be a stressful transition for many sojourners, Wan et al. (2022) found that Malaysian PhD sojourners were able to find ways to “exercise agency and overcome structural barriers” (p. 583) when returning to academic settings and engaging in research.

Reverse culture shock. Reverse culture shock is a known phenomenon in psychology. It can be described as the psychological experience of returning to ones’ home after having lived or travelled abroad for an extended period of time, where the cultural norms of ones’ own background are now seen as different or unfamiliar. This experience of reverse culture shock is especially documented in international student experiences, as they transition to their professional life away from where they were educated and trained.

Music therapists have explored this experience regarding international music therapy training and education. Leung, et al. (2014) found that Asian Pacific Rim international students who studied in the United States “...experienced some degree of reverse culture shock during their re-entry experience” (p. 55). Similarly, Lauw’s (2016) study identified themes of reverse culture shock with Singaporean music therapists who studied in Australia. These themes identified were that “some approaches and methods worked well in country of training but not in Singapore” (p. 5) and professionals were “surprised by clients’ reactions back home compared to country of training” (p. 5). While the samples in both of these studies are small (n=42 and

n=4), the results are indicative of a challenge within music therapy education and training to close this culture gap in training and practice for international students who intend to return back to their home countries to practice.

Arab re-entry experiences. There are currently no studies that focus on the transition of Arab music therapy students to professional life. Only one research article could be found exploring international Arab students' re-entry experiences, and it was not degree specific. Winkel et al. (2022) examined the experiences of women from the Kingdom of Saudi Arabia (KSA) who studied abroad and found the following three themes which emerged in their research: 1) losing friends and social contacts, 2) academic readjustment in the KSA, and 3) family and societal expectations. One of the main differences between the re-entry of these women and the re-entry of students in the other studies is that none of the KSA women finished their education abroad. In reference to the participants' re-entry experiences, Winkel et al. found that, "Every participant stated that she had found it much harder to adjust to her old life in the kingdom than what she had experienced when she left to attend an international university in the USA, Canada or England" (p. 6). While there are many potential reasons for the challenges in re-entry, it would be beneficial for institutions to find ways to prepare international students for this major life transition, especially for international Arab students who may not have access to widespread mental health supportive services in their home countries.

Conclusion

We need to attend to the experiences of Arab music therapy students, those who remain in their country of study as well as those who have or will return to their home countries. We must do this to ensure that the education and training that they are receiving is relevant and to make changes to the education and training programs in music therapy accordingly to meet the

needs of the diversity of music therapists globally. Arab music therapy students and professionals bring with them a rich history and knowledge of music that is still not adequately integrated into the music therapy curriculum. This is not only a disservice to those who identify as Arab, but also for other students who are likely to support Arab identifying service users in their careers. Attending to the experiences of Arab students and professionals is essential to de-centering the dominant global north perspectives in the field of music therapy. This gap in knowledge and training is inexcusable as there are music therapy education and training programs in the SWANA region where a collaborative approach could be fostered to promote multicultural competencies for all music therapy students.

Purpose statement

The purpose of the study is to bring the experiences of Arab music therapists' educational and cultural experiences forward through a critical race feminist paradigm to inform the wider music therapy community by "...challeng[ing] us to think through the politics of representation and witnessing". (Sagnani, 2012).

Methods

To capture the experiences of education, training, and transition into professional practice of Arab music therapists an anonymous online survey was decided the best approach for this preliminary study. The researchers initially wanted to move forward with a semi-structured interview method; however, this approach may be better suited for future studies. This decision was made due to the sensitive nature of sharing ones lived experience and the risks that may be involved if a participant wanted to share a poor experience in relation to a specific degree program and/or professor that may hold unequal power and privileges in music therapy spaces that could negatively impact the participants' professional career.

Research Design

This study is designed as a mixed-methods survey. All survey questions (Appendix A) were developed in collaboration between the primary and co-investigator to target music therapists globally. The survey was divided into four sections: demographic information, student experiences, professional experiences, professional experiences working in a country in the League of Arab States, and final reflections. All respondents were required to answer all pertinent questions within the survey, dependent on what their answers were.

Demographic information was designed to be filled out by all respondents. Its purpose was to gather information that may show relationships across age groups, location of practice, ethnicity, and socioeconomic status. There were seven questions in this section, which were all multiple choice.

The student experiences section was also designed to be filled out by all respondents and consisted of nine questions: three short answer and six multiple choice. This section was designed to offer space for more qualitative sharing regarding music therapists' experiences during their music therapy education; bachelors, masters, and/or PhD program(s).

The professional experience section was designed for respondents who have graduated from a music therapy program and are now practicing clinicians. This section consisted of seven multiple choice questions, and was designed to capture the transfer and adaptability of music therapy education and training to clinical practice.

Professional experience working in the League of Arab States was a section designed to gather data only from the professional music therapists who are currently working in the SWANA region. The purpose of this section was to collect data related to education and training experiences for those specifically working within Arab countries, as those countries do not have

a formal governing body and have a small professional community of music therapists. These consisted of four multiple choice questions.

The final reflections consisted of two questions for all respondents to fill out: one multiple choice and one short answer. This section was intended to gain information about how it was for respondents to share their experiences and if there were any other details they felt were important to share regarding being an Arab music therapist.

Recruitment of Respondents

The co-researcher engaged in purposeful recruitment of Arab music therapists who fit the criteria delineated for the research. Recruitment messages (Appendix B) were sent out via email and WhatsApp messaging in three stages: initial recruitment, first reminder, and second reminder. An informational letter (Appendix C) was included as the first question in the survey, which was available for download for interested respondents. All respondents consented to participate in the research study by answering "I agree" after reading the informational letter. Co-researcher answered all pertinent questions and coordinate information with the primary investigator or IRB board as needed.

Ethical Considerations

The researchers' sociocultural intersections differed from those of the respondents in a variety of ways. Some of those ways come from systemic power hierarchies of race, ethnicity, language, and economic status. Disclosure of these sociocultural intersections by the co-researcher was essential in providing transparency during the data collection process. It was deemed essential to have all respondents remain anonymous for this study, especially given the small population size. The Arab music therapy community is a minority within the profession, and the researcher and co-researcher did not want any respondents to be exposed to any backlash

within the professional community based on their responses. These were the main reasons for having the data collected via anonymous online surveys rather than interviews or a focus group discussion. IRB approval was obtained before moving forward with the purposed research study and the co-researcher engaged in member checking throughout the process.

During the data collection process SRU IRB committee contacted the researcher to close the survey and discard all collected data due to the researchers being out of compliance with a federal regulation. The researchers had made the decision to input a statement of empathy and compassion directed towards respondents who are Arab and may be experiencing feelings of grief and loss during what was at the time considered an ethnic cleansing of Palestinians in Gaza (this has now been re-defined as a genocide). This statement was not a pre-approved addition to the recruitment letter, which caused the researchers to be in violation of IRB procedures and the survey had to be shut down a few days away from the scheduled ending of data collection. The researchers attempted to get approval to keep the already accrued data, as there was an ethical risk in asking Arab music therapists to re-engage in the process during a challenging time of mass political violence towards the Arab community, in addition to their being an underrepresented group in the music therapy profession. However, the permission was not granted, and the survey had to be restarted after approval of modifications was granted. The researchers acknowledge this mistake in protocol and regret that the Arab music therapy community may have been negatively impacted by the decision.

Data Collection Instrument and Procedures

Data was collected through an online survey platform provided by Slippery Rock University, Qualtrics XM. The survey was made to be anonymous through the creation of anonymous links sent out to all potential candidates.

Data Analysis Procedures

Data was analyzed using descriptive statistics of quantitative data and qualitative data was analyzed for common themes.

Results

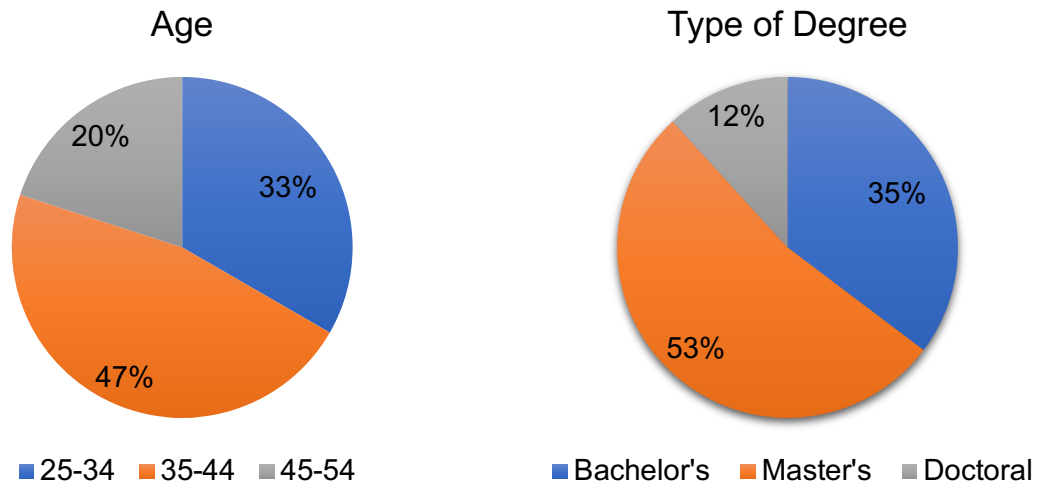
Recruited participants were asked to fill out a 30-question anonymous online survey regarding their education, training, and clinical practice in the field of music therapy. A total of 15 respondents met the criteria and filled out the survey, a 16th respondent dropped out after filling the demographic information, and those who were not practicing within the SWANA region did not get redirected to the final reflections in the survey. This may explain why there are differing numbers of respondents for different questions.

Demographic Information and Student Experiences

A series of questions were offered to better understand the respondents. Including age, type of degree held, cultural home, geographical places of living, country of education and training, and socioeconomic details. Respondents ranged in age from 25-54, two-thirds of which were over the age of 35 (see Figure 1). Similarly, two-thirds of the respondents held graduate degrees (see Figure 1).

Figure 1

Participant Ages and Degrees Held



Respondents were asked to choose the country or countries that best represent the cultural home, where they studied, and where they are currently living. These responses can be found in Table 1.

Table 1*Country of Cultural Home, Study, and Currently Living*

Country List	Cultural Home	Place of Study	Currently Living
SWANA Countries			
Egypt	2	0	1
Jordan	4	2	3
Lebanon	6	2	1
Palestine	6*	0	0
Qatar	0	0	1
Syria	1	0	1
Other Countries			
France	0	3	1
Israel	0	3	2
The Netherlands	0	1	0
Rwanda	0	0	1
South Africa	0	0	1
Spain	0	1	0
The U.S.A.	0	6	3

* One participant selected 'other' and specified their cultural home as "Palestine 48 area, Palestinian territories – West Bank". For purposes of organizing data, the researchers included this response with Palestine, inclusive of all Palestinian territories.

There were two questions related to socioeconomic status. In the first question respondents were asked to categorize their families' socioeconomic status at the time of higher education between low, medium, and high categories. A majority (53%) of respondents categorized their families' as having a medium socioeconomic status. 33% of respondents were from a 'high' socioeconomic background and only 13% came from a 'low' socioeconomic background. In the second question respondents were asked if their socioeconomic status effected their ability to engage in overseas training through a 5-point Likert – scale from Strongly Disagree to Strongly Agree. 33% ($n = 5$) of respondents strongly agreed with this

statement, 33% ($n = 5$) somewhat agreed, 13% ($n = 2$) somewhat disagreed, 13% ($n = 2$) strongly disagreed, and 6% ($n = 1$) neither agreed nor disagreed.

To gain more qualitative data respondents were asked to answer the following question: 'When did you first hear about music therapy, and what made you decide to study it?'. Four out of 14 respondents mentioned that they heard about music therapy during their undergraduate level education and decided to study it at that time. Two out of 14 respondents mentioned that they heard about music therapy while applying for or during their graduate degree education. Two out of 14 respondents mentioned hearing about music therapy after completing degrees in other related fields. Five out of 14 respondents mentioned only the specific year that they heard about music therapy but did not provide any context. 1 respondent did not mention when they first heard about music therapy. 10 out of 14 respondents answered the second half of the question, "what made you decide to study it?" 1 respondent had heard about music therapy during their childhood stating, "My mother is a pediatrician and worked with refugees from Iraq, Syria, Palestine, and other war-torn countries. I heard of art and music therapies being used with traumatized children in refugee camps." Two respondents who heard about music therapy during their undergraduate music education training described realizing it was a profession for them. One respondent stated, "I was studying music education...and I quickly imagined myself [as a] music therapist." The other stated, "[I] took the introductory course and was fascinated by the effects and impact that music has on the well being and development of children and adults." Two respondents expressed how the field just "made sense" for them. They individually stated, "I grew up playing music and I was already training as a nurse. It just made a lot of sense," and "It suddenly made sense why I am a medical doctor and a professional singer. I've always believed in the ability of making a change by music, on a physical, emotional and social level."

Four respondents spoke about the connection between helping others and music: "...it was a combination of the things I love. Helping people and music"; "I always loved music and wanted to use it to make a difference in the society"; "It was a helping profession that incorporated the way I felt about music, which is that it can help us heal and express ourselves"; and, "I played several instruments and wanted to find a career path that allowed me to impact the lives of others and that also allowed me to be creative."

Respondents completed their education and training in seven different countries (see Table 1) and have completed varying levels of degree programs (Figure 1). When choosing a music therapy degree program, a majority (57%) of respondents chose a program based on the faculty. 50% of respondents also chose programs that had a preferred geographical location. 36% of respondents felt that theoretical orientation and cost were also factors in choosing a program. 29% of respondents chose their program due to it having an online option. Three respondents identified there were "other" reasons. For example, one respondent mentioned specifically that there were hospital training sites at their program of choice and another mentioned that they chose their program because it provided them with a "full research assistantship" and "money."

To better understand Arab music therapists' experiences during their education and training, participants were asked to respond to three statements through a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*). All respondents either *strongly agreed* or *somewhat agreed* that what they learned was beneficial to or added value to their professional clinical practice. Table 2 provides the full responses to the three statements.

Table 2*Student Experiences Quantitative Results*

	Strongly Agree	Somewhat Agree	Neither Disagree nor Agree	Somewhat Disagree	Strongly Disagree
What I learned was beneficial to or added value to my professional clinical practice	4	10	0	0	0
My music therapy training was relevant and effective for my work as an Arab music therapist	2	6	3	3	0
I felt that I saw myself and my culture reflected in the music therapy curriculum	3	3	1	4	3

Respondents had mixed responses to what did or did not serve them as Arab music therapy students. In the written responses, many respondents expressed that their cultural needs were not met, and described how their music therapy programs were built to support cultural groups different than themselves through educational and musical materials provided. One respondent stated how her needs were not met and felt a need for “a program made for the Arab society.” Other responses included: “...the program obviously was designed for Jewish society” and “It did not serve [me] that cultural issues were never covered.” One respondent described their experience as follows:

I became an Arab student in a Bachelors of music therapy program in the US during a time when there was a lot of fear and Islamophobia and poor stereotypes of the Middle East. As a bicultural American and Arab student with Palestinian roots and lived experience of growing up in Jordan, the culture shock of the American education system, especially when it came to learning history, felt jarring. I felt culturally disconnected

and disintegrated at the time, a pain I didn't allow myself to feel for a long time. I feel that this was a disservice.

Others felt that there were gaps in their educational experiences which did not serve them. One responded commented that it would be important for students to know that “some Arab cultures specifically in Islam some clients are not allowed to listen to music.”; Another respondent listed several things that were not part of their educational experience, which included: “Lack of diverse role models. Lack of cross-cultural understanding/collaboration/opportunities. Lack of access to non-Western research.” One respondent noted a lack of “therapy experiences and stories in the Arab countries an[d] societies out of Palestine.”

Some respondents expressed how the music offered in their education experiences did not serve them. Respondents stated: “...and the focus of the program on western music and music based mostly by white/cis/het passing men, was also jarring”; “[there was] lack of diversity in musical repertoire”; “...my traditional and classical music of my region was never discussed in terms of theory and use”; “the choice of music did not [serve me]”; and, “Most of the music repertoire we had to learn was Western English music.” One respondent mentioned that the lack of trainings, accreditations, and regulations in music therapy back in their home countries did not serve them during their student experiences, and a lot of personal initiative was needed in this area. Another respondent felt that they did not get “enough practice” during their training and education.

Some respondents felt that their cultural needs were met in some ways and mentioned things that did serve them throughout their experience of being an Arab music therapy student. One participant stated, “In both my master's and doctorate programs, there were courses where I really was able to learn more about my culture.” This respondent also stated ways in which their

education and training program validated their cultural needs, “I took Arabic singing lessons and I was encouraged to improvise using my voice and instruments, incorporating the Arabic music (modes, styles, melodies) that was in my soul and body. This made me a better improviser and musician.” Another respondent who expressed things that did not serve them throughout their education also spoke about how they were able to overcome those:

However, my academic advisor, a Korean American woman music therapist who was born and raised in Korea, was incredibly validating of my experience with culture shock. She also taught from a perspective that I have found to be unique in the music therapy community (of largely white woman music therapists), including the other music therapy professors, and I found that to be of good service to me as a music therapy student. I became a masters student in the US two years ago and I have been fortunate to be in a program that is focused on providing diverse and inclusive cultural and social perspectives in music therapy.

Another respondent who studied abroad mentioned how the educational courses that differed from their cultural background served them. A Lebanese respondent who studied in France wrote in response to the question: “When looking back at your music therapy education, what did or did not serve you as an Arab student?” that “The courses about the French institutions and how they function” were helpful to them.

When looking at the data we can see two distinct groups; those who studied in the USA or Europe and those who studied in the SWANA region. In table 3 we can see the student experiences of those who studied in the USA or Europe and in table 4 we can see the experiences of those who studied in the SWANA region.

Table 3

Arab Student Experiences in Europe and the United States

		Total	France	Netherlands	Spain	United States
Q13: I felt that I saw myself and my culture reflected in the music therapy curriculum.	Total Count (All)	14.0	3.0	1.0	1.0	6.0
	Strongly disagree	21.4%	0.0%	0.0%	0.0%	33.3%
	Somewhat disagree	28.6%	33.3%	0.0%	0.0%	33.3%
	Neither agree nor disagree	7.1%	0.0%	100.0%	0.0%	0.0%
	Somewhat agree	21.4%	33.3%	0.0%	0.0%	33.3%
	Strongly agree	21.4%	33.3%	0.0%	100.0%	0.0%
Q14: My music therapy training was relevant and effective for my work as an Arab music therapist.	Total Count (All)	14.0	3.0	1.0	1.0	6.0
	Strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%
	Somewhat disagree	21.4%	0.0%	0.0%	0.0%	16.7%
	Neither agree nor disagree	21.4%	33.3%	100.0%	0.0%	0.0%
	Somewhat agree	42.9%	33.3%	0.0%	100.0%	83.3%
	Strongly agree	14.3%	33.3%	0.0%	0.0%	0.0%
Q15: What I learned was beneficial to or added value to my professional clinical practice.	Total Count (All)	14.0	3.0	1.0	1.0	6.0
	Strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%
	Somewhat disagree	0.0%	0.0%	0.0%	0.0%	0.0%
	Neither agree nor disagree	0.0%	0.0%	0.0%	0.0%	0.0%
	Somewhat agree	71.4%	66.7%	100.0%	0.0%	83.3%
	Strongly agree	28.6%	33.3%	0.0%	100.0%	16.7%
Q23: Once I began to practice as a professional music therapist, I noticed gaps in how my skills could support the communities I worked with.	Total Count (All)	14.0	2.0	1.0	1.0	5.0
	Strongly disagree	14.3%	50.0%	0.0%	100.0%	0.0%
	Somewhat disagree	7.1%	0.0%	0.0%	0.0%	20.0%
	Neither agree nor disagree	14.3%	50.0%	100.0%	0.0%	0.0%
	Somewhat agree	42.9%	0.0%	0.0%	0.0%	60.0%
	Strongly agree	14.3%	0.0%	0.0%	0.0%	20.0%
Q24: I currently feel satisfied with my educational experience in music therapy.	Total Count (All)	14.0	2.0	1.0	1.0	5.0
	Strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%
	Somewhat disagree	14.3%	0.0%	0.0%	0.0%	40.0%
	Neither agree nor disagree	28.6%	0.0%	0.0%	0.0%	40.0%
	Somewhat agree	21.4%	0.0%	100.0%	100.0%	20.0%
	Strongly agree	28.6%	100.0%	0.0%	0.0%	0.0%

Table 4

*Arab Student Experiences in the SWANA Region**

		Total	Israel	Jordan	Lebanon
	Total Count (All)	14.0	3.0	2.0	2.0
Q13: I felt that I saw myself and my culture reflected in the music therapy curriculum.	Strongly disagree	21.4%	33.3%	0.0%	0.0%
	Somewhat disagree	28.6%	33.3%	0.0%	50.0%
	Neither agree nor disagree	7.1%	0.0%	50.0%	0.0%
	Somewhat agree	21.4%	33.3%	0.0%	50.0%
	Strongly agree	21.4%	0.0%	50.0%	0.0%
	Total Count (All)	14.0	3.0	2.0	2.0
Q14: My music therapy training was relevant and effective for my work as an Arab music therapist.	Strongly disagree	0.0%	0.0%	0.0%	0.0%
	Somewhat disagree	21.4%	66.7%	0.0%	0.0%
	Neither agree nor disagree	21.4%	0.0%	100.0%	50.0%
	Somewhat agree	42.9%	0.0%	0.0%	50.0%
	Strongly agree	14.3%	33.3%	0.0%	0.0%
	Total Count (All)	14.0	3.0	2.0	2.0
Q15: What I learned was beneficial to or added value to my professional clinical practice.	Strongly disagree	0.0%	0.0%	0.0%	0.0%
	Somewhat disagree	0.0%	0.0%	0.0%	0.0%
	Neither agree nor disagree	0.0%	0.0%	0.0%	0.0%
	Somewhat agree	71.4%	66.7%	100.0%	100.0%
	Strongly agree	28.6%	33.3%	0.0%	0.0%
	Total Count (All)	14.0	3.0	2.0	1.0
Q23: Once I began to practice as a professional music therapist, I noticed gaps in how my skills could support the communities I worked +62+71ith.	Strongly disagree	14.3%	0.0%	0.0%	100.0%
	Somewhat disagree	7.1%	0.0%	0.0%	0.0%
	Neither agree nor disagree	14.3%	0.0%	50.0%	0.0%
	Somewhat agree	42.9%	66.7%	50.0%	0.0%
	Strongly agree	14.3%	33.3%	0.0%	0.0%
	Total Count (All)	14.0	3.0	2.0	1.0
Q24: I currently feel satisfied with my educational experience in music therapy.	Strongly disagree	0.0%	0.0%	0.0%	0.0%
	Somewhat disagree	14.3%	0.0%	0.0%	0.0%
	Neither agree nor disagree	28.6%	33.3%	50.0%	0.0%
	Somewhat agree	21.4%	0.0%	50.0%	0.0%
	Strongly agree	28.6%	66.7%	0.0%	100.0%
	Total Count (All)	14.0	3.0	2.0	1.0

*Israel is being included in the SWANA region for the purposes of this comparison due to its geographical location.

When looking at the student experiences for Arab music therapists who studied in the United States or Europe it is equally distributed, besides 1 person who remains neutral, that they did or did not see themselves reflected in the curriculum. When looking at the relevancy effectiveness of music therapy training only 1 person in this region claimed that it was not relevant, while 2 remained neutral and 8 felt that it was relevant and effect for their work as Arab music therapists. All Arab music therapists who studied in Europe or the United States felt that felt that what they learned was beneficial or added value to their practice. Four respondents, who also happened to study in the United States, noticed gaps in their own skills once they began their professional practice, while two remained neutral and three did not notice any gaps in their skills post-graduation. Five out of nine music therapists who studied in Europe or the United States currently feel satisfied with their educational experience in music therapy, while two remained neutral and two who studied in the United States are not fully satisfied. Arab music therapists who studied in the SWANA region are divided on their student experiences. Three of the seven therapists who studied in the region felt they saw themselves and their cultures reflected in the curriculum, while one remained neutral and three did not feel they were reflected. When looking at relevancy and effectiveness for practice only two felt that their training met their needs, while three remained neutral and two did not find their training relevant or effective. All students who studied in the SWANA region felt that what they learned was beneficial to their practice. Four of these students noticed gaps in their skills as a professional music therapist, while one remained neutral, and another did not find gaps in their practice. Four respondents feel satisfied with their education experience, while two remain neutral.

Seeing as all participants identify as Arab it is interesting to compare the data between the regions. When comparing the different regions in regard to culture and selves being reflected

most respondents who studied in the United States (66.7%, n=4) and Israel (66.7%, n=2) felt that they did not see themselves or their culture reflected in the music therapy curriculum. Likewise, 50% (n=1) who studied in Lebanon, and 33.3% (n=1) in France did not see themselves or their culture reflected. However, 66.7% (n=2) of respondents who studied in France did see themselves and their culture reflected, 100% (n=1) felt the same about their experience in Spain, and 50% (n=1) in both Jordan and Lebanon. When asked about relevancy and effectiveness of their training as Arab music therapists 100% (n=1) of respondents who studied in Spain, 83.3% (n=5) in the United States, 66.7% (n=2) in France, 50% (n=1) in Lebanon, 33.3% (n=1) in Israel agreed that their training was relevant and effective. In contrast 66.7% (n=2) respondents in Israel, and 16.7% (n=1) in the United States did not find their training relevant or effective for their work as Arab music therapists. Interestingly 28% (n=5) responses were neutral, with 100% response rate in the Netherlands (n=1) and Jordan (n=2). While all respondents agreed that what they learned was beneficial to or added value to their professional clinical practice, there were four participants who *strongly agreed* with that statement, three of whom studied in Europe or the United States (France n=1, Spain n=1, United States n=1) and one respondent who studied in Israel. The other 12 respondents who *somewhat agreed* studied in France (n=2), Netherlands (n=1), United States (n=5), Israel (n=2), Jordan (n=2), and Lebanon (n=2). When looking at respondents identifying gaps in their skills post-graduation 100% (n=3) of respondents who studied in Israel, 80% (n=4) of respondents who studied in the United States, and 50% (n=1) who studied in Jordan noticed gaps. While 100% (n=1) in both Spain and Lebanon and 50% (n=1) in France did not notice any gaps in skills post-graduation. Three participants in France, Netherlands, and Jordan remained neutral. When looking at satisfaction levels regarding respondents' music therapists' education experience nine respondents feel satisfied. Only two

respondents felt unsatisfied with their educational experience, both had studied in the United States.

The respondents also provided perspective on what would have been helpful to have learned and/or experienced during their music therapy education and training as Arab music therapists. Seven respondents mentioned they would have benefited from learning the history and playing techniques of Arabic music. One respondent stated that the “use of Arab instruments, learning music history and music theory of Arab music, learning musical terminology in Arabic or being provided the resources to access this” would have been helpful for them during their education and training experience. Another respondent offered that “it would have been interesting to create song improvisations using Middle Eastern and African instruments with varying odd time signatures that reflect the musical traditional pieces.” Two respondents state that they would have benefited from programs incorporating the Arabic language into their curriculum or being provided with resources in Arabic. One respondent stated that “more Arab music therapists to learn from” would have been beneficial. More diverse experiences that involve multi-cultural communities and inclusive of Arab communities was mentioned as something that would have been beneficial. One respondent suggested, “...and do practical work [in] Arab centers and schools...”. One respondent discussed the importance of acknowledging how a particular culture engages in folk music from their culture and its role in health “instead of [focusing on] traditional [Western] therapy.” It seems that two of the respondents did not have any supervised clinical placements during their trainings and said that having those experiences would have been helpful.

Cultural sensitivity was another topic addressed by the respondents. One respondent stated, “The most helpful thing would have been just a fundamental curiosity/openness to any

non-Western music, research, and theoretical approaches.” Another stated, “...more focus on cultural sensitivity in music therapy” would have been helpful. One respondent noted that the topic of “cultural issues” in general would have been helpful, while another respondent stated that they would have benefited from having “the history of music therapy in the Arab world” included in the curriculum. Another respondent spoke about the need for the amplification of Arab music therapy voices within the field:

It would have been helpful to understand more about how Arabs are in the minority, and how we are marginalized, and have extensive histories of collective trauma. We talk a lot about Black music therapist experiences, LGBTQ music therapist experiences, and other minorities. We need to have a voice in that conversation.

Professional Experiences and Working in the SWANA Region

13 of the respondents had completed their degree in music therapy. Respondents held various professional credentials (see Table 5) and more than half of the respondents have been practicing as a professional music therapist for over 10 years, with the most (39%) having practiced between 11-15 years (see Figure 2).

Figure 2

Number of Years Practicing as a Professional Music Therapist

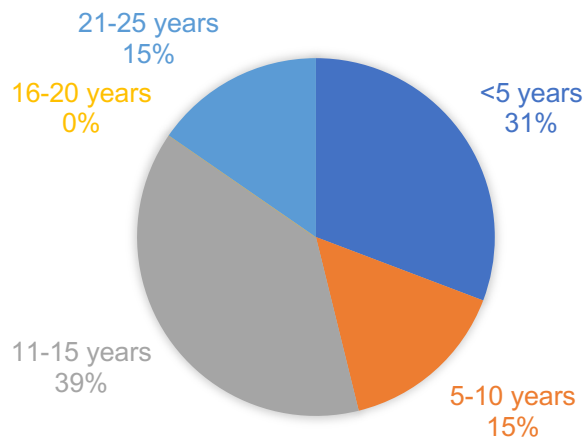


Table 5

Credentials Held by Arab Music Therapists

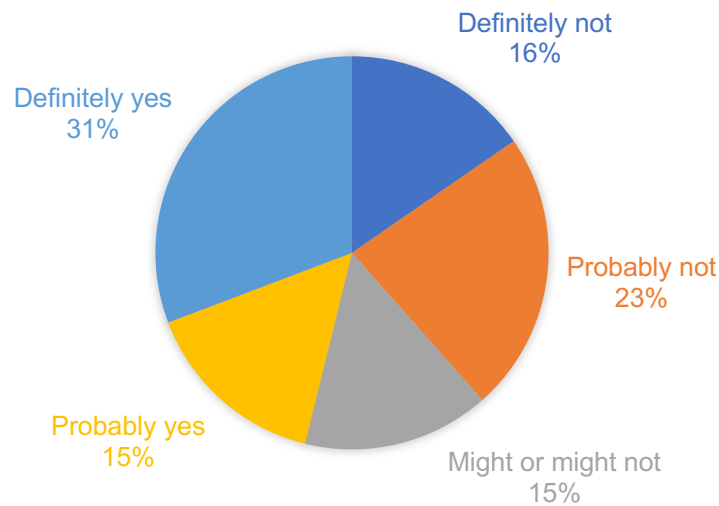
Credential	Number of Respondents
MT-BC	4
MTA	2
LPMT	1

Note: Not all respondents work in a location where professional music therapy credentials are available by a local governing body. One respondent noted the credential, “Formation,” however, the researcher was unable to find any details.

When asked about the impact of language on the practices of Arab music therapists, responses were varied (see Figure 3).

Figure 3

Does language impact how you implement techniques as an Arab music therapist?



Most respondents (62%) agreed that they noticed gaps in how their skills would support the communities that they worked with after completing their music therapy education and training. Although most respondents felt there were gaps in their knowledge, 54% also felt satisfied with

their educational experiences. 30% of respondents responded that they *strongly agree* and *neither agree nor disagree* that they currently feel satisfied with their education experiences in music therapy. Table 6 provides further details of the respondents' answers.

Table 6

Quantitative Data for Professional Arab Music Therapists

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Once I began to practice as a professional music therapist, I noticed gaps in how my skills could support the communities I worked with	2	6	2	1	2
I currently feel satisfied with my educational experiences in music therapy	4	3	4	2	0

Nine respondents work in an Arab country, as listed in Table 7. Two respondents work in the same Arab country that they were trained in, while six respondents work in a different country than where they were trained. 85% of respondents work with Arab communities as music therapists, while 15% do not.

Table 7

Arab Countries Music Therapy Services are Provided

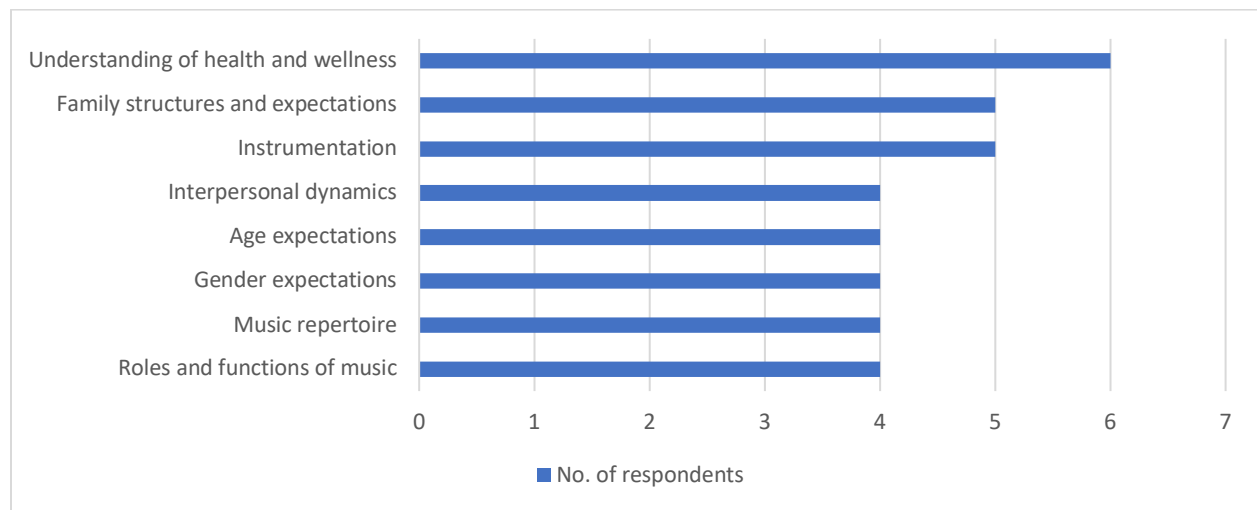
Country	Music Therapists Offering Services
Jordan	3
Lebanon	3
Palestine	2
Qatar	1

Note. One respondent answered that they do practice in an Arab country, but then did not complete anymore of the survey, so that country isn't noted here. Another respondent mentioned that they provide support online.

When asked about the cultural differences in their training location as compared to their country of practice there were several common responses as can be seen in Figure 4. The three areas with the highest responses were understanding of health and wellness, family structures and expectations, and instrumentation.

Figure 4

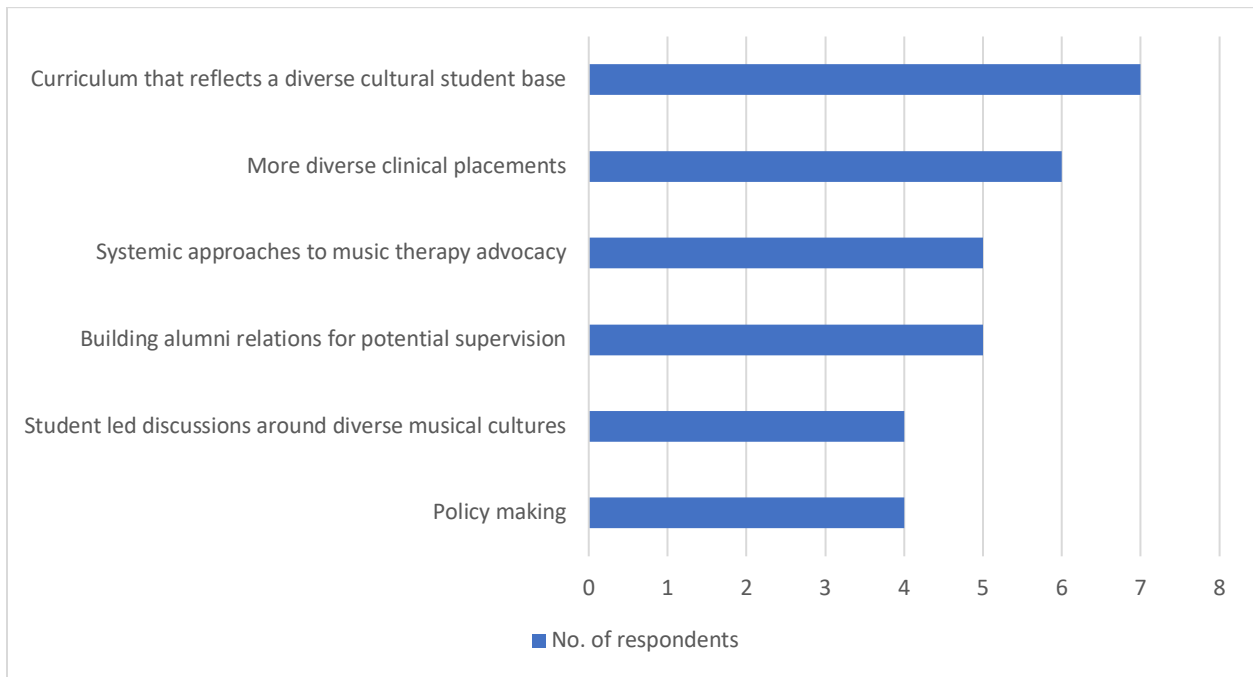
Cultural Differences in Training Location Compared to Country of Practice



Respondents practicing in the SWANA region agreed with the researchers' suggested recommendations to better support Arab students who intend to practice in the SWANA region and did not offer any additional suggestions. The top two highest rated recommendations for music therapy programs were related to curriculum that reflects a diverse cultural student base and having more diverse clinical placements. Please see Figure 5 for their responses.

Figure 5

Recommendations for Music Therapy Programs to Support International Arab Students



Note. Although an additional box was provided for additional recommendations from respondents, there were no additional suggestions.

Respondents’ Final Comments

Eight respondents shared what it was like to share their experiences being an Arab music therapist. The low response rate could be because of a mistake in the functions of the survey, where not all respondents were redirected to the final reflections sections of the survey. Four of the respondents indicated that it was *delightful* to share their experiences in being an Arab music therapist, three indicated that it was *good*, and one indicated that it was *average*. No respondents indicated that it was a *poor* or *terrible* experience. Two respondents shared additional information regarding their experience. One wrote, “We have to increase the awareness in the Middle East.” Another commented that despite the inadequacies in parts of their education and training that “Music is still the best companion and therapy.”

Overall, the respondents provided much needed perspective and voice for Arab music therapists working globally.

Discussion

Being the first study to gather the experiences of Arab music therapy students and professionals, the comparative literature is limited. However, we can compare these results with the experiences of Arab students outside of music therapy as well as the experiences of other BIPOC music therapists who studied in countries other than their own, to find similarities and differences.

Some comparisons to note can be found within the Asian international music therapy community in graduate programs in the United States where Lan (2020) found that “initial culture shock”, and “adjusting to the music therapy program” were two of the five themes that emerged in the study. This shows some similarity with the experiences of the Arab music therapists who spoke about cultural shock factors such as, “the American education system, especially when it came to learning history” and many respondents mentioning the need for more education related to their own musical culture background. Another comparison to note is that between Malaysian music therapy graduates’ and that of one Arab music therapist experience regarding adjusting to new cultural systems. According to Wan, et al. (2022):

...re-adjustment becomes problematic because by being educated abroad [Malaysian music therapy students] were socialised into a different set of social rules and norms. In some ways, the returnees have to unlearn some things and have to learn the new rules of the game in order to integrate into the domestic research environment and become a part of the existing structure of the research ecosystem.

This is in contrast with the experience of a Lebanese music therapist who remained in the country in which they trained and thus felt that “The courses about the French institutions and how they function” were helpful to them, as they decided to continue living and practicing in France post-graduation. This brings up an interesting topic, particularly for international Arab music therapy students and those who are part of the Arab diaspora, regarding their decision to remain practicing in their country of study versus moving back to their country of origin and how that might impact their perception of what does or does not serve them within their education.

There appears to be a common experience for most of the Arab music therapy participants in terms of a lack of representation of their musical culture in music therapy education and Gombert’s (2022) study participants who shared “...the difficulties of embracing a curriculum that does not honor music that is inclusive of them and/or their clients.” Another comparison of note is between Gombert’s study participants and Arab music therapists’ experiences, where Arab music therapists noted a “lack of diverse role models,” “lack of cross-cultural understanding,” lack of access to “non-Western research” and “therapy experiences and stories in the Arab countries and societies...”, “the focus of the program on Western music and music based mostly by white/cis/het passing men,” “most of the music repertoire we had to learn was Western English music,” and Gombert’s (2022) theme that emerged, “a very white lens,” which described “a Eurocentric perspective that views both music and therapy through a lens that centers white and European standards as the norm” (p. 166). This alignment in experiences of participants in both studies appears to be in congruence with the recent music therapy literature that attempts to amplify the voices of marginalized music therapists (Hadley, 2013; Hassanein et al., 2022; Imeri & Jones, 2022; Kim, 2015; Norris, et al., 2021; Swamy & Webb, 2022). For example, Hassanein et al. (2022) discuss the impact of the Westernized view of “healing” and

how that perspective may not fit into Palestinian music therapists' approach and experiences of healing. They also discuss how colonization has impacted those who go into Palestine to work or study, as non-Palestinians and then bring these stories and experiences back home, and this cycle continues the "glorification of the White dynamic" (p. 372). Kim (2015) also states that "...many musical resources are imported from the West, while the importance of the rich musical heritage of Asia is often neglected" (p. 165) when discussing music therapy education and training for Asian students. The Arab voice and influence in the music therapy world has not been adequately attended to, like other BIPOC communities, and this appears to have a negative impact on the education and training of Arab identifying music therapists.

If we zoom out and look at the broader experiences of Arab students who have completed studies in other disciplines, also in countries that offer music therapy programs, we may gain more insight into the Arab experience. Abuelezam et al. (2022) found in their study that Arab/Middle Eastern American college students were more likely to experience anxiety and depression than white students and that Arab/Middle Eastern students who experienced discrimination had higher odds of depression than those who had not. Considering the responses by Arab music therapists in our study regarding discrimination in the form of Islamophobia and microaggressions (i.e., no representation of musical or mental health culture in academia) it could be assumed that Arab music therapy students are a marginalized group whose voices need to be heard within the wider music therapy community and academia, as they are at higher risk of depression than the majority of music therapist students who identify as white. As many Arab music therapists have had to study internationally due to limited educational programs in the SWANA region, it is imperative to compare the experiences of other Arab international students. In Azim & Happel-Parkins' (2019) study *Veiled aggression: Saudi women international*

students' experiences of microcolonization in the United States they describe Arab student experiences of micro-aggressions, microinsults, and microcolonization. These examples illustrate the harmful outcomes of Islamophobic sentiments, which directly impact Arab students in many negative ways. For international Arab students it can increase the negative aspects of culture shock, as one Arab music therapist in our survey stated:

I became an Arab student in a Bachelors of music therapy program in the US during a time when there was a lot of fear and Islamophobia and poor stereotypes of the Middle East... the culture shock of the American education system...felt jarring. I felt culturally disconnected and disintegrated at the time...

When students return to their cultural homes to live, there may be experiences of reverse-culture shock. While our study did not look specifically at culture shock for Arab music therapists it appears there may be some similarities in how those who returned to the SWANA region had to adapt like the Saudi women in Winkel et al.'s (2021) study. For example, in Winkel et al.'s (2021) study a theme identified was "family and societal expectations" which impacted their re-entry. More specifically participants in both studies identified cultural, familial, and gender expectations that were different and their new skills, knowledge, habits, and experiences did not always transfer well to Arab society. If music therapy programs are unable to meet the needs of Arab students during their education and training this will directly impact how they are able to transfer knowledge and skills to support Arab communities, whether those communities are in the SWANA region or not. Another factor to consider for international Arab students is whether their home countries have a developed music therapy network. Relocating back to the SWANA region may amplify some of the gaps in music therapy education and training. For example, there may be a lack of on-site clinical mentors/supervisors that align with their clinical needs due

to the field being in its infancy stage in the region. If graduates felt that they did not align with their music therapy supervisors during their training, they may not seek out virtual support. This may increase experiences of burnout as many SWANA music therapists are pioneers in not only music therapy, but in establishing and broadening access to mental health services. Effort should be made to create lasting supervisory relationships throughout education and training and encourage ongoing clinical supervision. Another factor to consider is how Arab music therapists will utilize their cultural music in a clinical setting upon returning to the SWANA region, when none of their music was represented within the education and training. This gap may cause unnecessary challenges in adapting music to suit the clinical space. Other factors to consider for SWANA Arab music therapists are the personal experiences that will occur during their transition back home. Winkel et al. (2021) stated that, "The effects of their reverse culture shock were described as particularly stressful, ranging from family tensions and the loss of friends to depression and anxiety associated with a sense of not belonging." These potentially challenging personal factors, in combination with a mental health field that is still in its infancy stage, not having their musical culture represented throughout their education and training, and a lack of clinical mentors/supervisors that align with their needs may amplify feelings of reverse-culture shock.

Limitations and Future Considerations

There were several limitations to this research. First, as a white, American, agnostic, ciswoman living in the SWANA region who has had a long-standing relationship with regional Arab music therapists and heard stories of negative experiences in international educational experiences, there may be more possibility of response bias when interpreting the qualitative data from survey participants. This could've been a possibility for qualitative data that lacked context

and as there were no opportunities for follow up questions to gain clarity. Secondly, research design bias may also be present as the recruitment of participants relied heavily on the researchers' professional circles and the voices of other Arab music therapists may be missing. Third, this study produced a small sample size. While this small sample size may be reflective of the early stages of the profession in the SWANA region, it may not be as reflective of Arab music therapists living in other countries where the profession is more developed. Due to the varying culture intersections of all participants the views expressed here are by no means a representation of all Arab music therapists, and the findings should not be generalized towards other music therapists with Arab cultural identities. Other limitations are potentially language and geopolitical crises' that are longstanding and experiences of compound stressors due to those crises'. The use of only English for the survey may have limited respondents in fully expressing their experiences, as many participants' primary language is Arabic. Some respondents who participated in the survey were originally from or still residing in an active conflict zone. A final limitation would be the researchers lack of research experience, as well as a lack of experience in creating and analyzing surveys. This lack of experience may have impacted the survey response rate and participants not completing the survey in its entirety.

As this is the first study to my knowledge that aims to highlight the education and training experiences of Arab music therapists, the researcher sees future benefit in expanding this study to include semi-structured interviews where more nuance can be captured. It would be most beneficial for such a study to be conducted by an Arab music therapist and to conduct these interviews in their primary language. Other beneficial studies could explore the different experiences of Arab American students, Arab international students, or those who are part of the

Arab diaspora, as there are differing cultural positions and intersections that may exist in these groups.

Conclusion

The vulnerability of our research participants in sharing their lived experiences while witnessing and being negatively impacted by the ongoing genocide of the Palestinian community is not to be taken for granted. Arab music therapists have diverse intersecting identities, some of which may be negatively impacted by oppressive systems outside of their education and training. It is imperative for the field to reflect on how these systems impact the education and training of music therapists, and work to breakdown and rebuild them to better suit not only Arab music therapists, but all BIPOC music therapists. To make changes towards social justice within the field of music therapy we must approach it through a critical theory lens, as put so well by Norris et al. (2021) in *Black Aesthetics: Upsetting, undoing, and uncanonizing the arts therapies*, “Decentering the white gaze is both a work of disrupting and undoing patterns of erasure and co-optation in the creative arts therapies across multiple contexts.” (p. 2). The insight offered through the sharing of the Arab music therapists’ lived experiences in education and training must be taken into consideration by music therapy programs if they want to truly consider their programs as multi-cultural or culturally sensitive. As the field of music therapy continues to expand, so must its curriculum. When looking at the needs of Arab music therapy students and professionals there is clearly a need for adjustment and change by music therapy programs rooted in Western ideologies and practice to better address the cultural differences in the ways music is used to support individuals and communities, as well as to better prepare all music therapy students in ways to support Arab clients and community through the use of music.

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Appendix A: Survey Questions

Block 1: Demographic Information

Have you completed a degree in Music Therapy?

- No
- Yes

Are you Arab?

- No
- Yes

How old are you?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 and over

What Arab country or countries, as defined by the League of Arab States (LAS), do you consider to be your cultural home? (check all the apply)

- Algeria
- Bahrain
- Comoross
- Djibouti
- Egypt
- Iran
- Jordan
- Kuwait
- Lebanon
- Libya
- Mauritania
- Morocco
- Oman
- Palestine
- Qatar
- Saudi Arabia
- Somalia
- Sudan
- Syria
- Tunisia
- the United Arab Emirates
- Yemen

- other (please specify below)
-

In what country are you currently living?

- Afghanistan
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas, The
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- British Virgin Islands
- Brunei
- Bulgaria
- Burkina Faso
- Burma
- Burundi
- Cambodia
- Cameroon
- Canada

- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo, Democratic Republic of the
- Congo, Republic of the
- Cook Islands
- Costa Rica
- Cote d'Ivoire
- Croatia
- Cuba
- Curacao
- Cyprus
- Czech Republic
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Falkland Islands (Islas Malvinas)
- Faroe Islands
- Fiji
- Finland
- France
- France, Metropolitan
- French Guiana
- French Polynesia
- French Southern and Antarctic Lands
- Gabon
- Gambia, The
- Gaza Strip
- Georgia

- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guam
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard Island and McDonald Islands
- Holy See (Vatican City)
- Honduras
- Hong Kong (SAR China)
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Korea, South
- Kosovo
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia

- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Macau (SAR China)
- Macedonia
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia, Federated States of
- Moldova
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Namibia
- Nauru
- Nepal
- Netherlands
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- Norway
- Oman
- Pakistan
- Palau
- Panama
- Papua New Guinea

- Paraguay
- Peru
- Philippines
- Pitcairn Islands
- Poland
- Portugal
- Puerto Rico
- Qatar
- Reunion
- Romania
- Russia
- Rwanda
- Saint Barthelemy
- Saint Helena, Ascension, and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- Saint Martin
- Saint Pierre and Miquelon
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Saint Martin
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the Islands
- South Sudan
- Spain
- Sri Lanka
- Sudan
- Suriname
- Svalbard
- Swaziland
- Sweden
- Switzerland

- Syria
- Taiwan, Province of China
- Tajikistan
- Tanzania
- Thailand
- Timor-Leste
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- United States Minor Outlying Islands
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela
- Vietnam
- Virgin Islands
- Wallis and Futuna
- West Bank
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

Based on your country of origin and keeping in mind your family's income, education, and occupation, what would you determine your families' socioeconomic status was when applying to universities?

- Low
- Medium
- High

My socioeconomic status impacted my access to training overseas.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree

- Strongly agree

Block 2: Student Experiences

When did you first hear about music therapy, and what made you decide to study it?

In what country or countries was your music therapy program located?

- Afghanistan
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas, The
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- British Virgin Islands
- Brunei
- Bulgaria
- Burkina Faso
- Burma

- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo, Democratic Republic of the
- Congo, Republic of the
- Cook Islands
- Costa Rica
- Cote d'Ivoire
- Croatia
- Cuba
- Curacao
- Cyprus
- Czech Republic
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Falkland Islands (Islas Malvinas)
- Faroe Islands
- Fiji
- Finland
- France
- France, Metropolitan
- French Guiana
- French Polynesia
- French Southern and Antarctic Lands

- Gabon
- Gambia, The
- Gaza Strip
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guam
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard Island and McDonald Islands
- Holy See (Vatican City)
- Honduras
- Hong Kong (SAR China)
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Korea, South
- Kosovo
- Kuwait
- Kyrgyzstan
- Laos

- Latvia
- Lebanon
- Lesotho
- Liberia
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Macau (SAR China)
- Macedonia
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia, Federated States of
- Moldova
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Namibia
- Nauru
- Nepal
- Netherlands
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- Norway
- Oman

- Pakistan
- Palau
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pitcairn Islands
- Poland
- Portugal
- Puerto Rico
- Qatar
- Reunion
- Romania
- Russia
- Rwanda
- Saint Barthelemy
- Saint Helena, Ascension, and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- Saint Martin
- Saint Pierre and Miquelon
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Saint Martin
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the Islands
- South Sudan
- Spain
- Sri Lanka
- Sudan
- Suriname

- Svalbard
- Swaziland
- Sweden
- Switzerland
- Syria
- Taiwan, Province of China
- Tajikistan
- Tanzania
- Thailand
- Timor-Leste
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- United States Minor Outlying Islands
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela
- Vietnam
- Virgin Islands
- Wallis and Futuna
- West Bank
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

At what level did you study music therapy? (check all that apply)

- Bachelor's level
- Master's level
- Doctoral level

Why did you choose that program? (check all that apply)

- Cost
- Geographical location

- Online option
- Theoretical orientation
- Faculty
- other _____

I felt that I saw myself and my culture reflected in the music therapy curriculum.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

My music therapy training was relevant and effective for my work as an Arab music therapist.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

What I learned was beneficial to or added value to my professional clinical practice.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

When looking back at your music therapy education, what did or did not serve you as an Arab student?

When looking back at your music therapy education, what would have been helpful to have learned and/or experienced in order to be an Arab clinician?

Block 3: Professional Experiences

Have you completed your music therapy degree?

- No
- Yes

How long have you been practicing as a music therapist?

- < 5 years
- 5 - 10 years
- 11 - 15 years
- 16 - 20 years
- 21 - 25 years
- 26 - 30 years
- > 30 years

What music therapy credentials do you currently hold?

- MT-BC
- MTA
- RMT
- Music Therapist registered with HCPC
- RMTh
- other (please specify below)

-
- I do not hold any music therapy credentials

Do you work with Arab communities?

- No
- Yes

Does language impact how you implement techniques as an Arab music therapist?

- Definitely not
- Probably not
- Might or might not
- Probably yes
- Definitely yes

Once I began to practice as a professional music therapist, I noticed gaps in how my skills could support the communities I worked with.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

I currently feel satisfied with my educational experience in music therapy.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

Block 4: Professional Experiences working in the LAS

Are you an Arab music therapist who works in an Arab state, as defined by the League of Arab States (LAS)? (Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the United Arab Emirates, and Yemen)

- No
- Yes

In which country or countries do you offer music therapy services? (select all that apply)

- Algeria
- Bahrain
- Comoros
- Djibouti

- Egypt
- Iran
- Jordan
- Kuwait
- Lebanon
- Libya
- Mauritania
- Morocco
- Oman
- Palestine
- Qatar
- Saudi Arabia
- Somalia
- Sudan
- Syria
- Tunisia
- The United Arab Emirates
- Yemen
- Other: _____

Compared to your international clinical practicum and/or internship placement experience, how is working in your country different? (check all that apply)

- Understanding of health and wellness
- Roles and functions of music
- Music repertoire
- Instrumentation
- Family structures and expectations
- Gender expectations
- Age expectations
- Interpersonal dynamics
- other _____

What would you recommend to music therapy training programs to better support Arab students who intend to return to an Arab country to practice music therapy? (select all that apply)

- More diverse clinical placements
- Curriculum that reflects a diverse cultural student base
- Policy making
- Building alumni relations for potential supervision
- Student led discussions around diverse musical cultures
- Systemic approaches to music therapy advocacy
- other _____

Block 5: Final Reflections

What is it like for you to share your experiences being an Arab music therapist?

- Terrible

- Poor
- Average
- Good
- Delightful

Is there anything else you feel is pertinent to share about your experience as an Arab music therapy student and/or professional music therapist?

Appendix B: Invitations to Participate

Initial Recruitment

Dear Music Therapist,

You may have received this call for participants from me previously, but unfortunately the initial survey I sent had to be shut down because it was in violation to Federal Regulations because of language added to the script without prior approval from the IRB. I sincerely hope that if you have completed the survey already, that you will take it again as your perspective is a significant one for the music therapy profession to learn about.

My name is Kristal Foster, and I am a candidate for Slippery Rock University's (SRU) Master of Music Therapy program. I am a white, American, ciswoman, who has been working as a music therapist in the Gulf Cooperation Council (GCC) region since 2015. I am conducting a research study that aims to highlight the experiences of Arab music therapists' experiences of their music therapy education and their perspectives about the adaptability of course material to their cultural context. The title of this study is, "A survey of the experiences of Arab music therapist's academic and cultural adjustment in music therapy training: A mixed-methods analysis," and is currently being conducted under the direction of Professor Susan Hadley, Ph.D., MT-BC.

After the submission of my research proposal to the Institutional Review Board (IRB), Palestine is experiencing an escalation of the Israeli apartheid, which is now being warned as an ethnic cleansing by the United Nations. This has created a ripple effect of grief and loss throughout the Arab community. While the goal of my research is to gain Arab perspectives in music therapy education, training, and practice, I also want to acknowledge the emotional burden being held by

the Arab community, and that some may not have the capacity for filling out a research survey at this time. For those who are able, I want to express my deepest gratitude, as your input is invaluable and will hopefully serve as a catalyst for more culturally diverse research and training.

Participants are invited to participate in an anonymous online survey. Participants must identify as Arab, be able to read and write in English, and have completed, or are currently completing, a degree in music therapy. Participation is voluntary and will take approximately 10-15 minutes. If you decide to participate in the study, you may withdraw your consent and stop participation at any time without penalty.

While there are no direct benefits to you, we hope that by gaining more awareness of your experiences that this will be of benefit to future Arab music therapists and music therapy students by bringing more awareness to your experiences to those who teach in music therapy educational training programs. While it is not possible to identify all potential risks

in research procedures, we do not anticipate any risks for participants and we, the researchers, have taken all reasonable safeguards to minimize any known and potential (but unknown) risks.

If you have any questions about the research, please contact Kristal Foster at kmf1031@sru.edu or Susan Hadley at susan.hadley@sru.edu. If you have any questions about your rights as a voluntary participant in this research, contact the SRU IRB at: irb@sru.edu. By clicking on the below link, you are consenting to participate in the above-mentioned research study.

Sincerely,

Kristal Foster, MT-BC Co-Researcher

Slippery Rock University

Follow this link to the survey: https://sru.co1.qualtrics.com/jfe/form/SV_6WKuWE4TmtJIPBc

Or paste this URL into your browser:

https://sru.co1.qualtrics.com/jfe/form/SV_6WKuWE4TmtJIPBc

Reminder message to be sent out on day 7:

Dear Music Therapist,

This is a kind reminder for those interested in completing the survey to support my thesis research titled, “A survey of the experiences of Arab music therapist’s academic and cultural adjustment in music therapy training: A mixed-methods analysis”, currently being conducted under the supervision of Professor Susan Hadley, Ph.D., MT-BC. The survey will remain open for responses for 14 more days before being closed. Your input is valuable in ensuring we gather a range of Arab music therapists’ experiences. Please see the below recruitment email for further details.

Sincerely,

Kristal Foster, MT-BC Co-Researcher

Slippery Rock University

Reminder message to be sent out on day 14:

Dear Music Therapist,

This is a kind reminder for those interested in completing the survey to support my thesis research titled, “A survey of the experiences of Arab music therapist’s academic and cultural adjustment in music therapy training: A mixed-methods analysis”, currently being conducted under the supervision of Professor Susan Hadley, Ph.D., MT-BC. The survey will remain open for responses for 7 more days before being closed. Your input is valuable in ensuring we gather a range of Arab music therapists’ experiences. Please see the below recruitment email for further details.

Sincerely,

Kristal Foster, MT-BC Co-Researcher

Slippery Rock University

Appendix C: Research Participant Informational Letter

A Survey of the Experiences of Arab Music Therapist's Academic and Cultural Adjustment in Music Therapy Training Programs and Usefulness of Skills as a Practicing Music Therapy: A Mixed Method Analysis

Kristal Foster, kmf1031@sru.edu; Susan Hadley, susan.hadley@sru.edu

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be Arab, be able to read and write in English, and have completed, or are currently completing, a degree in music therapy. Taking part in this research project is voluntary.

Important Information about the Research Study

Things you should know:

- The purpose of the study is to bring the experiences of Arab music therapists' educational and cultural experiences forward to better understand their needs in international music therapy programs. If you choose to participate, you will be asked to complete an anonymous online survey. This will take approximately 15 minutes.
- While we do not anticipate risks or discomforts associated with this study, it is possible that you may experience some emotional discomfort when answering questions regarding your educational experience. Given the small number of Arab music therapists, there is also a risk that

you feel you must participate in this research. We have taken precautions to eliminate or reduce these risks by developing an anonymous survey. We also want to assure you that participation in the research is completely voluntary and that declining to participate will not negatively affect you in any way. You can withdraw from the study at any time if you feel discomfort.

- The study will not benefit you directly but may benefit future Arab music therapy students and professionals by bringing more awareness of your experiences to those who teach in music therapy educational programs.
- Taking part in this research project is voluntary. You do not have to participate and you can stop at any time. Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the Study About and Why are We Doing it?

The purpose of the study is to bring the experiences of Arab music therapists' educational and cultural experiences forward to better understand their needs in international music therapy programs.

What Will Happen if You Take Part in This Study?

If you agree to take part in this study, you will be asked to complete a 29-question anonymous online survey containing 25 multiple choice and 4 short answer questions. We expect this to take about 10-15 minutes.

How Could You Benefit From This Study?

Although you will not directly benefit from being in this study, others might benefit because by learning more about your experiences those who teach Arab students in international music therapy programs may learn how to better meet the needs of Arab students. This will then benefit future Arab students and professionals.

What Risks Might Result From Being in This Study?

While we do not anticipate risks or discomforts associated with this study, it is possible that you may experience some emotional discomfort when answering questions regarding your educational experience. Given the small number of Arab music therapists, there is also a risk that you feel you must participate in this research. We have taken precautions to eliminate or reduce these risks by developing an anonymous survey. We also want to assure you that participation in the research is completely voluntary and that declining to participate will not negatively affect you in any way. You can withdraw from the study at any time if you feel discomfort.

How Will We Protect Your Information?

We plan to publish the results of this study. To protect your privacy, we will not include any information that could directly identify you. Your survey responses will not be connected with your email address.

What Other Choices do I Have if I Don't Take Part in this Study?

If you choose not to participate, there are no alternatives.

Your Participation in this Research is Voluntary

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. If you decide to withdraw before this study is completed, just exit the survey.

Contact Information for the Study Team and Questions about the Research

If you have questions about this research, you may contact Kristal Foster, kmf1031@sru.edu.

Contact Information for Questions about Your Rights as a Research Participant

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Institutional Review

Board Slippery Rock University

104 Maltby, Suite 302
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Your Consent

Before agreeing to be part of the research, please be sure that you understand what the study is about. You can print a copy of the document for your records here, [Informational letter](#). If you have any questions about the study later, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study. I understand that I can withdraw at any time. You indicate your voluntary agreement to participate by clicking NEXT.