

Parents' Perceptions of the Music Therapy Children With Disabilities Received in the United Arab Emirates*

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Given that music is not part of the national/regular curriculum and how music therapy is a new endeavor in the United Arab Emirates (UAE), this study aimed to investigate parents' perceptions of the music therapy given to their children with disabilities in the UAE. A survey was administered to 33 parents of children with disabilities living in Sharjah, UAE. The survey consisted of 43 questions related to characteristics of the music therapy sessions that the participants' children received and the parents' satisfaction with their children's music therapy. The results showed that participants reported a high level of satisfaction with the music therapy provided to their children. In terms of their participation in music therapy sessions, 33.3% of parents co-participated in music therapy sessions with their children, and 45.5% of parents observed their children's sessions. Parents who had direct participation in music therapy sessions were significantly more satisfied with their children's music therapy ($p < .05$) and perceived greater positive changes in their children as a result of the therapy ($p < .05$). Parents perceived their children as being able to positively respond to music, leading to positive changes in behavior. Despite these benefits, participants also reported the need for formal opportunities for family members to learn about the applications and outcomes of music therapy. The findings of this study supports the implementation of music therapy throughout the UAE and point to the need for future studies as music therapy expands across the country.

Keywords: children with disabilities, parents, music therapy, the United Arab Emirates

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I . Introduction

As an academic field of profession, music therapy has been growing across the countries and settings (Kern & Tague, 2017). The therapeutic effects of music therapy have been repeatedly evidenced with diverse clinical population (Davis, Gfeller, & Thaut, 2008; Silverman & Furman, 2014). For children with disabilities, its application has been documented to facilitate developmental needs of children including physical, cognitive, language, social, and emotional domains (Brown & Jellison, 2012). Professional growth of music therapy practice, including music therapy for children with disabilities, includes not only its extended application to various settings (e.g., educational settings such as schools and community centers) but also educational system for training music therapy professionals (Ferrer, 2018).

As such, music therapy has been introduced to the United Arab Emirates (UAE), while its history has not been long. It is attributed to the fact that music has not been included in formal public education curriculum in the UAE for a long time, given that musical activities (e.g., playing music) have been prohibited due to cultural and religious issues (Hejjawi, 2007). Music education has been gaining interests and considered as important for children's lives only recently and, still its implementation is limited to informal institutions such as private conservatories or private lessons in Arab countries (Baltagi, 2007). Historically, there were local musicians in the UAE in the 1970s, who contributed to a musical community. However, starting in the 1980s, the number of local musicians decreased due to rising religious conservatism and negative portrayals of musicians in the mass media. By the 1990s, there was a clear divide between religious and secular music. Religious music was promoted in society while secular music was suppressed (Frishkopf, 2010).

Despite regulations limiting music education in Arab countries, the use of music for treating children with disabilities has gained attention as an effective treatment method. In 2013, a special education institution has launched music therapy program for children with disability for the first time in the UAE. In multidisciplinary collaboration with music therapy professionals, music therapy services began to be provided to children with disability and the demands for music therapy have continued to increase (Sharjah TV, 2016). As a result, general and special education teachers have started to use music in education settings, and this is being perceived as a highly effective treatment for children (Bamakhramah, Chong, & Yun, 2018). These findings support the needs for extensive efforts to develop music therapy program specific to needs of children with disabilities in the UAE, reflecting not only their developmental needs due

to their developmental disabilities, but also cultural aspects of Arab world where the use of music has been developed differently from Western countries and Korea.

As music therapy practice is established and expanded for a specific population, especially children, how caregivers perceive the profession and related services presents clinical consideration (Annesley & Curtis-Tyler, 2020). It is attributed to the fact that they can provide information on how children benefit from the services based on the observation of how their children make progress in their everyday lives (Jeon, 2011; Shim, 2012). Also, the caregivers have the control over whether to receive music therapy services or not, and whether to continue or discontinue to receive services. Accordingly, while their perception of music therapy would not influence the outcomes of music therapy, it still can contribute to the quality of the therapy process as environmental factors and determining agent of the support system for a child (Annesley & Curtis-Tyler, 2020; Zhang, Lee, & Moon, 2016).

As such, studying on perception of caregivers of children with disabilities is important in the UAE in which the music therapy profession is emerging. Previous studies investigating individuals' perception on use of music or music therapy practice were conducted with teachers in English language classrooms (Hejjawi, 2007), special education teachers or health-related professionals (Bamakhramah et al., 2018; Ma, 2017). Considering that clinical issues should be addressed in relation to cultural, environmental, and family factors, caregivers' perception on music therapy will give baseline data for how music therapy has been established in real clinical settings and what support children with disabilities and their family would need. Therefore, this study aimed to investigate parents' perceptions of music therapy their children with disabilities received in the UAE. Research questions are the followings:

1. What are the characteristics of the music therapy program for children with disabilities implemented in the UAE?
2. What are parents' perceptions of music therapy for their children with disabilities in the UAE?
 - 2-1. How satisfied are parents with the music therapy program provided to their children with disabilities?
 - 2-2. What expectations do parents have regarding the music therapy program for their children with disabilities?
 - 2-3. Are there differences in music therapy satisfaction between parents who participated in their child's music therapy sessions and those who did not?

- 2-4. Are there differences in music therapy satisfaction between parents who observed their child's music therapy sessions and those who did not?

II. Methods

1. Participants

Participants in this study were parents of children who had received music therapy sessions in Sharjah, UAE. Participants were recruited from a local center for children with disabilities in Sharjah. This study was reviewed and approved by the board of the center. After approval of the study by the center, research purpose, procedures, and relevant processes were informed to parents of children with disabilities within the center. Each of participants voluntarily agreed to participate in this study. All responses remained anonymous and all the data collected from participants were kept safe and secure to assure confidentiality.

2. Survey materials

Questionnaire items were constructed based on previous studies investigating the perception of relevant professionals on music therapy (Ma, 2017; Warren & Nugent, 2010). Some items were modified to reflect the situation in the UAE. The questionnaire consists of 43 questions including items of demographic information, music therapy experiences, and parents' perceptions of their child's music therapy. Detailed information is displayed in <Table 1>. Participants were asked to rate their response to each item on a 5-point Likert with rating of 1("strongly disagree") to 5("strongly agree"). Its validity was confirmed with four music therapy professionals: three music therapist with doctoral degree and one with master's degree. Initially constructed questionnaire was tested with ten parents of children with disabilities. Based on the testing results, the final items of questionnaire were determined. The final version of questionnaire was then translated from English to Arabic.

〈Table 1〉 Construction of Questionnaire

Items	# of questions
Demographic information of participants	
Sex	
Age	
Relationship to child	5
Child's age	
Child's diagnosis	
Music therapy experience	
Total length of received sessions	
Number of received sessions	
Session format	
Music therapy session provider	18
Parent's co-participation in sessions for a child	
Observation of sessions for a child	
Reasons for receiving music therapy	
Previous participation in music therapy seminar	
Perception of music therapy	
Satisfaction with music therapy	
Intention to apply music strategies at home	
Intention to learn more about music therapy	20
Intention to receive parental support	
Expectations for music therapy	
Total	43

3. Procedure

This study was conducted from as an online survey. Questionnaire was accessed through a hyperlink to the online platform (Google survey). When each participant accessed the survey, he/she was directed to a consent page. After informing each participant that he or she has the right to withdraw their agreement and to discontinue the survey at any point, the informed consent was obtained from each participant. The participants agreed to voluntarily participate in this study. Data were collected from November 26 to December 24, 2020. Then all questionnaire were accumulated for analysis through the same platform.

4. Data Analysis

Descriptive statistics were analyzed in terms of demographic information and music therapy experience. All completed responses were analyzed and each response for each item was counted or calculated as mean and standard deviation. In order to compare their satisfaction with music therapy depending on parents' co-participation in music therapy session for their child and observation of music therapy sessions, an independent *t* test was implemented with the group factor of parents who had such experience versus those who did not.

III. Results

The participants in this survey included 35 parents of children with disabilities who received music therapy sessions in the UAE. Among a total of 35 responses collected, two incomplete responses were excluded. Finally, a total of 33 responses were included in final analysis. Among the respondents, 97% were mothers ($n = 32$). The children of participants ranged in age from 3 to 16 years, with the average age being 7.9 years. Among the participants's children, twelve were diagnosed with intellectual disability and eleven were diagnosed with autism spectrum disorder. Other disabilities of the children included speech/language disorder, learning disability, physical disability, attention deficit hyperactivity disorder, and hearing impairment.

The results on the music therapy experiences showed that the number of children who have received music therapy sessions until the late 6 months were 19 (57.6%), while the number of children who used to receive music therapy sessions 2 to 3 years ago but discontinued to receive music therapy sessions since then were 4 (12.2%). Children participated in music therapy sessions for a minimum of 1 month and a maximum of over 4 years with the average period being 1.1 years ($SD = 1.1$). The total length of the received sessions ranged from 1 to 52 months. The mean number of weekly sessions was 1.5 times per week ($SD = 1.1$), ranging from 1-2 times, and the mean duration of each session was 26.3 minutes ranging from 20-60 minutes. Among the respondents' children, 39.4% ($n = 13$) received group music therapy and 33.3% ($n = 11$) received individual music therapy. The other 27.2% ($n = 9$) received both group and individual sessions. Also, participants reported that their children received music therapy sessions from a special education teacher ($n = 15$) and the second highest session provider reported by the participants was a music therapist ($n = 12$). The other responses included a speech-language

specialist, an occupational therapist, and an English teacher, indicating that the professional field of music therapy in the UAE is still emerging and other professionals have also been providing music therapy sessions.

In this study, participants were asked if they have directly participated in their children's music therapy sessions as in co-participating in music therapy sessions together with their children or observing their children's sessions. Results showed that 33.3% ($n = 11$) of the participants had experience co-participating in their child's music therapy sessions. Also, 45.5% of parents ($n = 15$) had experiences observing their child's session. Details are as shown in <Table 2>.

<Table 2> Parents' Experiences in Children's Music Therapy Sessions

($N = 33$)

Participation	<i>n</i> (%)
Co-participation in the session, Yes : No	11(33.3) : 22 (66.7)
The format of session participated ($n = 11$)	
Individual session	3(27.3)
Group session	8(72.7)
Observation of a child's music therapy session, Yes : No	15(45.5) : 18(54.5)
The format of session observed ($n = 15$)	
Individual session	4(26.7)
Group session	11(73.3)

When asked whether they were able to recognize or identify music materials used during music therapy sessions for their child, 45.5% ($n = 15$) of the participants reported that they were familiar with the music their children played during music therapy sessions. 42.4% ($n = 14$) of participants responded that they have heard their child sing or play the session music outside of music therapy sessions. When they were asked about how they have received information about music therapy, many of parents ($n = 26$, 78.8%) received information through the institution center. In terms of reasons for their decision to provide music therapy service for their child, 60% ($n = 20$) of respondents reported that they have decided to participate in music therapy sessions because they believed that music therapy was effective. And 48.5% ($n = 16$) responded that they thought music therapy would be one of the options for fitting with their child's needs. For previous experiences of music therapy-related seminar or educational courses, only 10% ($n = 3$)

of the participants had experiences in participating in a seminar that introduced about music therapy or benefits of music therapy. All participants who attended such type of seminar responded that they were able to obtain useful information on music therapy from the event.

This study also investigated what expectations parents have regarding the music therapy program for their children with disabilities. Among the participants, 93.9% ($n = 31$) responded that they desired to receive additional assistance, information, or events related to music therapy, while 6.1% ($n = 2$) responded that they did not. Almost half of the participants (46.7%, $n = 14$) indicated that they wanted to receive tasks or assignments that their children could apply at home or school, and 25% ($n = 8$) answered that they wanted a family music therapy session. Among the participants, 90.9% ($n = 30$) responded that they wanted to learn the music strategies used in their child's sessions, while 9.1% ($n = 3$) responded that they did not wish to do so. Among the participants who reported to need additional information about music therapy, twenty parents were interested in "basic knowledge of music therapy," and fourteen were interested in "music-related tasks applicable to the home environment of children."

Looking at ratings on satisfaction with music therapy in each item, the item of general satisfaction was rated with the mean score of 4.5 ($SD = 0.6$), as was for the item of willingness to recommend music therapy to others. The item of satisfaction with session environment was rated with a high score ($M = 4.5$, $SD = 0.6$) and as was therapist's expertise ($M = 4.5$, $SD = 0.6$). Among the responses, the lowest rating was found with the item of session frequency ($M = 3.7$, $SD = 0.8$). Details are shown in <Table 3>.

<Table 3> Perceived Satisfaction with Music Therapy

($N = 33$)

Item	<i>M</i>	<i>SD</i>
Satisfaction in general	4.5	0.6
Willingness to recommend music therapy to others	4.5	0.9
Perceived positive change in child	4.0	0.7
Session frequency	3.7	0.8
Session environment	4.5	0.6
Therapist's expertise	4.2	0.9
Therapist's understanding of child	4.3	0.8
Communication with the therapist	4.1	0.9

Given that the chance to co-participate in music therapy sessions together with a child or observe music therapy sessions for a child has been increasingly given to parents of children with disabilities, this study investigated whether those experiences would influence the parents' satisfaction with music therapy services. An independent *t* test was used to examine differences in music therapy satisfaction between parents who participated in music therapy sessions and those who did not. Results showed that parents who had experience directly participating in their child's sessions had a significantly higher mean satisfaction rating than those who did not ($p = .02$). Results for the other satisfaction items did not reach statistical significance. Results are displayed in <Table 4>.

<Table 4> Independent *t* Test Results for Differences in Music Therapy Satisfaction Depending on the Parents' Experience of Music Therapy (N = 33)

Satisfaction	Direct participation		<i>t</i>	<i>p</i>
	Yes (<i>n</i> = 11)	No (<i>n</i> = 22)		
	<i>M</i> ± <i>SD</i>	<i>M</i> ± <i>SD</i>		
Satisfaction in general	4.82 ± 0.40	4.36 ± 0.65	2.09	.02*
Willingness to recommend to others	4.55 ± 1.21	4.59 ± 0.66	- 0.11	.40
Perceived positive change in child after music therapy sessions	3.91 ± 0.53	4.18 ± 0.79	- 1.02	.03*
Frequency of sessions	3.73 ± 0.78	3.77 ± 0.86	- 0.14	.41
Session environment	4.73 ± 0.46	4.45 ± 0.67	1.20	.48
Therapist's expertise	4.36 ± 0.80	4.14 ± 0.88	0.71	.74
Therapist's understanding of child	4.73 ± 0.46	4.18 ± 0.90	1.86	.15
Communication with the therapist	4.55 ± 0.52	3.95 ± 0.95	1.91	.58

* $p < .05$.

Results showed that parents who had experience observing the child's session had a significantly higher rating for the item of 'satisfaction in general' than those who did not ($p = .04$). Results on other satisfaction items did not reach a statistically significant satisfaction rating (see <Table 5>).

〈Table 5〉 Independent *t* Test Results for Differences in Music Therapy Satisfaction Depending on the Parents' Experience of Observing Their Child's Music Therapy Sessions (*N* = 33)

Satisfaction	Observation		<i>t</i>	<i>p</i>
	Yes (<i>n</i> = 15)	No (<i>n</i> = 18)		
	<i>M</i> ± <i>SD</i>	<i>M</i> ± <i>SD</i>		
Satisfaction in general	4.73 ± 0.45	4.33 ± 0.68	1.92	.04*
Willingness to recommend to others	4.60 ± 1.05	4.56 ± 0.70	0.13	.82
Perceived positive change in child after music therapy sessions	3.93 ± 0.70	4.22 ± 0.73	-1.14	.48
Frequency of sessions	3.60 ± 0.73	3.89 ± 0.90	-0.99	.58
Session environment	4.53 ± 0.51	4.56 ± 0.70	-0.10	.31
Therapist's expertise	3.93 ± 1.03	4.44 ± 0.61	-1.68	.22
Therapist's understanding of child	4.27 ± 1.03	4.44 ± 0.61	-0.58	.17
Communication with the therapist	4.27 ± 0.79	4.06 ± 0.93	0.68	.46

**p* < .05.

IV. Discussion

The purpose of this study was to investigate parents' perceptions of the music therapy given to their child with disabilities in the UAE. This study investigated the characteristics of the music therapy program implemented, parents' experiences of music therapy, and parents' satisfaction with their child's music therapy. The discussions centered around the results of this study are as follows.

First, this study showed a baseline data for the current music therapy status in the UAE. Many of parents reported to receive information about music therapy through the institution center and they decided to receive music therapy sessions for their children because they thought music therapy was effective for their children's needs. These results support that music therapy services have been increasingly promoted in the UAE. It is promising finding, given that the use of music and music education has been gaining interests from schools and institutions for children with disabilities only recently. Still, music therapy services were provided not only by music therapists but also by other professionals including special education teachers, indicating

that the professional field of music therapy in the UAE is still emerging and extensive efforts are needed to establish the field of music therapy profession.

The results showed that nearly half of the participants had the chance to co-participate in a child's music therapy sessions or observed the sessions. Such experiences would help them to understand how music therapy works for their children with disabilities and how therapeutic outcomes of music therapy would be applied to changes in the children's everyday lives. However, given that they reported the needs for additional assistance and the chance to participate in seminars that give information of music therapy, more diversified ways to support the caregivers and families of children with disabilities in the UAE are needed to be developed. In consideration that music therapy is an emerging field and caregivers of children with disabilities in the UAE might have limited opportunities to experience or observe music as therapeutic agent, various workshops, parental training, or parent-therapist counseling could be the options for caregivers (Kang, 2019).

Also, the results showed that most participants were generally satisfied with their child's music therapy program. Parents responded that their child felt comfortable around the musical environment. This indicates that although the UAE country has a very different cultural background where music had not been part of the public education curriculum, music therapy still can improve developmental skills with children with disabilities and enhance their quality of life. However, these results should be generalized with caution, considering that this study was conducted with small samples in one institution.

This study compared parents' perceptions depending on whether they directly participated in their child's music therapy or observed their child's therapy. Satisfaction with music therapy was higher for parents who had participated in their child's music therapy. This is attributed to that these experiences might enhance the parents' understanding of music therapy and its potential to elicit a child's response and facilitate his/her needs. This also suggests that music therapy can be served as an effective medium to foster parent-child interaction. Once parents learn how to incorporate music activities into their child's daily routines, they can facilitate their child's use of music for functional purposes (Yang, 2016). These findings may provide a basis for countries such as the UAE that are expanding music therapy information or educative seminars for parents of children with disabilities

In conclusion, this study examined the fundamentals about how the music therapy program proceeded in Sharjah and how parents perceived their children's music therapy sessions. This information could be useful for expanding the program. The results revealed that parents who

had participated in their child's music therapy were more satisfied with the program than those who did not. It is likely that parents who participate in their child's sessions are better able to perceive their child's progress. Also, the participants in this study were keen to learn more about music therapy. Therefore, integrating parents into the therapeutic process is suggested. In countries where music is not already a regular part of the educational system, supporting parent education and involvement in music therapy is even more essential.

This study was conducted in Sharjah in the UAE. Therefore, the study's broader applicability is limited, and further study in other UAE cities and other Arab countries is needed. Despite the investigator's initial plan to focus on parents with children who received music therapy sessions within 6 months of completing the survey, the COVID-19 pandemic significantly disrupted therapy sessions. Subsequently, the researcher had to adapt and expand the study pool to include all parents whose children had received music therapy in the past. Future research should include participants who have recently completed or are still participating in music therapy and administer more in-depth measures. Therefore, a follow-up study is needed in which researchers investigate parents' perceptions using qualitative methods to investigate a more comprehensive understanding of the parents with children receiving music therapy.

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아랍에미레이트 장애아동 부모의 음악치료에 대한 인식 조사*

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본 연구의 목적은 장애아동의 부모의 음악치료에 대한 인식을 알아보는 것이다. 연구 참여자는 현재 아랍에미레이트 샤르자에서 음악치료 경험이 있는 장애아를 둔 부모이다. 참여자 모집은 장애아동치료기관의 동의를 획득한 후 참여자를 모집하였다. 연구 참여에 동의한 35명을 대상으로 온라인 조사를 시행하여 장애아동 음악치료의 현황, 프로그램 실태, 부모의 참여 경험, 만족도와 기대하는 바에 대한 내용을 수집하였다. 회수된 최종 33개의 응답을 분석한 결과 부모 만족도는 음악치료에 대해 높은 수준의 만족도를 보였다. 부모의 장애아동 음악치료에 대한 만족도를 자녀의 음악치료 세션에 직접 참여해본 경험이나 관찰 경험에 따라 비교하였을 때, 세션 경험이나 관찰 경험이 있는 보호자들이 유의하게 높은 수준의 만족도를 보인 것으로 나타났다($p < .05$). 음악치료에 기대하는 것에 대해 부모 대상 음악치료 경험 44.4%에 기대하는 바가 가장 높게 나타났으며 음악치료 기본지식 36% 등 음악치료에 대한 지식면에서도 학부모들이 도움을 원하는 것을 알 수 있다. 본 연구 결과는 장애아동 음악치료에서의 만족도와 기대하는 바를 파악함으로써 수혜아동 부모의 의견을 반영하여 효과적인 음악치료 프로그램을 시행하는데 필요한 기초자료를 제시하였다는 데 의의가 있다.

핵심어: 장애아동, 부모, 음악치료, 아랍에미레이트

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