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# MUSIC THERAPY AND MUSIC BASED INTERVENTIONS FOR DEMENTIA AND END OF LIFE CARE IN TURKEY

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#### Abstract

During the Seljuk and Ottoman period, many şifahanes (hospitals) were built and im-portant scientists of the period from the 9th century until the 19th century included music and health issues in their works. In the last period of the Ottoman Empire, some şifahanes (hospi-tals) were closed and some of them were destroyed in wars. Then, music therapy the use of music as a therapeutic agent was forgotten until the end of the 1970s. Later on, some articles on the subject were written and interventions were carried out under the name of music thera-py. These practices are based on the interventions of music-based practices in hospitals. In 2013, music therapy was included as a field in the Department of Traditional and Comple-mentary Medicine of the Ministry of Health. Since 2018, universities have begun to issue cer-tificates of music therapy approved by the Ministry of Health. Since there is no undergradu-ate, graduate and doctoral level training, the number of music therapists is extremely insuffi-cient in Turkey. Health workers or musicians are performing music-based practices with end-of-life care and dementia patients and these practices are viewed as music therapy. Ultimately, the services provided in end-of-life care and dementia in Turkey are not music therapy appli-cations, but rather music-based interventions conducted by musicians or healthcare profes-sionals.

Keywords: Music Therapy, Turkey, Music Medicine, Demantia, End of Life Care.

## 1. Historical Background

The History of Music Therapy music as a therapeutic agent in Turkey, extends back to the 9th century A.D., to the times of the Seljuk State. Seljuks were the predecessors of the Ottomans, who came before the Republic of Turkey. Both were large states. Seljuks ruled over present day Iran and a major part of Turkey, and Ottomans ruled over the present day Turkey, the Balkans, the Middle East, and north Africa.

During the time of the Seljuks and the Ottomans, some scholars wrote books about music and health (Ersoy and Özcan, 2018; Yücel, 2016). In these books, they mentioned that Turkish music will heal certain diseases. This music was based on maqams, which are musical modes or scales with a set of melodic formulae that guide the improvisation or com-position. Maqams were

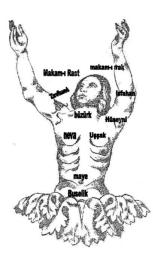
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chosen based on the patient's disease, their horoscope, and time of the day the music would be played (morning, mid-morning, noon, evening, etc.).

There are many writers who include references about the music performed in şifahanes or hospitals, as they were named at the time. Some of these scientists are physicians and the others are musicians. Some of these scientists are;

- Yakub b. İshak el-Kindî (./874?),
- İbn Hurdâzbih (./ 913?),
- Fârâbî (./950),
- İbn Sînâ (./1037),
- Safiyyüddîn-i Urmevî (./1294),
- Abdülkadir-i Merâgî (./ 1435),
- Hasan Kaşanî (/.1355?),
- Kadızâde Tirevi (/.1494),
- Ahmedoğlu Şükrullah Çelebi (./1465),
- Musa bin Hamun (./1554),
- Şuûri Hasan Efendi (./1693-4),
- Tanburi Küçük Artin (./1750)
- Mehmed Hafid Efendi (./1811),
- Haşim Bey (./1868) (Ak, 1997; Altınölçek, 2013; Turabi, 2011; Yalçın, 2018).



**Photo 1:** Haşim Bey Book (Haşim Bey Mecmuası). The book includes an illustration which shows the Turkish music maqams on the human body.

Some of the sifahanes (health center/hospitals) are;

- Şam Nureddin Zengi Şifahanesi (1154),
- Kayseri Gevher Nesibe Darüşşifası (1205),
- Divriği Ulu Camii ve Darüşşifası (1228),
- Fatih Darüşşifası (1470),
- Süleymaniye Tıp Medresesi ve Darüşşifası (1557),
- Enderun Hastanesi (İstanbul 1478),
- Edirne II. Bayezid Darüşşifası (1488),
- Amasya Darüşşifası (1308) (Yücel, 2014).

In these hospitals, especially mental patients were treated with music. Expenses of these health centers were covered by specially instituted foundations which were granted lands, shops, and other trading establishments and were managed by the ruling family and the wealthiest of the community. The same organizational structure and services provided at these health centers continued during the Ottoman times (1299-1922) (Kılıç, 2009).



Photo 2: Edirne Sultan II. Beyazid Darüşşifası (One of the hospitals/ şifahanes)

Musicians came to these hospitals two or three times a week and they performed music for the patients. Water was also used along with music. During these concerts, the musicians made appropriate use of maqams and played so that patients became relaxed. As additional therapy, fine scented flowers were presented to the patients and the sounds of birds were also included.

Gevher Nesibe Health Center, one of the şifahanes of the Seljuk times, was built in 1206. As the patients were being treated at şifahanes, students studying medicine also re-ceived their education and training in these settings. In addition, there was a department spe-cifically used for treating patients with mental disorders which included 18 rooms, with a ru-dimentary speaker system. It is believed that this system allowed patients to listen to music and sounds of water which would help them to relax. Since 1982, this şifahane is a medical history museum (Yücel, 2014) .

Sultan Mehmed the Conquerer (1432 - 1481) built the Enderun Hospital inside Topka-pi Palace in the 15th century. Baron Tavernier, a Parisian who visited İstanbul in the 17thcentury, writes that musicians played music for patients at the Enderun Hospital on tradi-tional Turkish instruments such as the ney, santur, cenk and miskal. The music lasted from morning until the evening and sometimes as late as midnight (Bayraktaroğlu, 2014).

These hospitals were closed when the Ottoman state started to decline. After losing the Balkan Wars and the First World War, the Ottoman State collapsed.

However, many officers from the Ottoman army regrouped under the leadership of Atatürk, and after waging an Independence War, The Republic of Turkey was founded in 1923. It emerged from all these wars as an economically impoverished country. Music therapy the use of music as a therapeutic agent was not one of its priorities, and it was forgotten for a long time.

Until 1976, when Bekir Grebene, a psychiatrist wrote an article about music therapy in a Turkish journal (Musiki Mecmuası). In the same year, a band named Türk Musikisini Araştırma ve Tanıtma Grubu - Group for the Research and Promotion of Turkish Music (TU-MATA) was established. This band aimed to introduce Turkish and central Asian instru-ments to the public and started to organize music therapy sessions. The group adopted the aforementioned idea that certain maqams would heal certain diseases and used the music that shamans used in Central Asia. The band organized many Turkish Music and Therapy trainings both inside and outside the country. For a long time after 1976, the only source of information for music therapy in Turkey was limited to this band.

#### 2. Current Situations in Turkey

Many people wanted to get access to accurate information about music therapy and music therapy education. In 2014, Music Therapy Association in Turkey (MUZTED) was founded and it was the first music therapy association of the country. Later, other music therapy associations were established in different cities. Currently, there are 5 associations. How-ever, other

associations' approach is mainly the traditional one. Around the same time as we were working on founding the Music Therapy Association, a number of Turkish students and friends were studying music therapy abroad in countries such as Finland, France, Germany and the USA.

Since our founding, as the Music Therapy Association (MUZTED), we are working towards understanding and describing music therapy properly. Music Therapy Association became a member of the European Music Therapy Confederation in 2019

Many professionals from various fields are interested in music therapy and in support-ing the development of the profession in Turkey. However, there are various perceptions, some completely off the mark, about music therapy in Turkey due to various practices. Aca-demic studies often address the history of music in healing in Turkey. Scholars and healthcare professionals in Turkey identify practices such as having patients listen to music, performing music for patients, or the use of music in special education and Orff Schulwerk practices as music therapy. While music therapy is not defined, and not yet a recognized profession, the label of music therapy is utilized to identify a variety of music-based practices. The use of music in healing is regarded as non-threatening, safe, efficient and cost effective. All of these factors support the need for the development of a music therapy training curriculum, not only to provide a foundation for the profession, but also to define who can practice as a music therapist in Turkey (Ucaner and Heiderscheit, 2016).

On the other hand, the Department of Traditional and Complementary Medicine was established within the Ministry of Health in 2014. This meant that music therapy was recognized by the Turkish State, within the scope of traditional and complementary medicine. In accordance with a by-law, Ministry of Health approved music therapy certificate programs started. Graduates of music and graduates of health fields can apply to this certificate pro-gram. This certificate program includes approximately 200 hours of training.

This by-law includes the definition of music therapy, criteria for becoming a certified practitioner, situations congruent for music therapy practices, music therapy centers and de-vices and materials that equip music therapy centers. According to the by-law, certified practi-tioners are determined as follows: certified doctors, health professionals under the supervision of certified doctors and assistant practitioners who have at least a bachelor degree in a music-related field and have completed a certified music therapy education. In other words, music therapists can only work under the supervision of a certified doctor or dentist.

The Ministry of Health then issued Certified Music Therapy Education Standards on July 13th, 2016. Universities must comply with the standards issued in order to get approval from the Ministry of Health if they want to offer Certified Music Therapy Education. The aim of the Music Therapy Education is to help health and music professionals to develop essential skills for music therapy practice. Health and music professionals are eligible to obtain music therapy training. Doctors, dentists and graduates of music-related fields with at least doctoral degree or proficiency in music are eligible to complete the certified music therapy education. The instructors of all courses must have at least a bachelor degree or official proof of work experience in the fields related to the courses that they will teach (Ucaner and Heiderscheit, 2016).

Universities have started music therapy certificate programs in 2018. There is a strong demand for university-level music therapy training in Turkey. To meet that demand, a state and a private university are working to open a music therapy department to confer undergrad-uate and master's degrees. In order for these programs to succeed, academicians from abroad are needed to teach in Turkey.

#### 3. Aging and Dementia in Turkey

In Turkey, percentage of elderly population (65 years and above) was 4.3% of the total population in 1990. This ratio was 8.5% in 2017. According to population estimates, the rate of elderly population is estimated to increase by 10.2% in 2023, 20.8% in 2050 and 27.7% in 2075. Turkey ranks 66th in the ranking by the elderly population ratio in 2016 (TÜİK 2014; Tekin and



Kara, 2018). In our country, the elderly population increases more than other age groups. Turkey is among the countries which are rapidly aging. (Mandıracıoğlu, 2010).

Level of education in the elderly: 25% of the elderly are illiterate. 40% are primary school graduates, 4.4% are middle school graduates, 5% are high school graduates and 4.4% are university graduates. 12% of the elderly are actively working. 70% of the working group is working in agriculture sector.

As of 2018, the addiction ratio for the elderly is 12.9 %. Cardiovascular diseases and cancers are the most common causes of death in the population aged 60 years and over. The number of elderly people who die from Alzheimer's disease also increases annually. In 2017, death rate was 4.5% with Alzheimer's. Elderly people in Turkey suffer largely from multimor-bidity (multiple disease) which increases their need to access to general health services and special (alternative) treatment (TÜİK, 2019).

In our country, there are nursing homes for elderly people. There is one nursing home for every 214 people aged 65 and over. This ratio is extremely low. There is also an imbalance in the distribution of the nursing homes. Turkey has 81 provinces and only 43 of them have nursing homes. On the other hand, qualifications such as "being able to perform daily life ac-tivities independently, being not in bed or in need of continuous medical treatment or care, and not having any disability or illness that would prevent meeting the needs of body func-tions with their own needs" are sought to be admitted to state funded nursing homes estab-lished for elderly (Vehid, 2000).

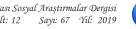
Approximately 24 thousand elderly live in nursing homes. Culturally, a significant proportion of the elderly in our country are being treated by their families in their homes. Home care services in Turkey are inadequate and home care is provided by people who do not have any training. In recent years, noticeable undertakings aiming for the development of home care services in Turkey are being carried out by the government.

### 4. Dementia and End-of-Life Care and Music Therapy in Turkey

In Turkey, there are about 600 thousand Alzheimer's and about 1 million dementia patients. On the other hand, we know that there are between 30,000 and 40,000 dementia pa-tients who are younger than 65 years old (Özbabalık and Hussein, 2017).

In old age; there are positive effects of home care on physical health, psychological status, level of independence, social participation, interpersonal relations, realization of own potential and intellectual development processes. Besides, it enables the protection of family integrity, reduction of stress, the ability for the individual to continue his/her life in the envi-ronment s/he is used to and continue the hobbies and social activities s/he is used to (Bahar and Parlar, 2007). However, the protection of the health of the elderly is also possible with a multidisciplinary approach. Since it requires taking into account the physical, emotional, so-cial, economic and environmental aspects of the individual and his / her family, home care services necessitate team work. Based on the health status and care needs of the elderly, dif-ferent occupational groups such as physicians, nurses, home economists, pharmacists, social workers, psychologists, physiotherapists, speech therapists, occupational therapists take part in the care (Karahan and Güven, 2002). In Turkey, music therapists should be included in these occupational groups.

The inadequate number of institutions providing home care services in our country, the lack of a home care service integrated into the general health system, the inability of home care services to be covered by health insurance institutions lead the persons who need home care to apply to a hospital or rehabilitation center although they could be cared at home. In addition, that the caregivers have insufficient knowledge about home care, leads to shortening the life span of the people with home care (Subaşı and Öztek, 2006). Since home care services are not developed in our country, both caregivers and home care beneficiaries encounter many problems. Even when the individuals are given home care directly by their relatives, this af-fects their physical and



psychological well-being. Plus, studies have shown that caregivers face some problems (Karahan and Güven, 2002).

Caregivers themselves are usually elderly, with their own health problems and with no social, physical, mental and economic support. This causes a number of problems: home caregivers are reported to have limited freedom, a negatively affected mental state, stress and depression experiences. Not only the caretaker, but also the caregiving family members would benefit from music therapy.

Some of the studies conducted in Turkey are as follows:

In one study conducted with elderly individuals (n=31) living in a nursing home, mu-sic was administered by nurses before bedtime and it was concluded that magam-based music has a positive effect on sleep quality. In the study in question (a master's thesis), music thera-py is mentioned as a non-pharmacological nursing intervention (Altan, 2011). Another mas-ter's thesis determined the positive effect of magam-based music on feelings of loneliness experienced by the elderly, as a result of a receptive procedure which used this genre of music with a group of elderly individuals (n=19) living in a nursing home, for 30 minutes twice a day, during 10 days (Kurt, 2014). Music therapy is labeled as a nursing intervention in this study as well. In an article about music therapy and seniors' health, music therapy applications are presented as a set of interventions to be conducted independently by nurses owning a mu-sic therapy certificate and potentially beneficial for the improvement of the quality of life of elderly people, which are more prone to chronic diseases (Öcebe, Kolcu and Uzun, 2019). In another study investigating the effect of music therapy on the sleep quality of elderly people living in a nursing home, magam-based music was administered daily before sleep during 20 minutes and for a period of 3 weeks, and a positive effect on sleep quality was observed. On-ce again, this was a study considering music listening activities to be non-pharmacological nursing interventions labeled as music therapy (Sarıkaya and Oğuz, 2016). An article discus-sing the music genres used within music therapy interventions in Turkey refers to music the-rapy as an application in which recorded music or live music with Baksı dance are played to the patient (Yılmaz and Kubilay Can, 2019).

Turkey will go through a similar process of aging as the world and will be confronted with the challenges of aging societies. In Turkey, music therapy should take its place among the health services for the elderly population as soon as possible.

#### 5. Conclusion

In some nursing homes, musicians give concerts for entertainment, and call it music therapy. Nurses make patients listen to music in some hospitals and call it music therapy. There is currently no educated music therapist working officially in any institution.

In 2019, an elderliness council was organized in Turkey and it has been suggested within the final report of the council that music therapy supports active and healthy aging; trained music therapists can be solicited especially in care centers providing services to elderly with dementia. These progressions are extremely pleasing but more concrete steps should be taken. This need of care is not only under the responsibility of the State but also of the society State. Because of the strong family bounds in Turkey, many families are giving caring the elders at home. For this reason, home caregivers should also be trained on how to use music both in their own lives and in the life of the elders. It should be taken into consider-ation that the care service cannot be met only by private organizations and it should be planned to employ music therapists both within the home care system and within the institu-tions providing health services. In addition, not only the elderly but also the caregivers benefit from music therapy. Music therapy should be included in the services towards both elders and home care givers in Turkey.

Therefore, Turkey needs educated and trained music therapists. Another important topic at this point is the lack of the number of academics who will provide music therapy training in Turkey. Clinicians and academics who are experienced in this field and in develop-ing music therapy programs should be invited to Turkey in order to provide training.

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