

REPORT

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

Music therapy in Tunisia: An introduction and some emerging initiatives in dementia and oncology

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ABSTRACT

Although the use of music for therapeutic purposes has ancestral origins in Tunisia, music therapy is not yet formalised in Tunisia. In 2014 the National Association of Music Therapy in Tunisia, a non-profit association, was founded with the aim of promoting music therapy practice and research. Music therapy, as a discipline, is taught in Tunisia as a module at the Higher Institute of Specialised Education. It is intended for students and future specialised educators, as well as students seeking a professional Master's degree in 'Disability and Rehabilitation', or a research Master's degree in 'Specialised Education'. Music therapy is used with children diagnosed with Autistic Spectrum Disorders, children and adults with disabilities or intellectual deficits and also with elderly Alzheimer's patients and oncological patients. This paper presents a report of the current situation of Music therapy in Tunisia and emerging initiatives in dementia and oncology.

KEYWORDS

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MUSIC THERAPY IN TUNISIA

The use of music for therapeutic purposes has ancestral origins in Tunisia. *Al Hadhra*, a compilation of mystic music from Tunisian Sufi tradition, *Stambâli*, a ritual music and a cult of possession, and the *Bousa 'diyya* (Ayari, 2003) can be defined as forms of traditional music therapy practices which lead to dance, trance and liberation of the body through music (Jebali, 2010). Also called 'profane trance', the dances of possession have punctuated the daily life of the brotherhoods and black groups of Tunis throughout their history. They have origins in the African presence and descendants of black slaves which mingled with local beliefs related to the cults of the saints in popular Islam. As I have written elsewhere:

Traditional music therapy seeks, through trance, to transmit suffering in happiness, obstacles in allies, the terrible noise of the universe in ecstatic music. If each impulse corresponds to a melody and the music of the body

integrates neurophysiological impulses, various mental states, joy, ecstasy, another perception of the world, it is at this moment that the body is full of breath, palpitations, energy and threatened balance. The rhythm and melody absorbed by the body help to heal and implement the emotional parts. (Jebali, 2010, p. 45)

The use of music and the development of more recent music practices for therapeutic purposes in a clinical context began in Tunisia in 1977, thanks to the work of Essedik Jeddi, a neuropsychiatrist and psychoanalyst. He was president of the Tunisian Society of Psychiatry, full professor and head of department of psychiatry and medical psychology at the Razi hospital and at the faculty of medicine of Tunis. Among others, he founded the Arab Research Group in Social Psychiatry and Socioanalysis. He introduced several methods of creative expression and interactions through music, song, dance, visual arts and verbal communication. Jeddi believed that the patient's relationship with these forms of art therapy and music in particular is related to the psychotic body and its cultural and social environment (Jeddi, 2012).

Music therapy in Tunisia is commonly practised with people with Autism Spectrum Disorders, learning difficulties, neurodegenerative diseases, as well as those with dementia and those in oncology and end-of-life settings (Jebali, 2010). I provided music therapy interventions at the oncology department, in Ennasser Clinic, with women during chemotherapy cures and I love to report that:

We were interested in the relational dimension between the patient and myself through music that opens up channels of communication and provides a ground for understanding, trust and serenity. Being convinced of the ability of music to stimulate certain functions of the body (such as tension, muscle contraction, respiratory rhythm), on the one hand, and of its ability to open communication channels, allowing a structuring of the human being, on the other hand. (Jebali, 2010, p. 49)

Twenty years after Jeddi's practice, in 1994, the Tunisian Music Therapy Association was created. This association was founded by Zohra Ben Aissa (psychiatrist), in collaboration with Tunisian musicologists, such as Mohamed Garfi, Mourad Sakli and Mohamed Zinelabidine, physiotherapist Temna Tebib, and French music therapist Anne-Marie Ferrand-Vidal (Jebali, 2012a).

During the 2000s international collaborations began between the René Descartes-Sorbonne Paris 5 University, the Nantes Music Therapy Institute (IMN) and the Higher Institute of Music of Tunis (ISM). In particular the first collaboration took place in December 2005 between the Clinical Psychology and Psychopathology Research Laboratory of the René Descartes-Sorbonne Paris 5 University and the Research Laboratory on Cultures, New Technologies and Development of the Higher Institute of Music of Tunis. This took place during the 16th Annual Scientific Music Therapy Days organised by the ISM in Tunis by Zinelabidine attended by French teachers who presented their research and their practices in music therapy.

During the *Premières Rencontres Culturelles Euro-Méditerranéennes de Tunis* (First Euro-Mediterranean Cultural Meetings in Tunis) in 2010, *Les XX^e Journées Scientifiques de Musicothérapie*

Et Les Premières Journées Méditerranéennes de Musicothérapie (The first Mediterranean Music Therapy Days and the XX Scientific Music Therapy Days) of the University of Paris 5 were held in Hammamet; that event was organised by Zinelaabidine with the presence of Edith Lecourt, François-Xavier Vrait, Essedik Jeddi and other European and Tunisian scholars, in order to create a future academic course in music therapy.

As part of the 'Music Therapy and Interculturality' clinical study days, in 2010, I was invited by the IMN to present a paper on the intercultural approach to music therapy in Tunisia from traditional stambâli music therapy to modern music therapy, previously published in the *Revue Française de Musicothérapie* (Jebali, 2010). Then I was invited, by the IMN, to introduce courses on traditional music therapy practices in the Maghreb countries. As part of the same exchange framework, a symposium on 'Music Therapy and Clinical Uses in Psychiatry' was held in Mahdia in May 2013, organised by the Tunisian Association for the Promotion of Mental Health, chaired by Zarrouk, professor of psychiatry at Mahdia University Hospital, in collaboration with the IMN. The symposium was structured around two areas: music therapy with adults and with children. All these steps contributed to the creation of the National Association of Music Therapy in January 2014.

The National Association of Music Therapy (ANMT)

The National Association of Music Therapy (ANMT) in Tunisia is a non-profit scientific association founded with the aim of promoting music therapy practice and research, through the supervision and training of music therapy specialists to work for the wellbeing of people, and to improve quality of life and the skills of professionals. The ANMT defines music therapy as "a healing and rehabilitation practice, which uses all forms and components of music to improve the mental, physical, psychological and spiritual health of the individual". It is a form of therapy, which appeals to feelings, reason and science (Jebali, 2012b).

The ANMT presents itself as a leading resource that helps music therapy practitioners and researchers evolve in their scientific and professional capacities. The association also organises workshops and presentations with other associations, and we exchange experiences between different specialties: psychiatry, psychology, musicology and the arts. The aims of the ANMT are to promote music therapy and establish the fundamental principles of music therapy in Tunisia, to create a music therapy centre for the care of children with Autism Spectrum Disorders, children with anxiety disorders, cancer patients, people with depression and those with Alzheimer's disease, and to provide free music therapy sessions for the needy.

The ANMT is active across different parts of Tunisia (Tunis, Mahdia, Nabeul, Sfax) and its focus is split between humanitarian work within associations (e.g. children with Autism Spectrum Disorders, association of the motor and mental disabilities etc) and academic support, such as the organisation of study days, and introductory music therapy days for professionals and students. Experiential workshops are also organised with psychologists, musicologists and health professionals. Since the creation of the association, the ANMT has been able to implement internship sessions and training cycles open to health professionals and specialised educators, musicologists and musicians, in order to improve the skills of professionals and living conditions of patients.

The ANMT promotes the development of music therapy for children diagnosed with Autism Spectrum Disorders, elderly Alzheimer's patients, children and adults with disabilities or intellectual deficits. The association also organises international study days and symposia, in collaboration with the IMN, the Razi University Hospital, the Higher Institutes of Music (Sousse, Tunis and Sfax) and the Higher Institute of Specialised Education (ISES).

Music therapy, as a discipline, is taught in Tunisia as a module at the ISES. It is intended for students and future specialised educators, as well as students seeking a professional Master's degree in 'Disability and Rehabilitation', or a research Master's degree in 'Specialised Education'.

Music therapy practice is carried out with associative frameworks, using musical mediation workshops for therapeutic purposes, presented either by health professionals (speech therapists, psychologists, etc.), specialised educators who conduct internships with people with disabilities, or musicians, future musicologists, who conduct research in music therapy and who work with people with disabilities. In recent years, we have organised a seminar-workshop for professionals called 'Music Therapy and Autism', in collaboration with the Child Psychiatry Department of the Razi Hospital.

Here is a brief chronological resume of ANMT activities since 2014:

- 28-29 April 2014: The Music Therapy Introductory Internship, held in Mahdia. It was intended for health professionals (speech therapists, psychologists, occupational therapists, among others), in order to address in a precise way the stakes of a music therapy proposal in health care services with a reflection on therapeutic indications.
- 1 May 2014: ANMT in collaboration with the IMN and the Higher Institute of Multimedia Arts (ISAMM), organised the day event 'Music Therapy and Interdisciplinary Approaches' at CAMPUS Mannouba. During this event, Essedik Jeddi presented his book *Institutional Psychotherapy and Music Therapy* (Jeddi, 2012).
- April 2015: Two successive courses were organised, one to raise awareness of music therapy, followed by a further training course which was offered by four speakers from the IMN. The internships were offered to interns (doctors, musicians and educators etc) who had already participated in the awareness training course.
- November 2017: The ANMT organised in collaboration with the Child Psychiatry Department of Razi Hospital the seminar 'Music Therapy and Autism'. This seminar was open to health professionals (psychologists and psychomotricists) and ISES students.
- 1 March 2018: ANMT organised a targeted training course for speech therapists from the School of Health at the Central University, entitled 'Music Therapy and Autism'.
- 28-29 September 2018: The international symposium 'Musical Mediation – Therapeutic Mediation' was held, in partnership with the Centre for Arab and Mediterranean Music (Ennajma Ezzahra), and the ANMT invited speakers from Padova, Nice, Nantes, Paris, Albania and Lebanon. On the same occasion, we presented a collective book, entitled *Médiations Musicales-Médiations Thérapeutiques*, which included the speakers' articles, prefaced by Edith Lecourt, under my scientific direction, bringing together many academic researchers and numerous thematic research groups in Tunisia and France (Jebali, 2018).

- April 2019: ANMT organised with the Centre for Arab and Mediterranean Music (Ennajma Ezzahra) the International Symposium 'Music Therapy and People with Disability', in partnership with the Associazione Scuola di specializzazione in Musicoterapia «Giovanni Ferrari», the IMN, and the SHARJAH City of humanitarian services.

MUSIC THERAPY IN DEMENTIA AND ONCOLOGY

Music therapy in dementia care

Rihab Saidi, a special education researcher, conducted a longitudinal study on a patient with Alzheimer's disease. In this work, she tried to set up an intervention to examine the effect of music therapy on depression in an institutionalised patient with Alzheimer's disease she calls 'Mrs R' who lived in a nursing home (Saidi, 2019).

She used active and receptive methods like singing sessions, either individually or in small groups, using percussion instruments, and in particular she played the patient's favourite songs, like the classic Egyptian songs of the singer Umm Kulthum. She noticed Mrs R loved songs like 'Al Atlâl/Les ruines' and 'Inta Omri/Tu es ma vie', and as soon as she listened to them, she started singing and showed associated facial gestures and facial expressions to these songs, imitating the singer Umm Kulthum, with her posture and a white scarf, which she carried in her hand. After each time she listened, Saidi invited Mrs R to express herself and to share her thoughts. Distant memories could emerge from listening, encouraging moments of happiness and stability (Saidi, 2019).

The educational music therapy intervention consisted of the following steps: an observational phase, an initial evaluation, an intervention, and a final evaluation.

- a. The observational phase lasted 15 days. During this phase Saidi tried to observe Mrs R participating in listening and instrumental communication sessions. This allowed her to understand the patient's difficulties and skills and to build trust.
- b. In the initial evaluation, the MMSE (Mini Mental State Evaluation) was administered. Saidi was able to grasp, with the help of the geriatrician, that Mrs R lost some notions of time and space and that she had a short-term memory impairment. She also forgot the names of certain people and objects which were supposedly known. Saidi also used the GDS (Geriatric Depression Scale) that highlighted a risk of moderate to severe depression. According to the doctor, this depression might have been due to spatial and temporal disorientation and the alteration of Mrs R's memory.
- c. Intervention: after the initial evaluation, she defined her subject (Mrs R) and the objectives she was trying to achieve. The main objective was to reduce her depressive state through music therapy sessions.
- d. The final evaluation, based on the same assessment scale used during the initial evaluation, was used to assess the change in depressive status in Mrs R (Saidi, 2019).

Based on the GDS (Geriatric Depression Scale) and the HDRS (Hamilton Depression Rating Scale), Saidi was able to conclude that the music therapy sessions reduced the depressive mood

(sadness, feelings of worthlessness and hopelessness) from a score of 5/8 to 2/8. As well as agitation and anxiety from a score of 5/12 to a score of 3/12 (Saidi, 2019).

Music therapy and oncology

Music therapy has an important place in palliative care and with cancer patients. With those patients who are receiving chemotherapy treatment, music acts both physiologically and psychologically. The study presented below (Jebali, 2010) is a six-month staff project on the non-drug management of oncology patients.¹

I was interested in the relational dimension between the patient and myself through music, that opens up channels of communication and provides a grounding for understanding, trust and serenity. On the one hand music has the ability to stimulate certain functions of the body (such as tension, muscle contraction, respiratory rhythm) and on the other hand it has the ability to open communication channels, allowing a structuring of the human being.

This study was carried out in collaboration with an oncologist (Dr Malek), convinced that the psychological aspect is essential in chemotherapy treatment and that it has a great influence on healing. The intervention, which complements chemotherapy treatment, is based on: a) psychomusical assessment, b) receptive listening which consists of listening to certain melodies, c) active listening which consists of listening to music and then analysing the feelings it provokes for the patient, and d) singing session which refers to the performing of melodies in order to improve the patient's psychological state, where pre-established musical preference is known.

The psychomusical assessment is a working tool that precedes relaxation sessions. The music therapist leads the patient to become aware of the process and accompany him gently and with great caution to release his tensions and to verbally express himself. This first contact allows the music therapist to evaluate the potential for future music therapy, and to better understand the patient on a socio-cultural, psychological and musical level, investigating his relationship to music, what style he prefers and which instruments he likes to listen to. The assessment lasts between 15 and 20 minutes, then the music therapist invites the patient to express himself, and to release his anxieties and fears. This is how the music therapist prepares the patient for deep listening and to clear the mind ready for treatment. The psychomusical assessment allows the music therapist to identify the patient's needs and then to establish the objectives and carry out a musical intervention program.

Receptive listening consists of a moment of relaxation with a selection of music, chosen according to the patient's preferences and sound identity. The active listening phase, which consists of a relaxation moment followed by a verbalisation time, lasts between 15 and 20 minutes. It is not just listening, but a musical journey that can transcend the patient for a few moments. The patient enters a state of meditation and deep listening. Due to the music he relaxes, he tries to free his mind from dysfunctional thoughts, to be at peace with himself and to have positive thoughts. Singing session: the transition to interpretation depends on the patient's condition and predisposition to

¹ This section draws on translated materials from my article "Approches interculturelles de la musicothérapie en Tunisie: De la Musicothérapie traditionnelle Stambâli, à la musicothérapie moderne" (Jebali, 2010).

sing. It consists of singing songs chosen by the patient, being accompanied by the therapist, during the process. Finally, there is a descriptive interview about the patient's psychological state and the effect of music on his body and mind (Jebali, 2010).

From a musicological point of view, and from our reflections on this six-month experience, we were able to identify the factors that determine the listening patterns and the musical identity of the patients:

- Socio-demographic factors of patients (biological origin, generation, living environment, etc.), since music is a resource for the personal identity of each individual.
- Cultural and cognitive factors. We were able to see that the cognitive aspect of the song or musical style is important in the musical choice since it takes into account several dimensions. This applies to the individual's extrinsic motivation, familiarity, musical education, artistic sensitivity, maturity and enrichment.
- Psychological concepts related to the emotional dimensions of the musical work and the patient's emotional state. There are so many songs within our socio-musical universe that produce different feelings in the individual listener. These feelings are conceptualised and nuanced in different ways according to the patient's culture and age, the psychological basis of his personality, the context of listening as well as the patient's past experiences.
- Finally, the intra-musical factors inherent in the proposed works. There are aesthetic and musical elements in the musical work that influence how the patients receive this work. These are the elements; melodic, modal, rhythmic and poetic, instrumental and vocal interpretation (Jebali, 2014).

Indeed, we use music based on natural sounds such as ocean's sounds, nature music, water sounds, since they have effects on the body, brain functioning, energy centres and aura (Jebali, 2010), but also songs from different cultures, such as French songs, 'Les feuilles mortes', and Lebanese songs 'Donnes moi la flûte et chante', 'A'tinî innâya wa ghannî'. This music of the Lebanese singer Fayrouz, reaches very deep human dimensions, supporting the patient to understand his emotional life, allowing the body and mind to be in harmony.

Another recent study (Majed, 2018) took place at the cancer Unit of Salah Azaiez's Hospital in collaboration with the Tunisian Breast Cancer Association and in the cancer department of the Abderrahmane Mami Hospital (Ariana). Conducted by a member of the ANMT, Asma Majed, the study focused on an individual and group care intervention, mainly based on group singing, for stress management for women with breast cancer undergoing chemotherapy. Majed (2018) specified that the duration of the music therapy sessions varied according to the organisation of the session, the patients' needs and stress levels as well as the duration of the chemotherapy treatment. She also added that the sessions began with a psychomusical assessment in which the patient described their music-sound history. This assessment was followed by a time for relaxation supported by guided music listening allowing space for individual creative expression of patients' imagination. Then patients were encouraged to extend the song or elaborate on the vocal line (Majed, 2018). During the sessions Majed observed that initially the patients sang with some hesitation then they committed themselves more and at the end they were totally absorbed by singing. She studied the

development of the quality of the song in these three phases. In each phase the music therapist qualitatively described the aesthetic characteristics of the song performed and the patients' voice, as well as their psychological state through observational grids. She also measured patients' blood pressure and heart rate before, during and after the music therapy session observing that the blood pressure and breathing stabilized, the systolic pressure decreased, and the heart rate dropped (Majed, 2018).

LOOKING FORWARD

Since the establishment of the ANMT we have noticed an increased interest in music therapy in Tunisia. Health professionals, doctors and musicologists, among other professionals, are eagerly awaiting the establishment of a music therapy course in the country. The ANMT is maturing scientifically and professionally, and is collaborating with the IMN, the Higher Institute of Music of Tunis, the Giovanni Ferrari's Music Therapy school, and many personalities from Tunisian and European Universities. As we move forward, we hope music therapy will continue to develop and a recognised training course will be developed in Tunisia.

Correction notes: The author implemented the following revisions after the initial publication of the paper: added footnote 1; added the 'Jebali 2010' in-text citation and corrected the relevant reference, as well as corrected the in-text citations and content regarding Majed's study under the 'Music therapy and oncology' section. The corrected version was published on 14th September 2020.

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Ελληνική περίληψη | Greek abstract

Η μουσικοθεραπεία στην Τυνησία: Μία εισαγωγή και κάποιες αναδυόμενες πρωτοβουλίες στην άνοια και την ογκολογία

Rihab Jebali

ΠΕΡΙΛΗΨΗ

Παρά το γεγονός ότι η χρήση της μουσικής για θεραπευτικούς λόγους στην Τυνησία εντοπίζεται στα αρχαία χρόνια, η μουσικοθεραπεία δεν αποτελεί ακόμα πιστοποιημένο επάγγελμα στη χώρα. Το 2014 ιδρύθηκε ο Εθνικός Σύλλογος Μουσικοθεραπείας στην Τυνησία, ένα μη κερδοσκοπικό σωματείο, με στόχο την προώθηση της εφαρμογής και της έρευνας της μουσικοθεραπείας. Η μουσικοθεραπεία, ως κλάδος, διδάσκεται ως μία ενότητα στο Ανώτατο Ινστιτούτο για την Ειδική Εκπαίδευση στην Τυνησία. Απευθύνεται σε φοιτητές και μελλοντικούς ειδικούς παιδαγωγούς, καθώς και σε μεταπτυχιακούς φοιτητές του επαγγελματικού μεταπτυχιακού προγράμματος «Αναπηρία και Αποκατάσταση» ή του ερευνητικού μεταπτυχιακού «Ειδική Αγωγή». Η μουσικοθεραπεία χρησιμοποιείται με παιδιά με Διαταραχή Αυτιστικού Φάσματος, παιδιά και ενήλικες με αναπηρία ή γνωστικές διαταραχές καθώς και με άτομα της τρίτης ηλικίας με νόσο Alzheimer και με ογκολογικούς ασθενείς. Η παρούσα αναφορά περιγράφει την τρέχουσα κατάσταση της μουσικοθεραπείας στην Τυνησία και τις αναδυόμενες πρωτοβουλίες στα πεδία της άνοιας και της ογκολογίας.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, Τυνησία, άνοια, ογκολογία