

REPORT

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

Music therapy in Turkey: Historical background and current perspectives on dementia and end-of-life care

Burçin Uçaner Çifdalöz

Ankara Hacı Bayram Veli University, Turkish Music Conservatory, Turkey

ABSTRACT

This report has two objectives: a) to provide a historical background of music therapy in Turkey covering the period from the Seljuks (1037-1194) to modern times, and b) to describe current music interventions applied in Turkey in end-of-life care and dementia. During the Seljuk and Ottoman period, many şifahanes (hospitals) were built, and important scientists of the period from the 9th century until the 19th century included music and health issues in their work. In the last period of the Ottoman Empire, some şifahanes were closed and some of them were destroyed in wars. Then, 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 therapy'. These practices are based on the interventions of music-based practices in hospitals. In 2013, music therapy was included as a discipline in the Department of Traditional and Complementary Medicine of the Ministry of Health. Since 2018, universities have begun to issue certificates of music therapy approved by the Ministry of Health. Since there is no undergraduate, graduate and doctoral level training, the number of music therapists is insufficient 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 applications, but rather music-based interventions conducted by musicians or healthcare professionals.

KEYWORDS

music therapy,
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AUTHOR BIOGRAPHY

Burçin Uçaner Çifdalöz received her bachelor's degree from the Musical Sciences Department of the College of Fine Arts at Erciyes University in 2001. She received her master's and PhD degrees in 2007 and 2011 respectively from the Music Education Department at Gazi University College of Education. She founded the Music Therapy Association in Turkey (MUZTED), of which she is the current president. She serves as department head at the Musicology Department of Ankara Hacı Bayram Veli University's Turkish Music State Conservatory. Since 2006, she has focused on music therapy and has participated in numerous congresses internationally. She is the author of "Celal Esad Arseven ve Müzik" as well as the editor/translator of the Turkish version of the book "Defining Music Therapy (Kenneth E. Bruscia)" and the editor of the Turkish version of "Music Therapy Principles (Gerard Ducommun)". She is one of the chapter authors and editors of the book in "Music Therapy in Turkey" published by Cambridge Scholar Publishing. [burcinucaner@yahoo.com]

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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 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 & 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 composition. *Maqams* were 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 hospitals, or *şifahanes*, as they were named at the time. Some of these scientists were physicians and the others were musicians. Some of these scientists are: Yakub b. İshak el-Kindî [801/874?], ¹ İbn Hurdâzbih [./913?], Fârâbî [872/950], İbn Sînâ [980/1037], Safiyyüddîn-i Urmevî [./1294], Abdülkadir-i Merâgî [./1435], Hasan Kaşanî [./1355?], Kadızâde Tirevî [./1494], Ahmedoğlu Şükrullah Çelebi [./1465], Musa bin Hamun [./1554], Şuûri Hasan Efendi [./1693], Tanburi Küçük Artin [./1750], Mehmed Hafid Efendi [./1811], and Haşim Bey [./1868] (Ak, 1997; Altınöççek, 2013; Turabi, 2011; Yalçın, 2018).

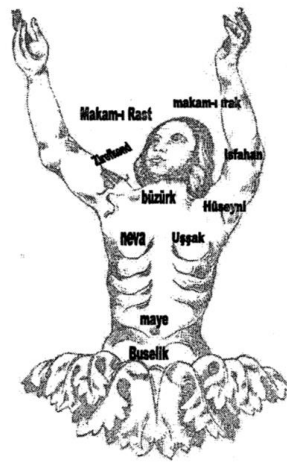


Photo 1: Haşim Bey Book (Haşim Bey Mecmuası)²

Some of the *şifahanes* (hospitals/health centres) were: 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, 2016).

In these hospitals, people with mental health difficulties in particular were treated with music. The expenses of these health centres were covered by specially instituted foundations which were granted land, shops, and other trading establishments and were managed by the ruling family and the

¹ Numbers given in brackets refer to the years of birth and death of the authors. Unknown dates are denoted by a full stop.

² The book includes an illustration which shows the Turkish music *maqams* on the human body (see Tırışkan, 2000).

wealthiest of the community. The same organisational structure and services provided at these health centres continued during the Ottoman times (1299-1922) (Kılıç, 2009).



Photo 2: Edirne Sultan II. Beyazid Darüşşifası (one of the şifahanes; see Sengul, 2015)

Musicians came to these hospitals two or three times a week and 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 Centre, one of the şifahanes of the Seljuk times, was built in 1206. As patients were being treated at şifahanes, students studying medicine also received their education and training in these settings. In addition, there was a department specifically used for treating patients with mental disorders, which included 18 rooms, with a rudimentary 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 has been used as a medical history museum (Yücel, 2016).

Sultan Mehmed the Conquerer (1432 - 1481) built the Enderun Hospital inside Topka-pi Palace in the 15th century. Baron Tavernier, a Parisian who visited Istanbul in the 17th century, writes that musicians played music for patients at the Enderun Hospital on traditional 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.

It remained forgotten until 1976, when Bekir Grebene, a psychiatrist, wrote an article about music therapy in a Turkish journal (Grebene, 1976). In the same year, an ensemble named Türk Musikisini Araştırma ve Tanıtma Grubu (TU-MATA) [Group for the Research and Promotion of Turkish Music] was established. This group aimed to introduce Turkish and Central Asian instruments to the public, and started to organise 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 organised 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 group.

Current situation in Turkey

Many people began to seek access to accurate information about music therapy and music therapy education. In 2014, the Music Therapy Association in Turkey (MUZTED) was founded, and it was the first music therapy association in the country. Later, other music therapy associations were established in different cities, such as the Applied Music Therapies Association (UMTED), and the Creative Music and Art Therapy Association. Around the same time as we were working on founding the MUZTED, a number of Turkish students were studying music therapy abroad in countries such as Finland, France, Germany and the USA.

Since its founding, MUZTED has been working towards understanding and describing music therapy properly. MUZTED became a member of the European Music Therapy Confederation (EMTC) in 2019.

Many professionals from various fields are interested in music therapy and in supporting 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. Academic 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 recognised profession, the label of “music therapy” is utilised 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 practise as a music therapist in Turkey (Ucaner & Heiderscheid, 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 recognised by the Turkish State within the scope of traditional and complementary medicine. In accordance with a bylaw, Ministry of Health-approved music therapy certificate programmes began. Graduates of music and graduates in health care fields can apply to this certificate programme. This certificate programme includes approximately 200 hours of training.

This bylaw includes the definition of music therapy, criteria for becoming a certified practitioner, situations congruent for music therapy practices, music therapy centres and devices and materials that equip music therapy centres. According to the bylaw, certified practitioners are determined as follows: certified doctors, health professionals under the supervision of certified doctors, and assistant practitioners who have at least a bachelor’s 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 gain 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 a 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's degree or official proof of work experience in the fields related to the courses that they will teach (Uçaner & Heiderscheit, 2016).

Some universities (University of Health Sciences-Sağlık Bilimleri Üniversitesi, Medipol University-Medipol Üniversitesi) started music therapy certificate programmes 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 undergraduate and master's degrees. In order for these programmes to succeed, academics from abroad are needed to teach in Turkey.

AGEING AND DEMENTIA IN TURKEY

In Turkey, the elderly population (65 years and above) made up 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 ranked 66th in the rankings by elderly population ratio in 2016 (Tekin & Kara, 2018; TÜİK 2014). In our country, the elderly population is increasing faster than other age group. Turkey is among the countries with a rapidly ageing population (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 employed in the agricultural sector.

As of 2018, the ratio of addiction to illicit drugs for the elderly has been 12.9 %. Cardiovascular diseases and cancers are the most common causes of death in those aged 60 years and over. The number of elderly people who die from Alzheimer's disease also increases annually. In 2017, the death rate for Alzheimer's was 4.5%. Elderly people in Turkey suffer largely from multimorbidity (multiple diseases), which increases their need to access 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 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 activities independently, not being in bed or in need of continuous medical treatment or care, and not having any disability or illness that would prevent meeting them taking care of their own physical needs of body functions with their own needs" are sought to be admitted to state funded nursing homes established for elderly (Vehid, 2000, p. 243).

Approximately 24,000 elderly people 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 aimed at the development of home care services in Turkey have been carried out by the government.

Dementia and end-of-life care and music therapy in Turkey

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

In old age, there can be positive effects of home care on a person's physical health, psychological status, level of independence, social participation, interpersonal relations, realisation 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 her/his life in the environment s/he is used to and to continue the hobbies and social activities s/he is used to (Bahar & 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, social, economic and environmental aspects of the individual and her/his family, home care services necessitate teamwork. Based on the health status and care needs of the elderly, different occupational groups such as physicians, nurses, home economists, pharmacists, social workers, psychologists, physiotherapists, speech therapists and occupational therapists take part in the individual's care (Karahan & 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, and 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 centre although they could be cared for at home. In addition, the fact that the caregivers have insufficient knowledge about home care leads to shortening the lifespan of the people receiving home care (Öztek & Subaşı, 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 affects their physical and psychological wellbeing. Plus, studies have shown that caregivers also face some problems (Karahan & Güven, 2002).

Caregivers themselves are usually elderly, with their own health problems and with no social, physical, mental or economic support. This causes a number of problems: home caregivers are reported to have limited freedom, a negatively affected mental state, and to experience stress and depression. 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, music was administered by nurses before bedtime, and it was concluded that maqam-based music has a positive effect on sleep quality. In the study in question (a master's thesis), music therapy is mentioned as a

non-pharmacological nursing intervention (Altan, 2011). Another study published in a master's thesis determined the positive effect of maqam-based music on feelings of loneliness experienced by the elderly, as the 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 for 10 days (Kurt, 2014). Music therapy is labelled 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 in possession of a music therapy certificate, and which is potentially beneficial for the improvement of the quality of life of elderly people, who are more prone to chronic diseases (Öcebe et al., 2019). In another study investigating the effect of music therapy on the sleep quality of elderly people living in a nursing home, maqam-based music was administered daily before sleep during 20 minutes and for a period of three weeks, and a positive effect on sleep quality was observed. Once again, this was a study considering music-listening activities to be non-pharmacological nursing interventions labelled as music therapy (Sarıkaya & Oğuz, 2016). An article discussing the music genres used within music therapy interventions in Turkey refers to music therapy as an application in which recorded music or live music with Baksı dancing are performed for the patient (Yılmaz & Kubilay Can, 2019).

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

CONCLUSION

There is a growing interest in music therapy among employees working in the field of health and music education in Turkey. However, in line with the increasing interest, there is a failure to draw the boundaries in the fields of music therapy, music education and music medicine in health. In addition, the growing interest in providing clinical music therapy services and training in Turkey mostly focuses on practices based on the use of music in treatment in Turkish history and culture. As a consequence, there is a strong belief that there are readymade general music prescriptions for the treatment of various diseases, such as the belief that some makams treat some diseases. The lack of a university-level education in music therapy in Turkey takes the confusion in our country a step further in terms of the definitions and limits.

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 certified music therapist working officially in any institution.

In 2019, an elderliness council was organised in Turkey, and it has been suggested within the final report of the council that music therapy supports active and healthy ageing; trained music therapists can be solicited, especially in care centres providing services to those with dementia. These progressions are extremely pleasing, but more concrete steps should be taken. Care requirements are not only the responsibility of the state but also of society. Because of the strong family bonds in Turkey, many families are caring for elders at home. For this reason, home caregivers should also be trained in how to use music both in their own lives and in the life of their elders. It should be taken into consideration that the care service requirement cannot be met by private organisations alone, and

measures should be put in place to employ music therapists both within the home care system and within institutions 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 caregivers 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 developing music therapy programmes should be invited to Turkey in order to provide training.

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Ελληνική περίληψη | Greek abstract

Η μουσικοθεραπεία στην Τουρκία: Ιστορικά στοιχεία και τρέχουσες προοπτικές για την άνοια και τη φροντίδα στο τέλος της ζωής

Burçin Uçaner Çifdalöz

ΠΕΡΙΛΗΨΗ

Η παρούσα αναφορά έχει δύο στόχους: α) να παρέχει το ιστορικό υπόβαθρο της μουσικοθεραπείας στην Τουρκία από την περίοδο των Σελτζούκων (1037-1194) έως τη σύγχρονη εποχή, και β) να περιγράψει τις τρέχουσες μουσικές παρεμβάσεις που εφαρμόζονται στην Τουρκία στη φροντίδα στο τέλος της ζωής και σε ανθρώπους με άνοια. Κατά την περίοδο των Σελτζούκων και των Οθωμανών, χτίστηκαν πολλά *şifahanes* (νοσοκομεία), και σημαντικοί επιστήμονες από τον 9^ο έως τον 19^ο αιώνα συμπεριελάμβαναν θέματα μουσικής και υγείας στο έργο τους. Κατά την τελευταία περίοδο της Οθωμανικής Αυτοκρατορίας, κάποια *şifahanes* έκλεισαν και άλλα καταστράφηκαν στη διάρκεια πολέμων. Από εκείνη την εποχή έως και το τέλος της δεκαετίας του 1970, η μουσική ως θεραπευτικό μέσο παραμερίστηκε. Αργότερα, δημοσιεύτηκαν κάποια άρθρα πάνω στο θέμα και άρχισαν να χρησιμοποιούνται θεραπευτικές παρεμβάσεις που ονομάστηκαν «μουσικοθεραπεία». Αυτές οι πρακτικές αφορούν μουσικά-βασισμένες παρεμβάσεις σε νοσοκομεία. Το 2013, η μουσικοθεραπεία συμπεριλήφθηκε ως κλάδος στο Τμήμα Παραδοσιακής και Συμπληρωματικής Ιατρικής του Υπουργείου Υγείας. Από το 2018, έχουν ξεκινήσει τα πανεπιστήμια να απονέμουν πιστοποιητικά μουσικοθεραπείας εγκεκριμένα από το Υπουργείο Υγείας. Με δεδομένο ότι δεν υπάρχει προπτυχιακό, μεταπτυχιακό ή και διδακτορικό επίπεδο εκπαίδευσης, ο αριθμός των μουσικοθεραπευτών είναι ανεπαρκής στην Τουρκία. Επαγγελματίες υγείας ή μουσικοί εφαρμόζουν μουσικά-βασισμένες πρακτικές σε ασθενείς στο τέλος της ζωής και ασθενείς με άνοια, και αυτές οι πρακτικές θεωρούνται ως μουσικοθεραπεία. Παρόλα αυτά, οι υπηρεσίες που παρέχονται στους χώρους της άνοιας και της φροντίδας στο τέλος της ζωής στην Τουρκία δεν αφορούν μουσικοθεραπευτικές εφαρμογές, αλλά παρεμβάσεις βασισμένες στη μουσική που παρέχονται από μουσικούς ή επαγγελματίες στο χώρο της υγείας.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, Τουρκία, ιστορία, άνοια, φροντίδα στο τέλος της ζωής [end-of-life care]