Music Therapy in Turkey

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Edited by

Burçin Uçaner Çifdalöz and Emel Funda Türkmen

Cambridge Scholars Publishing



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and applying music therapy as a professional member of the World Music Therapy Federation.

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Bilgehan EREN completed her undergraduate and graduate degrees in music education. During her doctoral process (2010–11) she was at TU of Dortmund in Germany as a researcher on the subject of education and therapy with music in rehabilitation sciences. After gaining her PhD she carried out her post-doctoral research at the Arizona State University Department of Music Therapy in 2013–14. She has been practicing the Orff approach for children both with and without disabilities since 2002, and has been a certified Orff-Schulwerk trainer since 2012. She has been working on projects and research in music education and music therapy with children with disabilities for ten years. She is currently working at the Uludag University Faculty of Education in the Department of Special Education as an assistant professor.

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PREFACE

The use of music in Turkey and the geographical regions associated with it is not new. In their works, many scientists such as Farabi (870–950), İbn-i Sina (980–1037), Gevrekzade Hafiz Hasan Efendi (1727–1801), Haşim Bey (1815–1868), and Mehmed Hafid Efendi (?–1811) have touched on the use of music in medicine. Şifahanes, where music was used for therapy, was built in many cities such as Damascus, Edirne, Kayseri, İstanbul, and Sivas. It is also known that music was also used in the treatment centre which was built in Bergama Asklepeion in Anatolia during the Roman period. However, music therapy in Turkey has not been institutionalized as a profession and scientific discipline as it is known in the modern (Western) world.

In recent years there have been good developments in Turkey. In 2013, the Department of Traditional and Complementary Medical Practices was established within the Ministry of Health, and music therapy was also included in fifteen application areas. On July 13, 2016, the Ministry of Health published "Music Therapy Education Standards" so that the musictherapy field was legally recognized. The Music Therapy Association (MÜZTED) was established in Ankara in 2014. Turkey participated in the European Music Therapy Day in 2016. Music-therapy books from foreign languages began to be translated. Turkey continues to work on starting music-therapy bachelor, masters, and doctoral studies. On the other hand, in recent years symposia, congresses, workshops, and conferences have been held in Turkey. One of these is the Hisarli Ahmet International Symposium, which was held in the city of Kütahya and will be held for the ninth time this year, with music therapy as the main topic in 2016. In the international symposium, fifty-six presentations, eleven concerts, one photo and painting exhibition, one panel, six workshops, one interview, and one conference took place. We would like to thank Afyon Kocatepe University's Rector Professor Dr. Mustafa SOLAK, Dumlupinar University's Rector Professor Dr. Remzi GÖREN, Anadolu University's Faculty and Symposium Scientific Committee President Professor Dr. Şükrü TORUN, and AKÜ Director of State Conservatory and Symposium Organizing Committee Chair Professor Dr. Uğur Türkmen along with the other members of the Symposium Organizing Committee for their efforts.

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The articles in this book were selected from the notifications presented at the symposium.

This book consists of three chapters and seven articles.

Burçin Uçaner Çifdalöz examines the perception of music therapy in articles and masters and doctoral theses in Turkey. Thirty-three theses and eighty-five articles have been examined. As the conclusion of the research, it was found that music therapy is often perceived as a nursing practice where having the patients listen to music is regarded as music therapy; music education studies in special education are called music therapy; and music therapy is seen as easy, cheap, and harmless.

Barış Gürkan evaluates music-therapy approaches in Turkey from a different point of view by considering them in the dualism of postmodernism and modernism. For this purpose, he talks about the modern paradigm and qualities of music therapy which determine the process in which music therapy exists as a scientific discipline in the world. Then, after mentioning the postmodern qualities that can be easily read throughout the entire content of music therapy, he draws attention to the balance and conflict in the dualism of postmodernism and modernism in music therapy. Finally, he discusses the main approaches to music therapy in Turkey in the context of the sui generis situation of Turkey, which experienced this paradigm shift in the world with different dynamics to the West.

Özgür Salur conducted a twenty-session eclectic music-therapy process with people with schizophrenia. Before and after tests showed similar findings to the literature, with better scores in general functionality, personal and social performance, and depression levels. In addition to these health improvements, tests indicated a reduction in difficulties in emotion regulation concerning lack of emotional awareness. This chapter explains the music-therapy process, research, and the metaphor-based music therapy games that supported the increase in emotional awareness.

Giray Koçaslan speaks of perhaps the first use of music in a hospital in a work composed by British composer Edward Elgar for the patients at the Powick Mental Hospital, which entered service in 1852. During his five years at the hospital, Elgar composed four quadrilles, five lancers, and five polkas, each consisting of five dances, which were introduced to the work and suggested for use in the area of music therapy.

Aslı Özyildiz's paper summarizes core aspects of the Benenzon musictherapy model. The reader will find a retrospective of the theoretical background, the psychological approaches which have contributed to the formulation of the ISo concept, and some examples of its components, as well as the main professional obligations of music therapists as seen by Rolando Benenzon. Bilgehan Eren discusses a controversial topic when examining Orff music therapy, which is considered as an educational therapy approach in the education and treatment of children with special needs. In the article, he explains what Orff music therapy is, alongside how, where, and with whom it is practised, and emphasizes the differences in the educational and therapeutic uses of the approach, providing examples of research and practise for children with special needs.

Lilian Maria Tonella Tüzün discusses the role of music therapy in the collective integration of refugee children, a major problem all over the world, offering suggestions about the subject.

Burçin Uçaner ÇİFDALÖZ Ankara, October 2017

CHAPTER ONE:

MUSIC-THERAPY STUDIES IN TURKEY

THE PERCEPTION OF MUSIC THERAPY IN TURKEY IN ARTICLES AND GRADUATE THESES

Burçin Uçaner Çifdalöz

This study is concerned with the evaluation of graduate theses written in Turkey about music therapy (MT) and its perception. The data set includes forty-three theses and eighty-three articles listed in the national thesis database. The keywords to identify the relevant theses written between 1985 and 2016 are "musicotherapy," "music therapy," and "treatment with music." The identified theses were analysed according to the type of thesis, institution, and department in which they were written and the type of analysis methods used. Most of the theses are master's theses. Although they were written in various departments, the majority were written in nursing schools. Research reveals the theses and articles state that MT is a nursing application in which the patients listen to music as therapy. Theses written in music-education departments state that music therapy is music education applied in special education and is cheap and harmless, and is not time consuming.

Introduction

In this study, the perceptions of music therapy in academic theses and academic articles in Turkey will be examined. For a better understanding of the subject, it is first important to evaluate the health of music in Turkish history and the situation of music therapy in Turkey.¹

In Central Asia, shamans used music for healing practises. In the Seljuk (985/1038–1157) and Ottoman Empire eras (1299–1922), the Houses of Healing (*sifahane*) were established and music was utilized in healing practises. Health institutions and hospitals were commonly called

¹ This section is an excerpt from an article published in *Music Therapy Today* 12 (1) (2016) entitled "Music Therapy in Turkey: Curriculum and Resource Development" by Burçin Uçaner and Annie Heiderscheit.

darüssifa/sifahane (the gate of health) during the Seliuk period, and other names such as bimarhane (home of the sick), maristan (place of the sick). darülmerza, darüttib (gate of medicine), darüssihha (gate of health). sifahivve (place of health), and darülafive were also used at various times and in different parts of the country. Darüssifas (sifahane) were usually located in large campuses called külliyes, which included a madrassa (Islamic religious school), a mosque, and a bathhouse (Songur and Saygin 2014). Darüssifas were generally built by funds that came from the members of the ruling family (Kilic 2007). Serving as the hospital, darüssifas provided free healthcare for Muslim or non-Muslim women, children, men, civilians, soldiers, passengers, merchants, and homeless people (i.e. everyone) (Bayraktaroğlu, 2014). During the Seljuk times, unlike the caravanserais and inns, there was not a three-day lodging limit at the darüssifas for the sick and foreigners who had no other place to stay (Songur and Saygin 2014). The expenses of these health centres were covered by specially instituted foundations which were granted land and shops and other trading establishments. The same organizational structure and services provided at these health centres continued during the Ottoman times.

Hospitals during the Ottoman times were built as part of the larger külliyes, and providing health services was therefore made easier with patients not feeling isolated. A special architectural structure suitable for medicinal applications was considered for these hospitals and health centres (Bayraktaroğlu, 2014). Infrastructures required for musical applications and acoustics were taken into consideration (Yücel, 2014). It is known that musicians who were experienced in this subject gave concerts at darüşşifas twice a week. During these concerts, the maqams² and the appropriate durations of the musical pieces were understood, and musicians played until patients were relaxed. As auxiliary therapy, fine-scented flowers were presented to the patients and the sounds of birds and water were also utilized (Kiliç 2012, 33). Some of the Houses of Healing are still in existence today, including the Sultan Bayezid II Kulliye of Edirne, the Gevher Nesibe Medical Museum in Kayseri, and the Divrigi Great Mosque and Hospital.

The Gevher Nesibe Health Centre, one of the *şifahanes* of the Seljuk times, was built by the Seljuk Sultan Giyaseddin Keyhüusrev I in memory of his niece Gevher Nesibe Sultan in 1206. As the patients were treated at the *şifahanes*, the students of medicine also received their education and training in these settings. There also existed a department specific for mental patients. This department included eighteen rooms with a rudimentary

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² Magams, in this paper, are musical scales used in Turkish Music.

speaker system. It is believed that this system was used for the patients to listen to music and the sounds of water to help them relax. Since 1982 this *şifahane* has been used as a medical history museum.

Sultan Mehmed the Conqueror (1432–81) built the Enderun Hospital inside the Topkapi Palace between 1461 and 1478. Baron J. B. Tavernier,³ who visited Istanbul in the seventeenth century, tells us that musicians played music to patients at the Enderun Hospital, and while the patients stayed there they were treated with music played on traditional Turkish instruments such as the ney, santur, çenk, and miskal, and the music continued all day into the evening, and sometimes until midnight.

Evliya Çelebi (1611–82), one of the prominent travellers of the seventeenth century, visited Edirne Darüşşifa in 1652 and wrote in his travelogue that ten musicians performed music for the patients three times a week. He also stated that music was performed not only for mental patients but also other patients at the facility (Şengül 2014, 110). Many scientists published books about the music performed in this *şifahane*, including El-Kindi (796–874), Ebu Bekir Er Razi (854–932), Al-Fârâbi (870–950), Feytullah Şirvani (891/1486), Avicenna (980–1037), Suuri Hasan Efendi (?–1693), Hizir Ağa (1710/1760), Gevrekzade Hafiz Hasan Efendi (1727–1801), Mehmed Hafid Efendi (?–1811), and Hasim Bey (1815–68), all of whom mentioned the effects of scales in their books (Altinölçek 2013; Çoban 2005).

El-Kindi, one of the earliest philosophers of Islam, utilized the relationship between breathing and sound in his medical studies when trying to prove that music has an effect on the human soul and body. El-Kindi, in his *Kitab-ul Musavvitad*, touches upon what kinds of sound initiate different types of feelings and make them disappear. He also did research on the physical and psychological effects of music. In his *Risâle fi Hubr Sınâati't-Te'lif*, he writes about sounds that feel good to the human ear and which harmonious melodies have a positive effect on people (Turabi 1996, 19).

Ebu Bekir Er Razi worked in medicine, philosophy, and chemistry. He also sang, played the oud, and was interested in poetry, literature, and music. However, when he was about eighteen years old he refrained from music, saying that "it was not appropriate for people to do music after they are old enough to grow a beard and moustache," and diverted his time to alchemy, chemistry, medicine, and philosophy (Karaman 2004, 106).

³ A Parisian traveller, he came to Istanbul in 1631 and stayed for eleven months. In 1675 he published *Nouvelle Relation de l'Interieur du Sérail du Grand Seigneur*, in which he described Istanbul and the Ottoman Empire.

Farabi (870–950) was a physician, musician, and philosopher, who in his *El Musiki*, *El-Kelam fi'l Musiki*, *Kitabü fi İhsasi'l-İka*, and *l-Musiki'l Kebir* defined which maqam acted on people's souls at various times throughout the day. He also wrote about instruments and musicians (Öztürk, Erseven, and Atik 2009, 11; Altinölçek 2013, 57). When Farabi wrote about the impact of maqams on people, he used sentences such as "Rast maqam makes people joyful, Rahavi maqam makes them think of infinity, Kucek maqam makes them sad" (Yücel 2014, 56).

İbn-i Sina (980–1037), a physician and philosopher, became well known as a result of his book *El-Kanun fi't-Tıb* [*The Law of Medicine*], which was considered a main reference for about seven hundred years and was used in European universities until the middle of the seventeenth century (Aydin 2014, 71). He also worked on mathematics, astronomy, physics, chemistry, poetry, and music. In his *Kitabü'ş Şifa, Kitabü'n Necat*, and *Danişname*, he wrote about music and its effect on people (Öztürk, Erseven, and Atik 2009, 13). In one of his writings he says: "One of the best and effective ways of therapy is to increase the patients' mental and spiritual strengths, to encourage them to fight against the illness, to make their surroundings enjoyable, to make them listen to the best music, and to keep them in touch with the people they love." According to İbn-i Sina, sounds that are arranged in a harmonious way have a deep impact on the human soul.

Suuri Hasan Efendi (?–1693) was a physician and poet who lived during the seventeenth century. The second part of his book *Tediü'l Emzice* includes topics on music therapy. In this book, which is thought to have been written in 1677, he talks about the relationship between maqams and various illnesses, and suggests specific maqams for the treatment of each one. He says that the science of music is related to the science of medicine, like it is related to other sciences, and pulse rates are in synchrony with specific maqams (Turabi 2011, 153).

Gevrekzade Hafiz Hasan Efendi (1727–1801) worked as the chief physician at the Ottoman court during Selim III's reign. In his *Emraz-I Ruhaniyye, Nagamat-I Musikiyye ile Tedavi*, he wrote about how important music is as a therapy for mental patients and how effective it is in treating them (Ak 1997, 50). In *Neticetü'l Fikriyye and Tedbir-I Veladetü'l-Bikriyye* he wrote about using music specific maqams to treat children's diseases. For example, he wrote that the Rast maqam was used to treat high fever and paralysis, while the Uşşak maqam was good for foot pain. In another work, *er-Risaletü'l-Musikiyye Mine'd-Devai'r Ruhaniye*, he gives a long list of maqams and the sicknesses each can treat (Altınölçek 2013, 66).

Hasim Bey (1815–68) was born in Istanbul, and during Mahmud II's reign was accepted to Enderun, where he studied with the most important figures of Turkish music of the time. He conducted the Palace Turkish Music orchestra and was later appointed as the head of the muezzin (Yalçin 2014, 2054). In his *Ta'dilü'l Emzice* he states that a physician who does not know the methods of music cannot be successful in diagnosis and treatment. He presents tables which illustrate which maqams are effective depending on the time of day. On a drawing of the human body he shows which maqams effect which part, depending on a person's horoscope (Ak 1997, 48).

However, there are inconsistencies between the effects of the scales mentioned in these books. For example, Al-Farabi claims that the *Buzurg* scale has a frightening effect on people, while Gevrekzade Hasan Efendi mentions the healing effects of the *Buzurg* scale on fear-related illnesses (Öztürk, Erseven, and Atik 2009, 16). According to Al-Farabi, the *hicaz* scale gives a feeling of modesty, while Gevrekzade Hasan Efendi emphasizes its aphrodisiac effects. Following the dismemberment of the Ottoman Empire in the twentieth century, the use of music in healing practises was forgotten for a long time.

According to Gürkan (2016), there are four music-therapy circles in Turkey. First, there are a small number of certified music therapists who were trained in Europe and the United States and who practise in Turkey. Second, there are civil-society organizations with academic members who aim to engage with international epistemic communities of music therapy. Third, there are individual attempts and practises to reinterpret the traditions regarding the use of music in healing and that now relate to the field of music therapy. Lastly, there are researchers in medicine and related departments of universities who use specific music-therapy methods in various academic and clinical research studies.

There is a growing interest in music therapy in Turkey fostered by various professionals including academics in music, medical professionals, and organizations striving to engage in a global music-therapy community. The lack of a defined profession and clearly delineated training for music therapy creates ambiguity regarding who can practise it and what can be referred to as music therapy. This growing interest in music therapy warrants establishing training programs in Turkey as well as defining the requirements and credentials necessary to practise as a music therapist in Turkey. Additionally, the development of the profession would be further advanced by supporting students who wish to study music therapy overseas.

The development of music therapy in Turkey

The growing interest in music therapy has warranted the development of a curriculum for music-therapy training. Many people among health and music professionals are interested in music therapy training in Turkey. Currently, there is only one professional music therapist in Turkey, who obtained their training in the United States and has developed their practise in Istanbul. Developing a new curriculum in a health-related profession often requires working within the established frameworks and guidelines of the governing healthcare agencies, and this is the case in Turkey. In order to begin the process of developing a music-therapy training curriculum, it is necessary to determine the organizations that would need to approve the curriculum and the guidelines for its development.

In Turkey, the Ministry of Health oversees the curriculums of healthcare-related professions. In 2013, the Ministry of Health established the Department of Traditional and Complementary Medicine as an entity within the ministry. This new department would oversee fifteen practices, including: acupuncture, hypnosis, apitherapy, phytotherapy, leech therapy, cupping, reflexology, ozone therapy, homeopathy, chiropractic care, osteopathy, mesotherapy, music therapy, prolotherapy, and maggot therapy. This would mean that any curriculum for music therapy would need to meet the requirements and guidelines and be approved by the Department of Traditional and Complementary Medicine.

Another significant development was the establishment of the Music Therapy Association in 2014. While music therapy is yet to be officially defined as a profession, many professionals from various fields are interested in it and support the development of the profession in Turkey. There are also differing perceptions about music therapy in Turkey due to various practises. Academic studies often address the history of music in healing in Turkey. Scholars and healthcare professionals identify practises such as having patients listen to music, performing music for patients, the use of music in special education, and Orff practices in 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 practises. The use of music in healing is regarded as safe, efficient, and cost effective (Uçaner 2016). All of these factors support and warrant the need for the development of a music-therapy training curriculum to not only provide a foundation for the profession but define who can practise as a music therapist in Turkey.

Government approval and accreditation

The *Traditional and Complementary Medicine Practises Bylaw* was published in the Official Gazette No. 29158 and entered into effect on October 27, 2014. This bylaw includes the definition of music therapy, criteria for becoming a certified practitioner, situations congruent for music-therapy practices and 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 music-therapy certified education. In other words, a music therapist can only work under the supervision of a certified doctor or dentist.

The Music Therapy Application Centre is a place in which music therapy is provided. It can be established within the scope of training and research hospitals or centres within the faculty of medicine or dentistry. The centres can work under the supervision of a certified doctor who has a related certificate approved by the Ministry of Health or the supervision of a dentist.

The Ministry of Health issued Certified Music Therapy Education Standards on July 13, 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 music-therapy education is to help health and music professionals to develop essential skills for music-therapy practise. 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 they will teach.

Academic music-therapy studies in Turkey

There are different perceptions about music therapy in Turkey due to applications made especially in the last twenty years, and also due to the fact that these applications frequently take place in the form of exaggerated news. These different perceptions are also confronted in academic studies. In academic studies, the information about the history of music therapy is repeated and practises such as having the patients listen to music, performing concerts, performing music-education applications in education

or special education, and the Orff approach are seen as music therapy. It is also claimed that music therapy is safe, time efficient, and inexpensive.

One of the difficulties in defining music therapy is its interdisciplinary nature. Music therapy is more than just a matter of its own, it is composed of two parts (music and therapy) and art, health, medicine, education, and psychology, a hybrid area consisting of many disciplines covering or overlapping these two fields. This makes it very difficult to draw clear boundaries between the disciplines related to the music therapy "discipline." For example, music therapists can work in schools, hospitals, clinics and schools, for educational or development purposes, or for health and medical purposes; they can also work in communities for mental health centers or sociocultural purposes or psychotherapeutic purposes. (Bruscia 2016, 9)

Music therapy as a multidisciplinary field with various areas of study is not yet recognized as a discipline in Turkey, and there is no definition of the profession of "music therapist," which causes some misunderstandings in Turkey. Editors in Turkey are publishing non-music-therapy articles as music therapy because they do not know what it is actually about, and master's and doctoral dissertations are being undertaken in the same way.

Method

In this study, a literature survey was conducted using the general screening model. The keywords "music therapy" and "musical therapy" were searched for in forty-three graduate and doctoral dissertations written in Turkey between 1985 and 2016 on the official site of the National Higher Education Council. In addition, the same academic articles were scanned and eighty-five articles were accessed. The theses were grouped under four headings according to instruments, institutes, departments, and methods, and the articles were classified according to the methods used, with the perception of music therapy in the theses and articles determined.

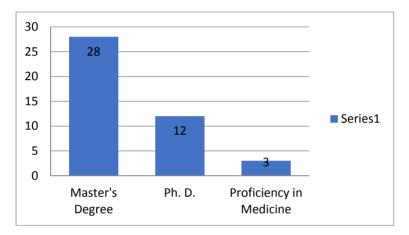
Analysis of the data

The data obtained in this work were analysed according to the categorical analysis technique of content analysis, one of analysis types used in qualitative research.

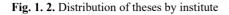
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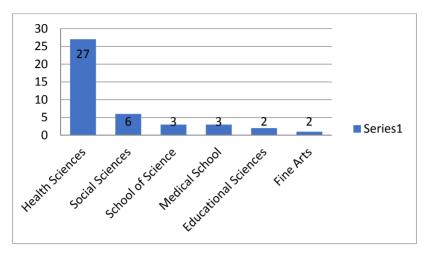
In this chapter, the results obtained from the analysis of the data are expressed in terms of frequency (f), grouped according to the respective categories, and tabulated with comments based on the analysis results.

Fig. 1.1. Distribution of theses by thesis type



As it is seen in Fig. 1.1, most of the theses related to music therapy were master's theses, followed by doctoral thesis and proficiency in medicine theses.





When Fig. 1. 2 is examined, it is seen that the thesis about music therapy was made mostly in the Institute of Health Sciences, then the Social Sciences Institute, the Institute of Science, the Institute of Medical Sciences, the Institute of Educational Sciences, and the Institute of Fine Arts.

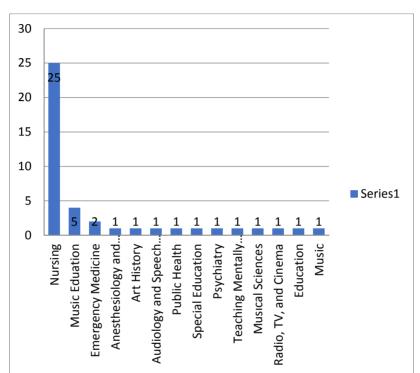


Fig. 1.3. Distribution of theses by chapter

When Fig. 1.3 is examined, it is seen that there are twenty-five theses in nursing departments, five theses in music-education departments, two theses in emergency-medicine departments, and those in other sections totalling forty-three theses. These kinds of studies were carried out in health-related rather than music-related departments.

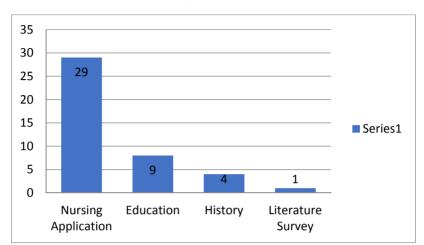


Fig. 1.4. Distribution of theses by application and research areas

When the table is examined, it is seen that only one thesis is related to a music-therapy literature review. On the other hand, nine theses are related to education (music education, influence of music on success, etc.), and four are about the history of music therapy. The vast majority—twenty-nine—of the theses are related to nursing practises (music, medicine, etc.).