

4. Національна доктрина розвитку освіти України у XXI столітті // Освіта України. – 2001. – № 29. – 18 лип. – С. 4– 6.
5. Иванов В.Н. Инновационные социальные технологии устойчивого развития / Иванов В.Н., Патрушев В.Н., Галлиев Г.Т. – Уфа: ООО «ДизайнПолиграфСервис» 2003.- 2003.- 352 с.
6. Зимівець Н.В. Соціально- педагогічні технології формування відповідального ставлення до здоров'я в учнівській молоді : автореф. дис. на здобуття наук. ступеня канд. пед. наук : спец. 13.00.05 „Соціальна педагогіка” / Зимівець Н.В. – Л., 2008. – 21 с.
7. Инновационные методы обучения в гражданском образовании / [Величко В.В., Карпиевич Д.В., Карпиевич Е.Ф., Кирилюк Л.Г.] – 2-е изд. доп. – Мн. : Медисон, 2001. – 168 с.
8. Інтерактивні технології навчання: теорія, практика, досвід роботи / Уклад. О. Пометун, Л. Пироженко. – К. : А.П.Н., 2002. – 136 с.
9. Кларин М.В. Копоративный тренинг от А до Я / Кларин М.В. – М. : Дело, 2000. – 224 с.
10. Дурай-Новакова К.М. Формирование профессиональной готовности к деятельности/ Дурай-Новакова К.М. – М.: Педагогика, 1983. – 336 с.
11. Пахальян В.Э. Развитие и психологическое здоровье. Дошкольный и школьный возраст/ Пахальян В.Э. – СПб. : Питер. 2006 – 240 с.

УДК [78.07:61]:159.964

A CASE FROM GROUP MUSIC THERAPY FOR ADULTS WITH DEPRESSION

Ivannikova M. A., Dipl.Psychol, MA, Ukraine, master student in music therapy

University of Bergen, Norway

This article has to the aim to present a case from short term group music therapy for adults with depression, based on the concept by Christoph Schwabe. The author makes an attempt to follow some dynamics of changes in the condition of Elizaveta. To make it work, some examples from observations and from The Incomplete-Sentences Tool developed by the author, and outcomes measured by The State Anxiety Inventory developed by Spielberger and Hanin (short version) and The Well-being, Activity and Mood Inventory (Russian: САН [SAN]) developed by Doskin, Lavrentyeva, Sharay and Miroshnikov are taken under consideration.

Key words: group music therapy, depression, outcomes, state anxiety, well-being.

Иваннікова М.А. КЛІНІЧНИЙ ВИПАДОК З ПРАКТИКИ ГРУПОВОЇ МУЗИЧНОЇ ТЕРАПІЇ ДОРΟΣЛИХ З СИМПТОМАМИ ДЕПРЕСІЇ / Бергенський університет, Норвегія.

На прикладі окремого клінічного випадку з практики короткочасної музичної терапії дорослих із симптомами депресії, що було проведено на засадах підходу Кристофа Швабе, робиться спроба відстежити динаміку змін стану Єлизавети. У статті наводяться приклади зі спостережень, методики незакінчених речень, що була розроблена автором статті, а також показники, заміряні методикою діагностики оперативної оцінки самовідчуття, активності та настрою (САН), і показники реактивної тривожності, заміряні скороченим варіантом шкали самооцінки стану тривоги Спілберга-Ханіна.

Ключові слова: групова музикотерапія, депресія, показники, реактивна тривожність, самовідчуття.

Иванникова М.А. КЛИНИЧЕСКИЙ СЛУЧАЙ ИЗ ПРАКТИКИ ГРУППОВОЙ МУЗЫКОТЕРАПИИ ВЗРОСЛЫХ С СИМПТОМАМИ ДЕПРЕССИИ / Бергенский университет, Норвегия.

На примере отдельного клинического случая из практики краткосрочной групповой музыкотерапии взрослых с симптомами депрессии, основанной на подходе Кристофа Швабе, делается попытка отследить динамику изменения состояния Елизаветы. В статье представлены примеры из наблюдений, методики неоконченных предложений, разработанной автором статьи, а также показатели, замеренные методикой диагностики оперативной оценки самочувствия, активности и настроения (САН), и показатели реактивной тревожности, замеренные сокращенным вариантом шкалы самооценки состояния тревоги Спилберга-Ханина.

Ключевые слова: групповая музыкотерапия, депрессия, показатели, реактивная тревога, самочувствие.

Depression is one of two most widespread and significant disorders of the modern time. It is connected with the reduction of work ability or even death [11]. Standard treatment for people with depression is not always sufficient. This makes the exploration of complement treatment possibilities for this population especially important.

Rusina, Popova & Shiryayev conducted a study on listening to music in the treatment for people with depression. They involved 128 participants in experimental groups of 5 to 7 people and 23 participants in a control group. Experimental groups listened to slow classical music for 15 minutes. The aims were to change mood, to reduce tension and anxiety, and to draw away attention from painful emotional experiences. Participants from the experimental groups articulated different preferences for music. They wished to listen not only to music with a slow tempo, but also with a fast one. Rusina et al stated that affective symptoms and anxiety became lower, that movemental activity rose, and that participants from experimental groups began to react more positively to surroundings. The researchers also made an assumption about a supplementary need for active methods of using music [6].

Lasovskaya completed a study on listening to music in the treatment for patients with cancer who underwent an operation and displayed signs of depression. Lasovskaya described some observations made in individual sessions with five participants. She stated that most of the participants rejected the musical programs of relaxation which were offered to them (music without a melody with nature sounds) and chose instead to listen to classical music or remakes of it. Lasovskaya further argued that most of the positive emotions were observed when participants recognized the music (listened to music which was known to them from the past). The research inferred that it was probably difficult for people with cancer to think of the future, and that it was easier for them to activate emotional experiences from their past and then to transfer them to the future [3].

Some years later, a project in short term group music therapy for adults with depression was conducted in one of the clinics of Zaporizhzhia. This study involved 15 participants in experimental groups of 6 and 9 people and 12 participants in a control group. Experimental groups received both standard treatment and music therapy. The control group received only standard treatment.

The study was based on the methods of music therapy by Christoph Schwabe, and included different methods of active music therapy and regulative music therapy. Active music therapy as a common term covered the following methods: instrumental improvisation, free movement improvisation to classical music, dance group music therapy and group singing therapy [8]. It focused on social interaction between members of the group. Regulative music therapy, a method of receptive music therapy, was connected with listening to music. It aimed to expand aesthetic ability in a person to get positive experiences and pleasure. This method of music therapy was based on training of three dimensions of perception: acoustic phenomena, body functions and thoughts, emotions and moods [9].

Music therapy sessions lasted for 40 - 45 minutes. They were not bound to any completely fixed program. There was space for personal and group processes. Both slow and fast classical music was used there. Songs known to the people were offered for group singing. This way, some practical foundations from previous studies described above were taken into consideration.

Besides these practical foundations, the sessions in group music therapy for adults with depression had some theoretical foundations as well. Here, "resources" were taken for "blocked abilities" [7] and for positive potentials of people to satisfy their "basic needs" [7]. "Acting, remembering and describing", but not interpreting or explaining, were used as therapeutic instruments [5]. In cases when it came to scepticism and/or refusal of the therapeutic offer, the participants' desires were taken under consideration. It was not interpreted as protection and/or resistance [5]. Constructive confrontation with positive experiences and activities was used instead of direct confrontation with problems and incorrect behaviour [10].

The group results of the study are going to be analysed statistically in the nearest future. They will be presented in the master thesis by Ivannikova [1]. This article will deal with a brief presentation of a case taken from this study. First, some background information about Elizaveta, a female participant of the project, will be given. Then there will follow the session evaluations. In the beginning, they will be based on examples from observations made during sessions and examples from The Incomplete-Sentences Tool (qualitative evaluation). Following this, there will be discussed outcomes from two inventories used for quantitative evaluation of the condition of Elizaveta: The Well-being, Activity and Mood Inventory and The State Anxiety Inventory developed by Spielberger and Hanin in its short version [4].

BACKGROUND INFORMATION ABOUT ELIZAVETA

Elizaveta is a woman of about 43 years of age. She arrived in the clinic just two days before a project in music therapy started there. She had worked as a teacher in a kindergarten before hospitalisation. Elizaveta complained about being on the verge of crying; that she had headaches; obsessive recollections, and thoughts about her son, who died six months before. Physicians considered her to be open for communication, restless, having lowered

mood. According to her own words, Elizaveta tried to cope with her sorrow "in order to bring up her youngest son", but one month ago her condition became worse.

In addition to the standard clinic treatment, Elizaveta attended all seven daily sessions in short term group music therapy offered for adults with depression. Each session seemed to have a rather different effect on her. Some examples from observations made during the first, third, sixth and seventh sessions will be given to highlight the process of changes in the condition of Elizaveta.

EXAMPLES FROM OBSERVATIONS AND THE INCOMPLETE-SENTENCES TOOL

In the first session Elizaveta said that a piece of classical music "helped her to get rid of anxiety", but a bit later it increased her anxiety again. After listening to music, she took part in a group drawing. Elizaveta drew Snowdrops which drooped under rain clouds and falling rain drops. She said that she had drawn her emotional state and began to weep. She tried to calm herself and seemed to become closed off and irritable. A while later Elizaveta seemed to be restless when the group had difficulty making a decision concerning which title to have for a group picture. Then she made a suggestion (she chose the title "Spring..."), but omitted the ellipsis when she has the opportunity to put it in.

In the third session, as soon as the group began to dance, tears appeared on the face of Elizaveta. She went to the side and leaned on a sofa in the room. She kept observing the group dancing. As soon as the tears disappeared, she began to weep again. She did not move from the place near the sofa. She refused to draw, and she did not say anything during feedback.

In the sixth session, Elizaveta did not avoid giving feedback. She used full sentences and talked in detail. The woman used two "maracas" for making music during the active part of the session. During improvisations with instruments she was clearly leading the group rhythmically.

In the seventh session, Elizaveta set the tune and led the song three out of four times. When the group could not make a common choice and was still discussing what to sing, Elizaveta began to sing a song of her own choosing. It was "Очарована" ["Charmed"] by Michail Zvezdinsky and Nikolay Zabolozky. As soon as the group had made a choice, she joined in at once. She did not give the impression that she was restless during this group discussion. She seemed to have recognized that they needed time to make a common decision, and that she could use this time for something she liked. She seemed to enjoy active singing both individually, and in a group.

After the last session, Elizaveta completed a list of incomplete sentences from the Incomplete-Sentences Tool. Some examples of them are as following [2]:

I think "...that time is the greatest healer and that the help of friends is great."

During sessions I realized "...that I can draw my attention from problems and communicate with people."

I would like "...to be healthy".

It was not worth "...to retreat into my sorrow, my problems."

The most joy I had was "...singing with others favorite songs."

It is a pity "...that the time passed away so fast."

These examples seem to show that Elizaveta noticed a change in her condition and that her way of participation had a positive effect on her. She discovered that she was not alone with her sorrow, that there were people there to support her. She rediscovered her ability to enjoy singing and to communicate with others. The title, "Spring", which Elizaveta suggested in the first session, was the first step for her to leave the cold winter and to open her heart for the spring and a new life. The song, "Charmed", which she sang in the last session, was still about being tied up in chains, but at the same time about being loved and valued.

These qualitative changes will be further supplement by and compared with the outcomes registered by The Well-being, Activity and Mood Inventory and The State Anxiety Inventory. In the beginning, a brief description of each of them will be given.

OUTCOMES FROM INVENTORIES

The Well-being, Activity and Mood Inventory consisted of thirty pairs of adjectives and word combinations which described positive and negative well-being, activity and mood. Elizaveta filled it out before the project in music therapy, and then after each session she attended. When analysing the Inventory, the points were calculated separately for each of these three categories. The total score of them made up a value of functional state. The final values could be subdivided into "low" (0 to 4 points), "moderate" (more than 4 points) and

“high” (5.5 to 7.0 points) level. Figure 1 presents the three categories measured before the project, after the first session, and after the last, seventh, session.

As it is presented in the Figure 1, after the first session the values of well-being, activity and mood for Elizaveta became even lower than they were before the project. They still remained low. The values, which were registered after the seventh session, were mostly high. Also in the case of Elizaveta the level of activity was higher than the level of mood and well-being. However, after the seventh session in music therapy the values of all three categories became more balanced.

The total score of the three categories – functional state – is presented in the next figure. After the first session, this value was low. It was high after the last one. The figure drawn after every session did not look like a permanent increasing line. It was a curve that fluctuated reflecting the process Elizaveta went through [see Figure 2].

Figure 1
Display of changes in well-being, activity and mood for Elizaveta
(Data from the CAH)

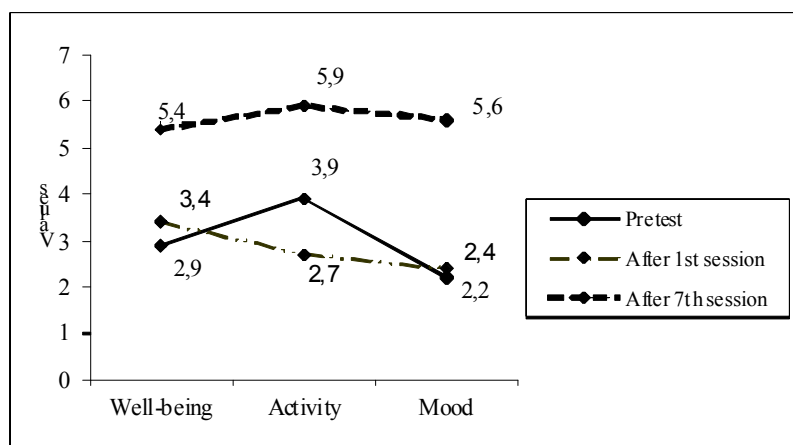
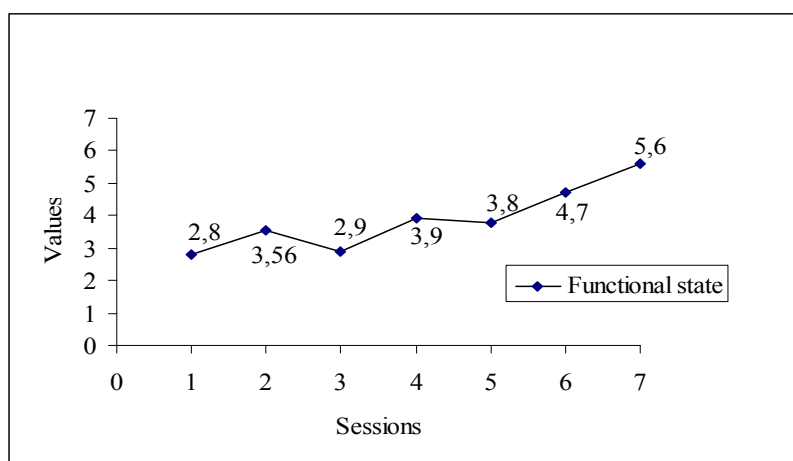


Figure 2
CAH
(Functional condition)



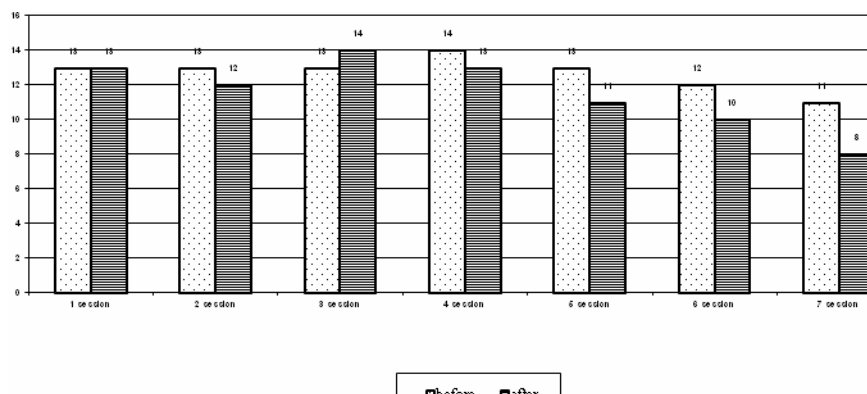
The short version of The State Anxiety Inventory developed by Spielberger and Hanin consisted of 5 statements and four possible answers to each of them. The lowest value of state anxiety could be 5; the highest possible value could reach 20. Elizaveta filled out this Inventory before and after each session. After the first session, the value of state anxiety of Elizaveta remained the same. After the third session, it became even higher than it was before the session. The values registered for subsequent sessions became lower after every session [see Figure 3].

The interesting fact to notice was that after the sessions in which Elizaveta got tears (the first and the third ones) her values of functional state were the lowest. According to the short version of The State Anxiety Inventory the

level of state anxiety of Elizaveta was the highest after these two sessions. This shows that both qualitative and quantitative evaluation supplement each other.

Figure 3

Display of changes in state anxiety over time for Elizaveta
(Data from the State Anxiety Inventory by Spielberger and Hanin (short version))



DISCUSSION AND CONCLUSIONS

This paper has presented a case from short term humanistic group music therapy for adults with depression. Some dynamics of changes taken place in this case were observed by qualitative and quantitative methods of evaluation.

Generally, the findings from this case did not indicate any significant contradictions to the previous studies investigating the use of music in the treatment for adults with depression. Further more, they confirmed the statements by Rusina et al who concluded that listening to music could contribute to more positive reaction to surroundings, reduced anxiety and increased activity. The observation by Lasovskaya concerning positive emotions to known music [here: songs] among participants of her study was confirmed by the case as well. Besides that, the assumption about the need for active music therapy methods made by Rusina et al was also supported by the observations from the case.

However, when taking under consideration the whole process of changes in the presented case, it becomes obvious that music therapy can activate painful experiences, increase anxiety and reduce activity. It is therefore important to be sensitive to the wishes and preferences of the concrete members of the music therapy group and to give them the possibility to decide about their own way of participation in sessions.

ACKNOWLEDGMENT

The author of this article would like to thank Prof. Thomas Wosch, Germany, for supervision in music therapy, Prof. Oleg Z. Golubkov, Ukraine, for his valuable assistance and support in psychiatry while preparing and realizing of project objectives. Special thanks to Jacob Andersen and Steven Darby for support in English.

REFERENCES

1. Ivannikova, Mariya (2009). And What about Well-being? A Controlled Study and Two Cases from Short Term Group Music Therapy for Adults with Depression. Master Thesis in Music Therapy, University of Bergen, Bergen, Norway (under preparation).
2. Ivannikova, Mariya (2006). What Do I Have to Do? Resource Oriented Music Therapy in the Treatment of Depression. A Contribution at the VI-th National Congress/1st International Meeting "Music and Music Therapies: Meeting with Eastern European Countries, Trieste, Italy.
3. Lasovskaya, T.U. (1998). Specifics of music therapy sessions for patients with cancer. Palliative Medicine and Rehabilitation, 2-3, 171 [Ласовская Т.Ю. (1998). Особенности проведения музыкотерапии у больных с онкологическими заболеваниями. Паллиативная медицина и реабилитация, 2-3, 171].

4. Raygorodsky, D.Y. (Ed.) (2000). Practical Diagnostics. Inventories and Tests. Samara: Editor House "Bachrach". [Райгородский Д.Я. (редактор-составитель) (2000). Практическая психодиагностика. Методики и тесты. Учебное пособие. Самара: Издательский Дом "Бахрах"].
5. Reinhardt, Axel (1997). Musiktherapie in einer Psychiatrischen Tagesklinik – konzeptionelle Voraussetzungen, Möglichkeiten und Grenzen. In Christoph Schwabe & Helmuth Rudloff (Eds.), Musiktherapie zwischen wissenschaftlichem Anspruch und gesellschaftlicher Realität. Crossener Schriften zur Musiktherapie. Band III. (p. 85 – 99). Crossen: Akademie für angewandte Musiktherapie Crossen.
6. Rusina, T.V., Popova, N.M., Shiryayev, O.U.(1985). Experiences of using music therapy in the treatment for depressive patients. Actual questions of psychiatry. Tomsk: University of Tomsk, 108-109. [Русина Т.В., Попова Н.М., Ширяев О.Ю.(1985). Опыт использования музыкотерапии в лечении больных депрессией. Вопросы психиатрии. Томск: изд-во Томского Университета, 108-109].
7. Schwabe, Christoph (2005). Resource-Oriented Music Therapy – The Development of a Concept. Nordic Journal of Music Therapy, 14 (1), 49-56.
8. Schwabe, Christoph (1996). Regulative Musiktherapie und Aktive Gruppenmusiktherapie. In Christoph Schwabe & Helmut Röhrborn (Eds.), Regulative Musiktherapie: Entwicklung, Stand und Perspektiven in der psychotherapeutischen Medizin. (p. 271 – 282). Stuttgart: Gustav Fischer Verlag Jena.
9. Schwabe, Christoph (1987). Regulative Musiktherapie. Stuttgart, New York: Gustav Fischer Verlag.
10. Schwabe, Christoph (1983). Aktive Gruppenmusiktherapie für erwachsene Patienten. Stuttgart; New York: Gustav Fischer Verlag.
11. World Health Organization (2008). Mental health: Depression. Retrieved September 10, 2008 from http://www.who.int/mental_health/management/depression/definition/en/index.html

УДК 378.147:82.09

МЕТОДИЧНИЙ АСПЕКТ ОРГАНІЗАЦІЇ КОМПЛЕКСНОГО ВИКОРИСТАННЯ РІЗНИХ ТИПІВ АНАЛІЗУ ХУДОЖНІХ ТВОРІВ ЗАРУБІЖНОЇ ЛІТЕРАТУРИ

Каніболоцька О.А., викладач

Запорізький національний університет

У статті конкретизуються основні аспекти комплексного підходу до аналізу художнього твору в старшій школі на сучасному етапі формування літературної компетенції. Досліджуючи найбільш ефективні шляхи, методи, прийоми і типи аналізу художніх творів на різних етапах літературного розвитку, автор пропонує традиційний і комплексний підходи їхнього використання з метою закріплення інтересу до читання в процесі вивчення художніх творів на уроках літератури в загальноосвітній школі.

Ключові слова: комплексний підхід, шляхи аналізу, методи аналізу, прийоми аналізу, типи аналізу, літературний твір

Каниболоцкая О.А. МЕТОДИЧЕСКИЙ АСПЕКТ ОРГАНИЗАЦИИ КОМПЛЕКСНОГО ИСПОЛЬЗОВАНИЯ РАЗНЫХ ТИПОВ АНАЛИЗА ХУДОЖЕСТВЕННЫХ ПРОИЗВЕДЕНИЙ ЗАРУБЕЖНОЙ ЛИТЕРАТУРЫ/ Запорожский национальный университет, Украина.

В статье конкретизируются основные аспекты комплексного подхода к анализу художественного произведения в старшей школе на современном этапе формирования литературной компетенции. Исследуя наиболее эффективные пути, методы, приёмы и типы анализа художественных произведений на разных этапах литературного развития, автор предлагает традиционный и комплексный подходы их использования с целью закрепления интереса к чтению в процессе изучения художественных произведений на уроках литературы в общеобразовательной школе.

Ключевые слова: комплексный подход, пути анализа, методы анализа, приёмы анализа, типы анализа, литературное произведение