

4. Леонтьев А.Н. Избранные психологические произведения: В 2 т. / А.Н. Леонтьев. – М.: Педагогика, 1983. – Т.1. – 391 с.; Т.2. – 318 с.
5. Лернер И.Я. Дидактические основы методов обучения / И.Я.Лернер. – М.: Педагогика, 1981. – 185 с.
6. Маранцман В.Г. Проблемное изучение литературного произведения в школе: Пособие для учителей / В.Г. Маранцман, Т.В. Чирковская. – М.: Просвещение, 1977. – 206 с.
7. Матюшкин А.М. Проблемная ситуация в мышлении и обучении / А.М. Матюшкин. – М.: Педагогика, 1972. – 208 с.
8. Махмутов М.И. Теория и практика проблемного обучения / М.И. Махмутов. – Казань, 1972.– 551 с.
9. Молдавская Н.Д. Литературное развитие школьников в процессе обучения / Н.Д. Молдавская. – М.: Педагогика, 1976. – 224 с.
10. Наукові основи методики літератури: Посібник для студентів вищих закладів освіти / Н.Й.Волошина, О.М. Бандура, О.А. Гальонка та ін. – К.: Ленвіт, 2002. – 344 с.
11. Неділько В.Я. Проблемність як дидактична форма організації навчального процесу / В.Я.Неділько // Українська мова та література в школі. – 1978. – № 12. – С. 47-57.
12. Оконь В. Основы проблемного обучения / В. Оконь. – М.: Просвещение, 1968. – 208 с.
13. Пасічник Є.А. Методика викладання української літератури в середніх навчальних закладах: Навчальний посібник для студентів вищих закладів освіти / Є.А. Пасічник. – К.: Ленвіт, 2000. – 384 с.
14. Пасічник Є.А. Українська література в школі / Є.А. Пасічник. – К.: Радянська школа, 1983. – 320с.
15. Пометун О. Сучасний урок. Інтерактивні технології навчання: Науково-методичний посібник / О.Пометун, Л. Пироженко. – К.: Видавництво А.С.К., 2004. – 192 с.
16. Сафонова А.М. Проблемные задания на уроках русской литературы / А.М. Сафонова. – К.: Радянська школа, 1977. – 152 с.
17. Степанишин Б.І. Викладання української літератури в школі: Методичний посібник для вчителя / Б.І. Степанишин. – К.: РВЦ «Проза», 1995. – 255 с.
18. Токмань Г.Л. Методика викладання української літератури в старшій школі: екзистенціально-діалогічна концепція / Г.Л.Токмань. – К.: Міленіум, 2002. – 320 с.

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HOW MUSIC HELPS WHERE: MUSIC THERAPY AND SOCIETY

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Community music therapy could be said to unleash music therapy from a "mechanistic metaphor", by embracing more social and ecological perspectives on music and health. In this paper I will clarify how: community music therapy projects usually involve much more than conventional music therapy sessions; workshops, concerts, and various forms of collaborative projects are typical; it would be limiting to evaluate the effect of community music therapy projects by describing and/or measuring how individuals and groups develop during a certain amount of music therapy sessions; within an ecological framework developments in social and cultural context may be equally important as change in individuals and groups; there may be a ripple effect in that the environment reacts upon the changes in the individual or group.

Key words: music therapy, mechanistic metaphor, community music therapy, ripple effect.

Стіге Брюньюльф СОЦІАЛЬНА МУЗИКОТЕРАПІЯ: МУЗИКА І РАЗУМ ЯК СОЦІАЛЬНА ДІЯЛЬНІСТЬ / Бергенський університет, Норвегія.

Можна було б сказати, що соціальна музикотерапія визволяє музичну терапію від «механічної метафори», включаючи більш соціальний та екологічний погляд на музику та здоров'я. У даній статті висвітлюються такі моменти: проекти з соціальної музичної терапії зазвичай включають набагато

більше ніж загально прийняті сесії музикотерапії; для них є типовими семінари, концерти, а також різні види проектів, що будуються на співпраці; було б недостатньо оцінювати ефективність проектів із соціальної музикотерапії описом та/чи вимірюванням розвитку індивідів та груп за час певної кількості музикотерапевтичних сесій; в екологічному плані розвиток у соціальному та культурному контексті повинен бути так само важливим, як і зміна, що відбувається з індивідами і групами; тут може виникнути хвильовий ефект, як відображення того, як середовище реагує на зміни, що відбуваються з індивідом чи групою.

Ключові слова: музикотерапія, механічна метафора, соціальна музикотерапія, хвильовий ефект.

Стигг Брьюньюльф СОЦИАЛЬНАЯ МУЗЫКОТЕРАПИЯ: МУЗЫКА И РАЗУМ КАК СОЦИАЛЬНАЯ ДЕЯТЕЛЬНОСТЬ / Бергенский университет, Норвегия.

Можно было бы сказать, что социальная музикотерапия освобождает музыкальную терапию от «механической метафоры», включая более социальный и экологический взгляд на музыку и здоровье. В данной статье освещаются следующие моменты: проекты по социальной музикотерапии обычно включают намного больше, чем общепринятые сессии музикотерапии; для них типичны семинары, концерты, а также различные виды проектов, строящихся на сотрудничестве; было бы целесообразно оценивать эффективность проектов по социальной музикотерапии описанием и/или измерением развития индивидов и групп в ходе определенного количества музыкально-терапевтических сессий; в экологическом плане развитие в социальном и культурном контексте должно быть так же важно, как и изменение, происходящее с индивидами и группами; здесь может иметь место волновой эффект, как отражение того, как среда реагирует на изменения, происходящие с индивидом или группой.

Ключевые слова: музикотерапия, механическая метафора, социальная музикотерапия, волновой эффект.

Introduction Sometimes a simple question may change our way of thinking. I remember very well one such question, which changed my conception of music therapy. This happened back in 1983. I had just graduated as a music therapist and I was just about to begin the first session with one of my first groups of clients. Together with a colleague I was welcoming a group of six adult persons with Down's syndrome to their first session of music therapy. They entered a music room that in many ways looked like any music therapy room, but it was also different: It did not belong to the institution where they lived and we usually worked but to the community music school of the town. This difference turned out to make a difference. The same room was also used by various local choirs and bands and on one of the walls there were several pictures of these groups. As the clients entered the room they did not head for the chairs that the music therapists had put out for them. Instead they went right over to that wall in order to be able to study the pictures more closely. A great enthusiasm spread among them: "The marching band!" "Look at that!" "The drum!" "The uniforms!" When we finally gathered in the semicircle of chairs that had been arranged, Knut, one of the group members, asked: "May we too play in the marching band?"

It turned out that he actually could play in the local marching band, but that it would take three years of hard work before this was possible. I have told the rest of this story in several publications previously [5], [11], [12]. Here I want to dwell on how Knut's short and simple question got me thinking. It challenged so much of what I had learned as a music therapy student. I had been told that music therapy was about communication and interpersonal relationships and about music carefully improvised and arranged to meet the specific needs of each client. It was not about leaving the music therapy room to play with a local marching band! But how could I ignore his question? In a very effective way it reminded us about the fact that as everybody else Knut was part of a larger community and society. He had certain dreams in relation to this and also certain rights that could not be neglected.

Today I would say that part of what Knut's question revealed for me is that I had been captured by a too narrow conception of what music therapy practice could be. As the profession and discipline of music therapy has developed internationally the last two decades, we can now see more clearly that practice focusing upon individualized therapy is only one of the options available. Very often problems and limitations experienced by an individual relate to social and cultural problems in a community. This is not something the profession and discipline of music therapy can ignore.

In order to understand the development of modern music therapy, we therefore need to consider how the dimensions of *practice*, *profession*, and *discipline* are related to each other. As *practice*, music therapy includes but is not restricted to therapy and treatment in the medical meaning of those terms; it also includes practices that we more precisely could classify as for instance social work or promotion of public health. This means that the *profession* of music therapy is engaged in tasks that are varied and multifaceted, depending upon the needs of each person, group, and situation. These needs relate to personal, political, social, and cultural contexts. As a *discipline* music therapy therefore is multidisciplinary. It is a hybrid (in a positive meaning of that word) of knowledge from psychology, education, sociology, the health sciences, and musicology. This is different from saying that the discipline of music therapy mainly borrows theories from a range of other disciplines. The process is much more reciprocal than that. As an academic discipline, music therapy is engaged in a dialogue with related disciplines, contributing with perspectives of its own on how music, human development, health, culture, and society are linked [11].

In this paper I will try to illuminate relationships between music therapy as practice, profession, and discipline, first by taking a historical perspective and then by discussing aspects of one specific research project which explores how contemporary music therapy practice may expand our understanding of the role of the professional and the range of the discipline of music therapy. I will relate this latter discussion to the emerging field of Community Music Therapy.

Historical Perspectives To develop music therapy as a practice, profession, and discipline takes a number of years, or maybe it's more precise to say a "number of decades." I can exemplify by sharing glimpses of the development of music therapy in Norway:

The first practices that contributed to the development of the current profession and discipline in Norway emerged in the late 1950s, mainly in schools and institutions for people with handicaps. In the 1960s various pioneers, often music teachers, tried out developmental and therapeutic music activities for people with handicaps and they started to take explicit interest in the profession and discipline of music therapy, which was now emerging in the US and several European countries, for instance in Austria, Germany, and the UK. In the late 1960s the international music therapy pioneers Paul Nordoff and Clive Robbins made their first visits and this inspired the Norwegian pioneers to include humanistic and improvisational approaches in their work [7], [8]. In the early 1970s the Norwegian pioneers included some young enthusiasts who had gone abroad in order to have a professional music therapy training, and in 1972 they decided to form an association that could promote the development of music therapy in this country. The Norwegian Association for Music Therapy was established as a democratic association with both music therapists trained abroad and "self-taught" pioneers from other disciplines as members. This democratic and inclusive approach contributed to the establishment of a supportive culture where a group of people supplemented and helped each other in developing this young field [16].

It was still a challenging process to establish the profession. There was lack of positions for music therapists in the beginning and it was difficult to have permission from the Norwegian Ministry of education to establish a professional training course in this new field. But in 1978 Even Ruud and two other pioneers that had trained abroad managed to establish a training course in one of the two music conservatories in Oslo (Østlandets Musikkonservatorium, currently the National Academy of Music). This allowed for the training of 6-10 new professionals every year and it was a major step in developing the profession of music therapy Norway. In 1988 a second training course was established in Sandane in Western Norway (this course is currently located in the University of Bergen). This new step strengthened the establishment of the profession and also contributed to establishing the main focus that emerged in the 1990s; how music therapy could be developed as an academic *discipline*, with theory and research traditions of its own. This work led to the development of PhD programs in music therapy both in Oslo and Bergen and to the establishment of two university-based research centres (GAMUT, the Grieg Academy Music Therapy Research Centre in Bergen and The Centre for Music and Health in Oslo).

Roughly speaking, the development that I have described from the Norwegian context parallels that seen in many European countries: In the 1950s and 1960s the most important contributions came from *pioneers of practice*. Then, in the 1970s and 1980s, music therapy was *professionalized* through the establishment of various training courses in universities, university colleges, and conservatories. Since the 1990s there has been a radical academic development of *music therapy as a discipline*, with the establishment of peer-reviewed research journals, research centres, and PhD-programs. This academic development has of course influenced and changed many aspects both of practice and of professional training.

One of the most striking characteristics of international music therapy as we can observe it today is that the field is being developed in many countries that previously did not have a separate music therapy tradition. This includes European countries like for instance the Baltic countries, Greece, and Ukraine and it is part of a broader picture where music therapy is in the process of become a world-wide profession and discipline, as illustrated by the various contributions to *Voices: A World Forum for Music Therapy* (www.voices.no)

When music therapy is emerging in new countries in the twenty-first century we may ask whether the sequence described above (from practice to professional training to the development of an academic discipline) will be repeated. We have no empirical evidence to decide whether or not this is probable, but my appraisal is that the conditions for the process have changed dramatically, due to the current existence of an international body of research and theory on music therapy. The increased possibilities for international communication that we see today suggest that use of this international body of knowledge is not only possible but also plausible when new practices of music therapy are established.

We could say that practice which is not informed by theory and research is "blind" (not well-informed and professional) and that research and theory that is not informed by practice is "deaf" (not in tune with the realities of the real world). The exact sequence and time frame of development may vary, then, from country to country, but the above argument suggests that we should examine the reciprocal relationships between the three dimensions of practice, profession, and discipline. In contemporary Europe, this means that the development of

new practices of music therapy should be informed by developments in the theory and research of music therapy, as documented in books and in articles in the existing peer-reviewed journals in the field (such as *Musiktherapeutische Umschau*, *British Journal of Music Therapy*, and *Nordic Journal of Music Therapy*).

An Exploratory Study of Community Music Therapy In the current situation, no development of practice could ignore the movement of Evidence-Based Medicine and the request for evidence-based practices [10], [6], [1]. In an era where research evidence is essential in the process of making health care decisions, there may in new professions such as music therapy be concerns and worries about losing jobs or not getting jobs. These worries are understandable, but we also need to ask questions about what evidence even means and what the relationships between evidence and practice could and should be. If not, we run the risk of having our conception of music therapy limited by one particular tradition of research, with focuses upon average effects at the group level and neglect of research on concrete processes-in-context (including particularities linked to persons, places, situations, and cultures). This paper addresses this issue, with a particular focus upon an ethnographic investigation of how music may work in one given situation.

In order to illustrate this, I will go into some detail about one particular research project that has been performed by GAMUT the last few years. The project is called “An Explorative Study of Community Music Therapy” and involves four researchers from four countries: Gary Ansdell (UK), Cochavit Elefant (Israel), Mercédès Pavlicevic (South Africa) and Brynjulf Stige (Norway). *Community Music Therapy* is a subfield of music therapy practice that has encountered a renewed international interest the last few years. As a field of practice, Community Music Therapy could be described as a range of non-medical social-musical approaches focusing upon health promotion and community development. Community Music Therapy practices are also characterized by collaborative and context-sensitive music-making and focus upon giving voice to the relatively disadvantaged in each context [11]. The participants’ interest in and love for music is essential, but the shared music-making also relates to concerns for health, human development, and equity [9]. As a subfield of the discipline of music therapy, Community Music Therapy may be understood as the study and learning of relationships between music and health as these develop through interactions between people and the communities they belong to [12].

The research project “An Explorative Study of Community Music Therapy” was performed in the period 2004 to 2008 and financed by the Research Council of Norway. It enabled us to track eight Community Music Therapy projects in four different countries; England, Israel, South Africa, and Norway. Each case was studied through use of ethnographic methods such as participant observation, ethnographic interviews and interpretation of video recordings of musical events [13]. The study was informed by questions such as: “How can Community Music Therapy processes be described in relation to their specific social and cultural contexts?” “How do clients/participants participate in and experience Community Music Therapy projects?” and “In what ways can Community Music Therapy promote health and change? Does it offer other cultural benefits?” In the development of each case study, more specific questions were developed, as they emerged from the analysis of empirical material, engagement with the literature, and discussions in the research group.

The eight case studies thus evolved with focus upon a theme that was suggested by the analysis of the specific material from each case. The case studies and a meta-ethnographic synthesis have been gathered in a book documenting the project [14]. In the following I will illuminate this approach to music therapy practice and study by sharing aspects from one of the eight case studies, with a particular focus upon the question “How do clients/participants participate in and experience Community Music Therapy projects?”

Various Strategies of Participation. I will present aspects of a case study focusing upon a Cultural Festival for people with mental retardation in Sogn og Fjordane in Western Norway. I was part of the group that established the festival back in 1988, as a collaborative effort involving the music therapy training course in Western Norway and the local division of the Norwegian association for people with mental retardation (NFU). The festival has now established itself as a “happening” one weekend every year, bringing together more than one hundred mentally retarded people and their helpers, celebrating the arts and the joy of the social events.

When we established the festival, we had two ambitions in mind: First, to create a cultural event that could be inspiring and meaningful for the participants, and, second, to create an arena for “cultural politics” that could nurture and support the process of developing more inclusive cultural activities in the local communities of the county. An important backdrop for our efforts at that time was the fact that the Norwegian government was just about to de-institutionalize the care for people with mental retardation, delegating the responsibility to all municipalities to establish community-based care for this group. We had reasons to believe that the municipalities’ capacities (and energies) for this challenge would vary considerably. Very few municipalities had developed decent cultural activities for this group of citizens and the government reform of the late 1980s did not regulate public responsibilities in relation to such activities in the same way as it did secure these people’s rights to housing and schooling [5].

The human right for cultural participation in your own community was therefore something people with mental retardation and their supporters would have to fight for, and as an association NFU defined itself as a main agent in this political and cultural process. When I decided to study the Cultural Festival I interviewed three members

from NFU and asked them about their perspectives on the vision and mission of this festival. In addition to the political aspects just mentioned, they strongly suggested that the festival should be an inclusive arena with space for *various forms of participation*. When I later did the field work on the festival, mainly through participant observation and the analysis of video recordings, I decided to explore in more detail if and how the festival in fact allowed for various forms of participation. The findings of this study are presented in the forthcoming book [14]. Here I can only give some glimpses of this:

In many situations, the participants' way of participating was fairly conventional; the participant joined in and performed what seemed to be expected in relation to how the situation was interpreted by most participants. The term "conventional" is not used negatively here. I am not referring to connotations such as "conformist" or "conservative," rather to connotations such as "usual" and "traditional," as when participants tried to play the basic beat on a drum or decided to take up the microphone to sing a song that was suggested. But, I also found that the festival indeed was a very inclusive arena for participation, where various forms and strategies of participation were allowed and where unusual and "unpredictable" contributions were quite common.

In other words; in addition to what could be labelled conventional participation I also discovered that a scale of divergence was in operation. There were plenty of instances of what I would like to call *participatory diversification*, events when the participation was not conventional, but introduced something new and quite different. Based on observations of the various workshops of the Cultural Festival, an analysis of the video material, and consultation with relevant literature, I identified the following styles of participation:

- Non-participation (not being there)
- Silent participation (being there but not joining in)
- Conventional participation (joining in but not standing out)
- Adventurous participation (standing out but not going across)
- Eccentric participation (going across).

Each category could briefly be described like this:

Non-participation involves "not being there," which could at least take on two different forms; literally not being in the setting (leaving or never arriving), or physically being there but with no sign of being psychologically and socially present.

Silent participation involves "being there" but not joining in or taking part actively. In contrast to non-participation described above, silent participation involves giving signs of being mentally and socially present, through use of posture, body language, and/or mimics.

Conventional participation involves, as described above, joining in and performing what is expected in the situation, in one of the roles available (say singing, playing, dancing, or conducting). Conventional participation may still involve some degree of personal "embellishment" of what is common or usual.

Adventurous participation is different from conventional participation in that the individual's contribution is standing out. It is not just an embellishment of what would be expected, it is a deviation that contributes with something essentially new in the situation. It could be described as a divergence that requires considerable active adjustment by the other people present in the social-musical situation.

Eccentric participation is more dramatic than adventurous participation. It goes across what is happening in the group. Eccentric musical participation goes beyond transforming what is already happening and it can rarely be ignored. It will usually either establish a new centre of mutual attention and action, or it will break up the existing structures. In the first case, leadership is challenged. In the second case the coherence of the group is challenged.

The five forms of participation in music that I propose do not represent discrete categories. Non-participation, for instance, may gradually be transformed into silent participation which again may turn into conventional participation. Elaborated conventional participation at some point becomes adventurous, and if escalated further may turn into eccentric participation. The process is not necessarily linear. Silent participation may at times turn into say adventurous participation, as when someone previously "just sitting there" suddenly jumps up and initiates something new. Similarly, eccentric participation may turn into conventional participation (if a new shared focus is established in the group) or into non-participation (if the group "falls apart"). Each category is therefore relative to situation, process, and context, but together the forms of participation represent a *repertoire of possibilities*.

The strategies that I have described focus upon the contribution of each participant, but in a social situation participation is always a *mutual process of communication and negotiation*. This has implications for the understanding of the five forms of participation that I have described. The question in relation to say non-participation and silent participation is not just whether or not the participant is watching or listening, but whether or not his or her presence or lack of presence is witnessed by the music therapist and the other participants. Similar arguments could be described in relation to conventional, adventurous, and eccentric

participation. This is supported by the field observations, where it could be seen that participants often switched between the various strategies, using the possibilities of each strategy in communication with the other people present in the situation.

Discussion In discussing the findings described above, I will focus upon how we theoretically may understand the mutual and negotiated character of a person's behaviour in a situation. I have described participation as a mutual process of communication and negotiation, and this point may be illuminated by the theory tradition of cultural psychology, pioneered by Russian psychologists such as Lev Vygotsky. The mutual character of participation means that all participants influence each other and thus contributes to each other's participation, but it does not mean that all participants have exchangeable roles. Vygotsky's term of *Zone of Proximal Development* (ZPD) is illustrative to this point.

[ZPD] is the distance between the actual development level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers [17].

What Vygotsky clarifies is how more experienced learners, such as capable peers, teachers, or therapists, play an essential role in a person's learning process. Participation in a community of practice is essential to learning and development, then; a person learns in interaction with more mature learners, especially if they are sensitive to the individual's level of development and adjust their interaction to that. While Vygotsky and the early Russian cultural psychologists thought of cultural influence as something which became strong with language acquisition, contemporary cultural psychologists underline that cultural influence is part of the mother-infant interaction from the very beginning [2]. This view has found support in recent research on mother-infant interaction [3], [15], which also underline the mutuality described above. This research also underlines the relevance and importance of music therapy when working with individuals with serious cognitive impairments and learning problems.

In the study of the Cultural Festival, the five strategies of participation that I identified in the workshops could also be identified in the public concerts and performances that completed the festival after three days of hard work. This is an important point, because it challenges the idea that work that brings people with mental retardation in contact with a broader community requires normalization, that is; conventional participation. The value and beauty of various strategies of participation may be acknowledged.

I have described ethnographic investigation of music therapy practices in context as a necessary supplement to the research strategies supported by the movement of Evidence-Based Medicine. When we ask if and how music therapy works, we cannot only explore quantitatively the average effect of therapeutic interventions, we must also take interest in particular processes of collaboration in context. The results of an RCT or a metaanalysis may support the development and refinement of both profession and discipline, but when we in music therapy practice encounter an individual in a specific process we are always encountering a unique case and we never know exactly how relevant the findings at the group level are for this case. Evidence-based practice is not a sufficient answer to this challenge. We also need what we could call "practice-based evidence" [4]. I have clarified how different each person's participation and process may be in a Community Music Therapy context. This may be understood as a specific example of a more general challenge in music therapy: How do we know what works how for whom in each specific situation? It would of course be self-contradictory to propose a general answer to this question. What we need to develop is sensitivity to each person's participation and to the factors that contribute in the communicative processes involved.

This illuminates how the discourse on music therapy necessarily involves a discussion of values, ethics, and aesthetics [12]. In a practical situation the knowledge of both the professional and the participant therefore must be taken into consideration, which suggests that the question of how music helps must be reformulated to a series of questions on how music helps where, when and for whom.

REFERENCES

1. Ansdell, Gary, Mercédès Pavlicevic & Simon Procter (2004). *Presenting the Evidence. A Guide for Music Therapists Responding to the Demands of Clinical Effectiveness and Evidence-Based Practice*. London: Nordoff-Robbins Music Therapy Centre.
2. Cole, Michael (1996). *Cultural Psychology. A Once and Future Discipline*. Cambridge, MA: The Belknap Press of Harvard University Press.
3. Dissanayake, Ellen (2000). Antecedents of the Temporal Arts in Early Mother-Infant Interaction. In: Wallin, Nils L., Björn Merker & Steven Brown (eds). *The Origins of Music*. Cambridge, MA: The MIT Press.
4. Duncan, Barry L., Scott D. Miller & Jacqueline A. Sparks (2004). *The Heroic Client. A Revolutionary Way to Improve Effectiveness through Client-Directed Outcome-Informed Therapy*. San Francisco, CA: Jossey-Bass.

5. Kleive, Mette & Brynjulf Stige (1988). *Med lengting liv og song. Prøveordning med musikktilbod til funksjonshemma i Sogn og Fjordane*. [With Longing, Life, and Song. A Project Developing the Possibilities for Musical Participation for the Handicapped in Sogn og Fjordane]. Oslo: Samlaget.
6. Kristiansen, Ivar S. & Gavin Moonet (eds.) (2004). *Evidence-Based Medicine. In its place*. London and New York: Routledge.
7. Nordoff, Paul & Clive Robbins (1971/2004). *Therapy in Music for Handicapped Children*. Gilsum, NH: Barcelona Publishers.
8. Nordoff, Paul & Clive Robbins (1977/2007). *Creative Music Therapy*. Gilsum, NH: Barcelona Publishers.
9. Pavlicevic, Mercédès & Gary Ansdell (eds.). *Community Music Therapy*. London: Jessica Kingsley Publishers.
10. Sackett, David L., William M.C. Rosenberg, J.A. Muir Gray, R. Brian Haynes, & W. Scott Richardson (1996). Evidence based medicine: what it is and what it isn't. *British Medical Journal*, 312(7023), pp. 71-72.
11. Stige, Brynjulf (2002). *Culture-Centered Music Therapy*. Gilsum, NH: Barcelona Publishers.
12. Stige, Brynjulf (2003). *Elaborations toward a Notion of Community Music Therapy*. Doctoral thesis, University of Oslo, published by: Unipub.
13. Stige, Brynjulf (2005). *Ethnography and Ethnographically Informed Research*. I: Wheeler, B. (red.) *Music Therapy Research* (2nd Edition). Gilsum, NH: Barcelona Publishers.
14. Stige, Brynjulf, Gary Ansdell, Cochavit Elefant & Mercédès Pavlicevic (in press/2009). *Where Music Helps. Community Music Therapy in Action*. Aldershot, UK: Ashgate.
15. Trevarthen, Colwyn & Stephen Malloch (2000). The Dance of Wellbeing: Defining the Musical Therapeutic Effect. *Nordic Journal of Music Therapy*, 9(2), pp. 3-17.
16. Trondalen, Gro & Even Ruud (eds) (2008). *Perspektiver på musikk og helse* [Perspectives on Music and Health]. Oslo: Norges musikkhøgskole.
17. Vygotsky, Lev (1978). *Mind in Society. The Development of Higher Psychological Processes* [Compilation of original texts written in Russian in the 1920s and 1930s]. Cambridge, MA: Harvard University Press.

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ЗМІЦНЕННЯ ЗДОРОВ'Я ДІТЕЙ З ОБМЕЖЕНИМИ МОЖЛИВОСТЯМИ НА ЗАНЯТТЯХ З АКАДЕМІЧНОГО ВЕСЛУВАННЯ

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Оздоровчий і профілактичний ефект масової фізичної культури нерозривно пов'язаний з підвищеною фізичною активністю, посиленням функцій опорно-рухового апарата, активізацією обміну речовин. В адаптивному веслуванні човни, як парні, так і розпашні, пристосовані для веслярів з фізичними вадами, які відповідають вимогам, викладеним у класифікаційних інструкціях адаптивного веслування. Академічне веслування (адаптивне веслування) дає можливість вирішувати загальні завдання, які поставлені при заняттях з будь-якою нозологічною групою дітей з обмеженими можливостями.

Ключові слова: спорт, фізична культура, люди з обмеженими можливостями, академічне веслування, адаптивне веслування, човни, здоров'я.

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Оздоровительный и профилактический эффект массовой физической культуры неразрывно связан с повышенной физической активностью, усилением функций опорно-двигательного аппарата,