

Traslation from the Croatian Language into the English Language

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UNIVERSITY OF RIJEKA

FACULTY OF HUMANITIES AND SOCIAL SCIENCES

DEPARTMENT OF ENGLISH

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**TRANSLATION FROM THE CROATIAN LANGUAGE INTO THE ENGLISH
LANGUAGE**

Submitted in partial fulfillment of the requirements for the B.A. in English Language and

Literature and Pedagogy at the University of Rijeka

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Abstract

In this B.A. thesis, three translated texts of different genres will be presented. The aim for this work was to choose three texts, originally written in Croatian, and translate them into English, as well as write the analysis of each source text and explain the issues I have encountered while writing the translations. The first text is about music therapy and the benefits of music as a therapeutic tool, the second text deals with the self-efficacy of teachers and how beneficial it is for the education system, and the third text is about an exhibition created for people with visual impairments.

An analysis of each text is provided, and it is followed by workflow. Workflows present the process of translation and main issues that occurred while translating. At the end of this B.A. thesis is a conclusion, and a list of references.

Keywords: translation, text genres, translation issues

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1. Introduction

In this thesis I will translate three texts originally written in Croatian language into English language. After each translation there will be a genre analysis and a workflow. The genre analysis consists of the following steps: genre, source, audience, purpose of writing, authenticity, style, level of formality, layout, content, cohesion, sentence patterns, and terminology of the subject.

The first text that I translated is entitled *Glazba kao terapijsko sredstvo* and it is from the field of music, but also medicine and therapy. The title of the second text is *Samoučinkovitost učitelja* and it is from the field of pedagogy and education. The third text is from the field of art and it is titled *Taktilna izložba "Dodir" autora Emila Mandarića povodom 75. obljetnice Hrvatskog saveza slijepih*.

When translating, it is extremely important to read the source text and study it in order to write the best possible translation. Difficulties arise because it can sometimes be very challenging to portray the exact same meaning from the source text in the translation. Each text must be altered when translated due to differences in linguistic and cultural elements that make a language unique, and sometimes, challenging to translate.

There are a lot of factors that the translator needs to consider when translating a text. Some of those factors are context, type of text, linguistic barriers, phrasing, cultural background, time and place, target audience, etc. The most important thing when translating is not to change the initial meaning of the source text. Therefore, it is key for a translator to completely understand the source text so that the originality of it remains the same.

The aim of this B.A. thesis is to translate texts written in Croatian into English language, to present issues and challenges that occurred when translating, and to present the analysis of the texts.

2. Source text I

Glazba kao terapijsko sredstvo

Psihološki potencijal glazbe ima višestruk utjecaj na poticaj emocija i humanijeg ponašanja u suvremenom društvu, izloženu stresnim situacijama. Ovaj rad pokušava dati sažet prikaz glazbe kao univerzalne vrijednosti i sastavnice osobnog i kulturnog identiteta. U radu se u kratkim crtama daje prikaz psihološkog i medicinskog utjecaja glazbe na čovjeka te glazbe kao terapijskog sredstva, poznata pod nazivom muzikoterapija. Rad nudi povijesni prikaz korištenja glazbe u terapijske svrhe u svijetu i kod nas, uključujući i ulogu glazbene terapije u psihijatriji.

Ključne riječi: glazba, terapijski učinak glazbe, psihološki utjecaj, muzikoterapija

Suvremeno liječenje širi tendenciju holističkog pristupa bolesnicima te se u svrhu otkrivanja i razvijanja kreativnosti i životnih potencijala sve češće povezuju znanost i umjetnost. U tom kontekstu mnogi znanstvenici ističu psihološki potencijal glazbe, kao sredstva koje višestruko potiče emocije i ljudske reakcije (Trešćec, 1975). U današnje vrijeme, u kojem su poljuljani koncepti individualnosti, samopoštovanja i samonadzora, u društvu koje je sklono (auto)destrukciji, javljaju se novi poremećaji i bolesti, kojima se moderna medicina treba približiti u otkrivanju i liječenju novim metodama (Campbell, 2005). Jedna od metoda koja se sve više koristi metoda je terapije glazbom.

Glazba kao životni potencijal

Glazba je svugdje oko nas, utkana u društvenu osnovu naših života. U staroj Grčkoj koristili su ju kao odgojno sredstvo i vjerovali da može pozitivno utjecati na čovjeka. Glazba je univerzalna vrijednost i neizostavan dio svih kultura, bez obzira na razvijenost ili zemljopisni položaj, te nositelj brojnih kulturnih, povijesnih i etnoloških značenja. Pripadnicima jedne kulture teško je razumjeti glazbu drugih kultura jer je način njezina

izražavanja drugačiji. No ponekad nas upravo ta raznolikost privlači i spaja. Glazba je sredstvo izražavanja, jezik koji dopire do ljudi svih dobnih i obrazovnih skupina, rasa i konfesija. Ljudi koji vole i razumiju glazbu brojčano nadmašuju ljude koji govore engleski, mandarinski, ruski i sve druge jezike zajedno (Campbell, 2005). Pogotovo je pjevanje svojstveno svim društvima i najčešće je sredstvo izražavanja u folkloru, u riznici narodnih predaja, bajki, mitova, legendi i bilježenja važnih događaja. Folklorna glazba sredstvo je za očuvanje kulturnog i nacionalnog identiteta, koji se u globalizaciji polako ali sustavno gubi.

Ritam, puls i melodija kao temeljni elementi glazbe dio su svakog od nas: oblikuju naše disanje, otkucaje srca, govor, smijeh ili plač. Osjećanje i prihvaćanje glazbe svojstveno je svakomu čovjeku, unatoč oštećenjima ili bolestima, te nije ovisno o inteligenciji, talentu ili glazbenom obrazovanju.

Djeca s teškoćama u razvoju također prolaze svoj glazbeni razvoj kao i zdrava djeca. Od svih umjetnosti glazba je djetetu najranije dostupna, čak prije njegova rođenja, jer je osjetilo sluha, za razliku od ostalih osjetila potpuno razvijeno. Glazba utječe na cjelokupan razvoj djeteta (tjelesni, intelektualni i emocionalni) te na sve faze razvoja, što ističu mnogi pedagozi, lingvisti i psiholozi (Campbell, 2005).

Glazba je integrirana u naš svakodnevni život, slušamo ju kad smo sami ili u društvu, tužni ili sretni, u svakodnevnim ili svečanim situacijama. Neki uz nju lakše i brže uče, neki lakše rade, neki se odmaraju, bez glazbe gotovo da nema slavlja i provoda. Dostupnost glazbe danas je veća nego ikad prije, a za rasprostranjenost je zaslužan napredak tehnologije snimanja zvuka. Rezultat toga je jedna od najjačih industrija današnjice – glazbena industrija. U SAD-u i Velikoj Britaniji glazba je među »ekonomskim gigantima« koji donose najveću zaradu. Koliko je glazba sveprisutna, govore podaci Američkoga medicinskog društva (*American Medical Association*) iz 1989. godine, da učenik srednje škole u Americi tjedno čuje u prosjeku 30 sati pop glazbe (koja je tada bila najpopularnija). Godine 1993. 98.5 %

adolescenata slušalo je glazbu, od kojih 70 % za vrijeme učenja (www.zamp.hr/moc/ljudi.htm). Činjenica je da je glazba danas prisutna na načine na koje je to prije stotinjak godina bilo nezamislivo.

Poticanje komunikacije i kreativnosti

Glazba neposredno utječe na čovjeka, potičući tjelesno izražavanje i stimulirajući njegove intelektualne, integrativne, senzorne, motorne i vegetativne funkcije. Upravo to se nastoji iskoristiti u medicinskoj terapiji glazbom. Unatoč mnogim nesuglasticama oko stvarnog djelovanja glazbe na čovjekovo zdravlje, neke činjenice teško je ignorirati. Posebno važnu ulogu glazba ima u prenatalnom i postnatalnom razvoju, jer je čovjek u tom razdoblju života najpodložniji utjecajima i oblikovanju, a sve učinjeno ili neučinjeno ostavlja trajne posljedice na dijete (Mrđen, 2002). Prevladava mišljenje da stimulacije putem glazbe, pokreta i drugih umjetnosti izravno utječu na inteligenciju djeteta. Stoga psiholozi izlazeći sa sedam vrsta inteligencije među njih uključuju i glazbenu inteligenciju (Živković, 2008).

Bugarski psiholog Georgi Lozanov osmislio je najtemeljitiji oblik primjene glazbe u svrhu bržeg učenja, na temelju svojih istraživanja sugestije, mentalnih predodžbi i opuštanja. Ustanovio je, između ostaloga, da doba dana i položaj tijela utječu na djelovanje glazbe te da učenju najviše pogoduje glazba u izvedbi gudača, bogata alikvotnim tonovima i u tempu od otprilike šezdeset otkucaja u minuti (Campbell, 2005). U suradnji s pedagogom Alekom Novakovim osmislio je metodu raščlanjivanja informacija u »odsječke« podataka u trajanju od četiri sekunde, čije bi izgovaranje uz pozadinsku instrumentalnu gudačku glazbu poboljšavalo opće pamćenje i ubrzalo učenje.

Glazba djeluje na individualnoj razini, ali može djelovati i na kolektivnu svijest. Toga su bili svjesni mnogi svjetski moćnici kad su nadzirali i zabranjivali slušanje glazbe koju su smatrali mogućom opasnošću za svoju vlast. U nacističkoj Njemačkoj za javne se skupove

pomno odabirala glazba koja će u narodu pobuditi patriotizam, u bivšem SSSR-u zabranjivana je glazba Dmitrija Šostakoviča, zapadnjačka glazba bila je zabranjena u Kini za vrijeme Kulturne revolucije, jer je proglašena dekadentnom, u Južnoj Africi rušili su centre afričke glazbe za vrijeme vladavine bijelaca, u Iranu su postojale stroge restrikcije za određene vrste glazbe za vrijeme vladavine ajatolaha Homeinija (www.zamp.hr/moc/snaga.htm). I u Hrvatskoj su, u vrijeme komunizma, bili zabranjivani određeni izvođači i njihovi albumi.

Stvarna djelovanja glazbe na čovjeka manifestiraju se promjenom električne aktivnosti mozga, krvnoga tlaka, pulsa, protoka krvi, galvanskog otpora kože, disanja i mišićnog tonusa i sva su mjerljiva i znanstveno dokaziva (Rojko, 2004). Glazba potiče socijalnu komunikaciju i kreativnost.

Širok spektar reakcija na skladbe

Charnetski i Brennan (1997.) u knjizi *Ugodite svom imunitetu: kako vam zadovoljstvo može ojačati imunitet i produljiti život*, iznose rezultate svojeg istraživanja o uzrokovanju lučenja određenih biokemijskih spojeva u tijelu čovjeka tijekom slušanja glazbe. Za tu prigodu skladana je klavirska kompozicija temeljena na Bachovim koralima u trajanju od 30 minuta. Skupina od 25-ero ljudi slušala je kompoziciju u C-duru, 29-ero ljudi je slušalo istu kompoziciju, ali u c-molu, i 23-je ljudi je sjedilo 30 minuta u tišini. Svaki ispitanik je prije i poslije sama ispitivanja dao uzorak sline, koja je kasnijom analizom pokazala da je sjedenje u tišini i slušanje kompozicije u molu ostavilo stanje nepromijenjenim, dok je slušanje kompozicije u duru znatno povećalo vrijednosti imunoglobina A (IgA) u slini ispitanika, jednog od najvažnijih kemijskih spojeva u imunološkom sustavu. Identičan postupak ponovljen je s drugom skupinom ispitanika, koje je dalo potpuno iste rezultate. Provodili su i daljnja istraživanja o utjecaju slušanja raznih vrsta glazbe, zvukova i tišine na imunitet ispitanika, kojima su dokazali da boravak u tišini ne mijenja stanje imunološkog sustava, slušanje neusklađene buke šteti imunitetu, a slušanje glazbe (u ovom slučaju *mekog roka* i

laganog džeza) ima pozitivan utjecaj, koji ovisi o tome koliko se komu sviđa glazba koju sluša. Pri ispitivanju sline jedan sat i tri sata nakon slušanja pokazalo se da je skupini ispitanika koji su sjedili u tišini razina IgA pala daleko ispod prosjeka, a ispitanicima koji su slušali glazbu zadržali su razinu IgA koja je zabilježena na početku ispitivanja. Kate Hevner i Aleksander Capurso napravili su opsežno istraživanje o povezivanju značajki određenih skladbi s ljudskim emocijama i raspoloženjima na način da je 134 visokoškolskih nastavnika izabralo skladbe koje su u njima pobudile sljedeća raspoloženja: sretno, veselo, radosno, poticajno, trijumfalno; uzbuđujuće, nemirno, iritirajuće; nostalgичno, sentimentalno, smirujuće, meditativno, opuštajuće; skrušeno, pobožno, žalosno, melankolično, bolno, depresivno, usamljeničko; sablasno, sudbonosno, groteskno. Upotrijebili su velik broj skladbi, a 105 najčešće odabiranih procjenjivalo je zatim 1 075 studenata neglazbenika. Ispitanici su imali pred sobom listu sa sedam gore navedenih kategorija i svakoj su skladbi morali pripisati kategoriju koja im se činila najprimjerenijom. Od 105 odslušanih skladbi, za njih 61-u podudarnost je bila veća od 50%. Kod nekih skladbi reakcija je bila bitno usklađena, npr. *Sousin Stars and Stripes Forever March* 93% ispitanika stavilo je u prvu kategoriju. Kao rezultat tog istraživanja nastale su tzv. Capursove liste, koje su neki psiholozi prepoznali kao odličan predložak za glazbenu terapijsku praksu.

Činjenica je da ljudi često na određene skladbe reagiraju stereotipno te se skladbe u duru smatraju vedrima, u molu tužnima, glazba ostinatnog i punktiranog ritma smatra se trijumfalnom i svečanom, atonalne skladbe često su označene kao depresivne i frustrirajuće i sl., ali to su samo tendencije, a ne univerzalne reakcije. To dokazuju brojni primjeri, npr. Mozartova *Alla turca* skladana je u molu, ali nije prepoznata ni kao tužna niti kao lirski. Također Händelov *Largo iz Xerxes* u duru ispitanici su najčešće prepoznali kao molski. Zaključak je da se glazbu ne može prepisivati na recept jer je individualni doživljaj, ipak,

najvažniji. Spektar obilježja svake skladbe izuzetno je širok, kao i spektar mogućih reakcija na nju.

Najuspješnije sredstvo protiv stresa

Terapija je općenito usustavljen način, postupak ili metoda liječenja. Postoje simptomatska terapija (lijekovima i/ili postupcima uklanjaju se, tj. ublažavaju simptomi i znakovi bolesti) te kauzalna terapija (otklanja se uzrok bolesti).

Definicija muzikoterapije postavljena na Međunarodnom simpoziju 1982. godine u SAD-u kaže da je muzikoterapija utemeljena zdravstvena djelatnost koja koristi glazbu i glazbeno povezane strategije u postizanju specifičnih neglazbenih ciljeva na području fizičkih, psiholoških i socijalnih potreba unutar terapijskog procesa (Bevanda, 2008). Ona olakšava kreativni proces usmjeren ka cjelokupnoj (psihičkoj, mentalnoj i duhovnoj) osobnosti čovjeka, preko neovisnosti, slobode promjene, prilagodljivosti, ravnoteže i integracije. Interakcijom između terapeuta, klijenta i glazbe inicira se i podržava procese glazbene i neglazbene promjene, koji mogu, ali ne moraju biti opservirani. Muzikoterapeuti vjeruju da takav terapijski pristup daje jedinstven prinos općemu dobru čovjeka, jer je i odgovor svakog pojedinca na glazbu jedinstven.

Pojam medicinske glazbe s terapijskom rezonancijom nastao je tek prije desetak godina. Od tog vremena neprestano se vrše istraživanja u raznim područjima medicine (hormonska istraživanja, ginekološka, pedijatrijska, dermatološka, neurološka), tako da je nedavno na međunarodnoj konferenciji Svjetske zdravstvene organizacije glazba proglašena »najuspješnijim sredstvom protiv stresa«.

Glazba je primjenjiva u dijagnostici, terapiji i preventivi, koristi se u širokom spektru oboljenja od psihoza, neuroza, shizofrenije, epilepsije, alkoholizma, narkomanije, u tretmanu mentalno retardiranih osoba, oboljelih od cerebralne paralize, u rehabilitaciji sluha i govora, u

radu sa slijepim osobama, ovisnicima, autističnom djecom, starijim osobama, zatvorenicima, žrtvama nasilja, oboljelima od virusa HIV-a itd.

Terapijske seanse odvijaju se u posebno opremljenu kabinetu, najmanje jednom tjedno, a mogu biti provođene individualno ili u grupama od pet do osam korisnika u trajanju od 45 minuta (iako su moguća skraćivanja ili produljivanja, ovisno o potrebama i stanju korisnika). Pri formiranju terapijskih grupa poželjno je da su korisnici približno iste dobi te sličnih motoričkih i kognitivnih sposobnosti. U slučaju autističnih korisnika i onih oštećenavida ili sluha najčešće je potrebna individualna terapija ili uključivanje u skupinu korisnika s istim poremećajem. Kod odabira korisnika neophodno je provesti ispitivanje sluha, što omogućuje procjenu perceptivnih, ekspresivnih, kognitivnih i motoričkih sposobnosti korisnika. Nakon oformljivanja grupe nužno je da rad bude kontinuiran tijekom cijele godine.

Neki predstavnici muzikoterapeuta ističu da uobičajeno slušanje glazbe (u slobodno vrijeme), u okviru radno-okupacijske terapije, ambijentalne glazbe u bolnicama, ordinacijama i čekaonicama ili slušanje raznih kompilacija glazbe koje se mogu kupiti u ljekarnama (za ublažavanje bolova, nesanice, depresije, tjeskobe i sl.) ne spada u područje muzikoterapije. Iako glazba ima blagotvorno djelovanje, sama ne djeluje terapijski, već je samo »alat« u liječenju glazbom, u kojoj je metoda osnova terapijskog procesa. Muzikoterapijom se smatra skup tehnika koje u dijagnostičke, terapijske i preventivne svrhe koriste zvuk koji može i ne mora biti glazba (www.muzikoterapija.rs).

Na internetskoj stranici www.thepowerofmusic.co.uk izneseno je deset terapijskih svojstava glazbe: glazba plijeni i zadržava pažnju; lako je prilagodljiva, koristi se prema glazbenim sposobnostima osobe; glazbena struktura može se prilagoditi vremenu potrebnom za vježbanje; osigurava ugodan kontekst za različita ponavljanja; osigurava socijalni kontekst – dovodi do sigurnosti, strukturira pozadinu za verbalnu i neverbalnu komunikaciju;

učinkovito pomaže pri pamćenju; potiče i ohrabruje različite pokrete i kretnje; potiče na razmišljanje i tako budi sjećanja i različite emocije; čak i u kombinaciji s tišinom osigurava neverbalnu povratnu informaciju; uspješno je usmjerena ljudima različitih sposobnosti ili obrazovanja i svi mogu sudjelovati u njoj.

Bolest – poremećaj harmonije u tijelu

Muzikoterapija je u znanstvenom i organizacijskom smislu novija struka, iako se već stoljećima proučava njezin utjecaj na čovjeka o čemu postoji mnoštvo pisanih dokaza.

Dokazano je da su pjesma, ples i glasanje prethodili govoru, dakle glazba je bila prvotni način komuniciranja. Najstarije glazbalo, staro od 43 000 do 82 000 godina, pronađeno je u Sloveniji sredinom devedesetih godina prošlog stoljeća.

Postoji legenda o urskoj pjesmi (univerzalnoj abecedi), koja je postojala prije Babilonske kule, a činili su ju nizovi od dva ili tri tona, koja su razumjeli svi stanovnici Zemlje (Campbell, 2005).

U prapovijesti ljudi su koristili glazbu za istjerivanje demona iz tijela. Glazba u sebi nosi energiju pokreta (Šarić, 1998) koja potiče sudionike na postupno ubrzavanje tempa plesa i pjevanja, čime dolaze do ekstaze i oslobađanja od zlih duhova. Pročišćenje uz pomoć glazbe uvjetovalo je vjerovanje u njezinu moć, iako ona nije bila jedini element u obredima ozdravljenja.

Bubnjanjem različitih ritmova uz pjevanje i danas mnoga primitivna plemena pročišćuju svoja tijela i živote. Glazba i ples također se koriste za izazivanje trzajnih pokreta kojima bolesnici doslovno >>stresaju<< bolest sa sebe (tjelesnu i duševnu).

Zapisi u egipatskim hijeroglifima govore da je pri porodu prisustvovalo deset žena, dvije su pomagale, a osam ih je pjevalo. Egipćani su isti hijeroglif koristili za glazbu i za

uživanje (Mrđen, 2002). U starih Grka glazba je služila kao lijek, pri čemu se djelovanje pripisivalo magičnim efektima. Glazbeno obrazovanje, sviranje i pjevanje, smatrano je najvrednijim obrazovanjem. Pitagora je smatrao da je poremećaj harmonije u tijelu bolest te je vjerovao da glazbom može uspostaviti ravnotežu, jer je glazbu smatrao savršenim izražajem harmonije, osobito kod mentalnih smetnji, gdje su primjenu glazbene terapije smatrali važnijom od medicinskih sredstava. Usporedo s glazbom i ples se je počeo koristiti u terapijske svrhe. Platon je pisao o terapijskom efektu plesa koji se izvodio u kultu Kibebe. Zahtijevao je da se mlade školuje i odgaja u glazbi sve dok njihove duše ne postanu prožete brojem i glazbom. Aristotel je pak, pisao o katarzičkom djelovanju glazbe, smatrajući da ona čisti dušu, odstranjuje štetne efekte i da je nužna za dobar odgoj. Postoji mit o Asklepiju, koji je liječio ljekovitim biljem, nožem i pjevanjem, a gluhoću liječio zvukovima trublje.

Konfucije (554. – 479. pr. Kr.), kineski filozof i socijalni reformator, napisao je *Traktat o glazbi*, koji neki smatraju temeljem muzikoterapije (Breitenfeld, Majsec Vrbanić, 2008.): „Kada se dodirnu osjećanja, ona se izražavaju zvucima, a kada zvuci dobiju određene oblike, imamo glazbu... Zato je glazba ono čime ne vrijedi ni pokušavati da druge prevariš, niti njome čovjek može da se predstavlja drugačijim nego što je...“

Entuzijazam glazbenih terapeuta

U svjetskoj književnosti mnogo puta su opisivana pozitivna djelovanja glazbe: u *Bibliji*, u *Prvoj knjizi o Samuelu* opisano je kako mladi kralj David svira harfu i time tjera zlog duha što je opsjeo Šaula, kojemu je nakon toga bilo bolje i „zao duh je otišao od njega“. U Homerovoj *Odiseji* Autolik za vrijeme opsade Troje pjeva magičnu pjesmu da zaustavi krvarenje iz Odisejeve rane. Apolon je bio bog liječnika, glazbenika i pjesnika, a njegov sin

Eskulap, otac je medicine. Hiron je bio liječnik, svirač na citri i vlasnik glazbene škole te Ahilejev učitelj sviranja.

U 13. stoljeću liječnici primjenjuju liječenje glazbom kod raznih bolesti, s manjim ili većim uspjehom, a u 16. stoljeću terapijsko djelovanje glazbe hvale i promiču Paracelsus i engleski liječnik Thomas Moffet (Priestley, 1975.).

Johann Sebastian Bach (1685. – 1750) skladao je slavne *Goldberg varijacije* na narudžbu grofa Keyserlinga, koji je zaželio slušati glazbu „blaga obilježja i ujednačene temeljne harmonije“, koja bi mu otklonila nesanice. Djelom i njegovim blagotvornim učinkom bio je oduševljen te je Bacha bogato nagradio (Campbell, 2005.).

Liječnici 18. stoljeća često su pisali o povoljnu djelovanju glazbe na oboljele od kuge, bjesnoće, duševnih i drugih bolesti i o navodnu djelovanju glazbe kod teških groznica, tetanusa i epilepsije, pri kojima niti jedan drugi lijek nije pomogao. Često su trenutna poboljšanja stanja ili subjektivna olakšanja zamjenjivani s izlječenjem. No bilo je i kritičnih liječnika, koji su postavljali racionalne indikacije za uporabu terapije glazbom, uglavnom u slučajevima psihičkih i živčanih smetnji. Tako je Ch. W. Hufeland preporučao glazbu kao lijek protiv razdražljivosti uzrokovane meningitisom, S. A. D. Tissot protiv različitih psihičkih smetnji, osobito hipohondrije, dok je J. P. Franck smatrao glazbu važnim sredstvom u liječenju živčanih i vaskularnih bolesti. Često se u duševnim bolnicama primjenjivala terapija glazbom.

Tek sredinom 20. stoljeća muzikoterapeut postaje zanimanje, premda se u mnogim kulturama muzikoterapija primjenjivala stoljećima prije toga. Ova disciplina u Americi se uvelike razvila kada su nakon Prvog i Drugoga svjetskog rata skupine glazbenika (profesionalnih i amatera) obilazili bolnice u kojima su se liječili ranjenici te svirali tisućama vojnika koji su fizički ili psihički patili od ratnih trauma. Pacijenti su reagirali vrlo pozitivno,

pa su liječnici odlučili zaposliti prve glazbene terapeute za rad u bolnici. To su bili ljudi bez formalnoga glazbenoterapijskog obrazovanja, ali puni entuzijazma i pozitivne energije, koja je postizala dobre radne rezultate. Ubrzo se je pokazalo da bi glazbenici morali proći određenu obuku za rad s pacijentima. Nakon zahtjeva za formiranjem nastavnog plana za školovanje glazbenih terapeuta, 1950. godine utemeljeni su Državna udruga za glazbenu terapiju (*The National Association for Music Therapy*) i prvi sveučilišni program koji obrazuje glazbene terapeute u Sjedinjenim Američkim Državama. Danas više od 70 visokih škola u Americi nudi studij glazbene terapije, a neki i obrazovanje do razine doktorata (www.bsmt.org/a).

Diljem svijeta postoje razna udruženja i organizacije muzikoterapeuta, koje promoviraju i štite struku. Njihovi ciljevi su, kako je navedeno na internetskim stranicama Svjetskog saveza muzikoterapije (World Federation of Music Therapy) promicanje razmjene informacija o muzikoterapiji, održavanje međunarodnih kongresa, utvrđivanje sličnosti i razlika u teoriji i praksi muzikoterapije diljem svijeta, promicanje međunarodne suradnje raznih udruga muzikoterapeuta, promicanje i izdavanje stručne literature, promicanje svih aspekata istraživanja u muzikoterapiji, uspostavljanje i održavanje smjernica za muzikoterapijsku praksu, obrazovanje i usavršavanje muzikoterapeuta, profesionalnu registraciju i službeno priznavanje muzikoterapije kao struke gdje to još zakonski nije riješeno.

Glazba integrirana u terapijske postupke

Tijekom povijesti sačuvana su mnoga svjedočenja i dokumenti koji govore o pozitivnome terapijskom djelovanju glazbe na razne psihosomatske bolesti, emocionalna, senzorna i intelektualna oštećenja i razne fizičke nedostatke. U 19. stoljeću je nekoliko hrvatskih liječnika objavilo radove u kojima se već tada očituje interes za korištenje glazbe u

terapijske svrhe. Iako su ti radovi filozofsko-spekulativnog značenja, značajni su za razvoj takva načina razmišljanja na našim prostorima.

Dubrovčanin Jure Baglivija (1668. – 1707.), najpoznatiji svjetski fizičar i profesor anatomije na Rimskom sveučilištu, 1696. godine objavio je djelo *De anatome morsu et effectibus Tarantulae* (Trešćec, 1975.), u kojem opisuje epidemiju koja se širila iz grada Taranta na jugu Italije: nakon otrovnog ugriza vučjeg pauka (Hogna Tarantula) kod bolesnika bi se pojavili grčevi, mučnina i vrtoglavica, a simptomi su se ublažavali glazbom, tzv. »tarantelom«, plesom nastalim u Italiji, u gradu Tarantu. Glazba je poticala bolesnike na povećanu mišićnu aktivnost, tj. ples, pri kojem se povećavalo znojenje i vršila detoksikacija.

Julije Bajamonti, rođen 1744. godine, jedan od najsvestranijih i najučenijih osoba hrvatske povijesti: liječnik, povjesničar medicine, književnik, prevoditelj, lingvist, bibliograf, enciklopedist, etnograf, povjesničar, arheolog, filozof, ekonomist, agronom, meteorolog, fizičar, kemičar, glazbenik, glazbeni teoretičar, skladatelj i poliglot, 1796. godine napisao je članak *Il medico e la musica (Liječnik i glazba)* u časopisu *Giornale Enciclopedico d'Italia*, u kojem govori o uskoj povezanosti glazbe i medicine te ukazuje na potrebu humana liječničkog pristupa bolesniku, kao i nadahnutosti glazbom i umjetnošću. »Poznavati samo jednu stvar, koliko god ju se dobro znalo, odaje siromašan duh, ograničen, servilan; sve uvjeti protivni onima koje mora posjedovati duh liječnika«, napisao je Bajamonti u svojem članku (Breitenfeld, 2004. a). Makaranin, liječnik Ivan Krstitelj (Giovanni Battista), rođen 1816. godine, u Padovi je 1838. godine doktorirao disertacijom *De musice influxu (in animali oeconomia eiusque) in morbis usu*, u kojoj objašnjava terapijsko djelovanje glazbe na ljudski organizam (Trešćec, 1975.).

Rudolf Steiner, filozof, književnik, utemeljitelj antropozofije, sudjelovao je u osmišljavanju načina liječenja poznata pod nazivom euritmija, profinjena oblika obreda koji sjedinjuje pokret, glazbu i poetiku (Campbell, 2005.). Nije zanemariva uloga narodnih

pjesama kao poznata terapijskog sredstva koje ljudi intuitivno koriste u svakodnevnim prigodama kao poticajno sredstvo (pjesme uz rad, uspavanke, tužaljke, naricaljke...).

U Zagrebu je 1917. godine osnovan Medicinski fakultet, čime je i znanstveni pristup svim područjima medicine postao pravilo. Razvoj psihijatrije krenuo je u smjeru srednjoeuropskih, kasnije i američkih škola, što je značilo upoznavanje i prihvaćanje novih metoda u liječenju kojima pripada i muzikoterapija.

U psihijatrijskoj bolnici na otoku Ugljanu glazba je integrirana u terapijske postupke od 1958. godine (Trešćec, 1975.). Stručni tim čine neuropsihijatar, psiholog, sociolog i radni terapeuti specijalizirani za terapiju glazbom. Ovisno o dobi bolesnika i dijagnozi (psihoze, neuroze) primjenjuju se razni tipovi glazbe (narodna, klasična, zabavna). Način primjene je slušanje glazbe (na radiju, televiziji, zvučnim snimkama), diskutiranje, pjevanje, ples i sviranje raznih instrumenata.

Muzikoterapeuti – u Hrvatskoj nepriznato zanimanje

U zagrebačkoj psihijatrijskoj bolnici u Vrapču glazba je u terapijskoj praksi prisutna od sama osnutka bolnice 1933. godine. Uključivanjem bolesnika u pjevački zbor, sviranjem na gitari, klaviru ili nekom drugom instrumentu i samim slušanjem glazbe postignuti su vrlo dobri rezultati, što je u velikoj mjeri pridonijelo popularizaciji integriranja glazbenih aktivnosti u terapijske postupke.

Na Odjelu za neurologiju i psihijatriju Kliničke bolnice »Sestre milosrdnice« u Zagrebu glazba je integrirana u terapijske metode već desetljećima. U početku se takva terapija provodila na inicijativu prim. prof. dr. Vladimira Hudolina, koji je terapijsku aktivnost povjerio dr. Darku Breitenfeldu, diplomiranomu solo pjevaču i neuropsihijatru (Trešćec, 1975.). Tijekom godina tim liječnika te bolnice stvorio je biblioteku stručne literature, bavio se bogatom publicističkom djelatnošću i uspostavio kontakte s nizom svjetskih muzikoterapijskih stručnjaka i ustanova. S vremenom je terapijski rad temeljen na

primjeni glazbe postajao sve bogatiji, raznovrsniji i djelotvorniji. Stručno osoblje Odjela za neurologiju i psihijatriju aktivno sudjeluje na brojnim znanstvenim skupovima u zemlji i inozemstvu tematski vezanim za terapiju glazbom.

Glazbene aktivnosti unutar terapijskih postupaka bile su primjenjivane u nekim psihijatrijskim bolnicama sporadično i neorganizirano te često u diletantskom obliku (Trešćec, 1975.). U

drugoj polovici 20. stoljeća nastaju prvi organizirani pothvati na tom području. U početku su glazbu u terapiju integrirali uglavnom liječnici, poznavatelji i ljubitelji glazbe, često surađujući s profesionalnim glazbenicima. Iz oba profila razvili su se prvi hrvatski autoriteti s područja terapije glazbom: F. Gundrum, J. Budak, V. Hudolin, D. Breitenfeld, F. Licul, R. Sabol, R. Vešligaj i drugi. Primjenom glazbe u terapijske svrhe bave se, osim školovanih profila, kojih je vrlo malo, i priučeni defektolozi, pedagozi, psiholozi, medicinsko osoblje i drugi s određenom glazbenom naobrazbom i sklonošću te gotovo uvijek s velikim entuzijazmom. Terapija s glazbenim elementima primjenjivana je i u zdravstvenim ustanovama šireg spektra, u svrhu rekreacije, terapije i radnoga nastavnog programa.

U Hrvatskoj se je područje muzikoterapije razvilo ubrzo nakon što se taj terapijski pristup počeo primjenjivati u Europi. Zahvaljujući modernim socijalno-psihijatrijskim nastojanjima i prisutnosti hrvatskih stručnjaka u srednjoeuropskoj glazbenoj, pedagoškoj i medicinskoj tradiciji omogućeno je uključivanje glazbenoterapijskih elemenata u već postojeće postupke u okviru raznih disciplina u medicinskim i rehabilitacijskim ustanovama. U suradnji s Muzičkom akademijom Sveučilišta u Zagrebu otvoreno je studijsko usmjerenje na području muzikoterapije, četvrto po redoslijedu nastajanja te vrste od sadašnjih nekoliko desetaka u Europi. Nastava o glazbi i glazbenim elementima terapijskih postupaka održava se još u Školi za radne terapeute i na Odsjeku za motoričke poremećaje, kronične bolesti i art

terapije na Edukacijsko-rehabilitacijskom fakultetu Sveučilišta u Zagrebu, koji je 1993. godine sa suradnicima osnovao Miroslav Prstačić (Breitenfeld, 2002.).

Prvi svjetski kongres o terapiji glazbom organiziran je u Zagrebu 1970. godine. Hrvatska udruga za liječenje glazbom osnovana je 1971. godine i djeluje vrlo uspješno pod ravnanjem Matza, Prstačića i Breitenfelda te u suradnji s mnogim sveučilišnim institucijama u Hrvatskoj i inozemstvu organizira niz međunarodnih stručno-znanstvenih simpozija i kongresa iz tog područja (Breitenfeld, 2002.). Objavljen je velik broj stručnih članaka, znanstvenih radova, zbornika i publikacija. U Zagrebu je 1997. godine održan simpozij na temu „Art terapija“, u organizaciji Edukacijsko-rehabilitacijskog fakulteta Sveučilišta u Zagrebu i Odjela za muzikoterapiju Sveučilišta Maryville iz Saint Louisa.

Predsjednica Udruge glazbenih terapeuta Slavica Bevanda, muzikoterapeut u Centru za rehabilitaciju „Stančić“, ističe snažnu aktivnost udruge: organizaciju međunarodnih seminara, postavljenju temelja suradnje s milanskom, londonskom (Norddof-Robbins), vošingtonskom i udinskom školom. Suradnja je ostvarena razmjenom iskustava i stručne literature, međusobnim posjetima i posjetima njihovih stručnjaka Hrvatskoj u svrhu nadziranja. Stručnjaci iz milanske škole svako ljeto u kolovozu drže intenzivni seminar za muzikoterapeute. U planu je i osnivanje trogodišnjeg studija za muzikoterapeute i definiranje zakonskih regulativa koje bi štatile muzikoterapiju kao struku, a koje zasad u Hrvatskoj ne postoje. Slavica Bevanda (2003.) objašnjava zašto se razvoj muzikoterapije u Hrvatskoj odvija usporeno, tvrdeći da većina bolnica ima vrlo loše uvjete rada i smještaja, kao i strukturu stručnog osoblja koje na temelju skromna znanja o glazbi, sviranja nekog instrumenta ili posjedovanja kazetofona sebe naziva terapeutom, a svoj rad muzikoterapijom.

To osoblje raznih struka i profila pruža velik otpor školovanim muzikoterapeutima, smatrajući da oni isti posao dobro rade. Mnogi stručnjaci ne žele prihvatiti muzikoterapiju kao utemeljenu zdravstvenu djelatnost, čime koče razvoj i ne dopuštaju jednak stručni status.

Bevanda također ističe brojne magistarske radnje napisane na raznim fakultetima u Hrvatskoj bez stručne podloge, što bi u Europskoj Uniji bilo nemoguće ako prethodno niste završili studij muzikoterapije. Smatra da daljnji put razvoja muzikoterapije u Hrvatskoj mora biti temeljen na educiranju muzikoterapeuta propisima u Europske Unije, što znači i primjenu svjetski prihvaćenih tehnika, nadgledanje i praćenje rada svih terapeuta, vrednovanje te objavljivanje rezultata u stručnim časopisima. Sve to mora pratiti zakonska regulativa, kao i kod svih drugih djelatnosti.

Muzikoterapija u službi psihijatrije

»Za razliku od tradicionalne psihoterapije koja se služi verbalnim metodama i djeluje na intelektualno, racionalno i podsvjesno područje, muzikoterapija više zadire u područje doživljavanja i emocionalne sfere čovjeka te time upotpunjuje i obogaćuje klasične psihoterapijske metode.« (Treščec, 1975.) Postoje ortodoksni psihijatrijski i psihoterapijski pravci, koji teško prihvaćaju sve neverbalne tehnike i tvrde da je muzikoterapija zapravo psihoterapija, što uopće nije točno (Bevanda, 2003.). Prof. Prstačić (2005.) ističe da »je u okviru integrativne znanosti o čovjeku potrebno razvijanje i proučavanje novih komplementarnih i suportivnih pristupa u otkrivanju i podržavanju životnih potencijala«.

U psihijatriji se muzikoterapija koristi u liječenju raznih psihijatrijskih i psihosomatskih poremećaja: fobija i anksioznih poremećaja, depresivnih poremećaja, poremećaja spavanja, opsesivno-kompulzivnih poremećaja, somatoformnih i psihosomatskih poremećaja, konverzivnih i disocijativnih poremećaja, poremećaja osobe i graničnih poremećaja, akutnih i kroničnih psihotičnih poremećaja, kriznih stanja, poremećaja prilagođavanja i posttraumatskih poremećaja, seksualnih poremećaja, demencije i drugih tegoba kod starih osoba s psihosomatskim poremećajima, svih psihičkih poremećaja kod djece i adolescenata, alkoholizma, narkomanije i drugih poremećaja ovisnosti.

Psihijatrija je medicinsko-psihološka znanstvena disciplina koja se bavi proučavanjem, liječenjem i sprečavanjem psihičkih abnormalnosti i duševnih bolesti te rehabilitacijom i zaštitom duševnog zdravlja. Psihoterapija je metoda liječenja psihičkih poremećaja uobičajena u psihijatrijskoj praksi. Opseg djelovanja je područje psihičkih smetnji i psihosomatskih tegoba, ali je temeljno područje rada u domeni (psiho)neuroza, mada se primjenjuje i u drugim područjima psihičkih poremećaja. Provođi se grupno ili individualno, a u izboru je dubinska (psihoanalitička) i površinska psihoterapija. Uspješnost terapije uvelike ovisi o kvaliteti uspostavljenog odnosa između terapeuta i bolesnika. S Freudom je psihoterapija znatno pridonijela liječenju brojnih smetnji, pa je i danas dominantna, a njezine metode su: autogeni trening, persuazija, sugestija, hipnoza, relaksacija, psihoanaliza.

Psihoanaliza, metoda liječenja koju je uveo Sigmund Freud, znanstveni je postupak kojim se istražuje psihičko zbivanje tako da se teorijskim načinom i praktičnim pristupom osvijetljaju radnje, snovi, iskazane misli, predodžbe, asocijacije i ostalo čega pojedinac nije niti svjestan.

Terapijska zajednica je skupina psihijatrijskih bolesnika, liječnika i sveg osoblja u psihijatrijskoj ustanovi u kojoj se provodi liječenje. To je suvremeni način koji za cilj ima postizanje međusobnog odnosa bolesnika i osoblja psihijatrijske jedinice. U suvremenoj psihijatriji socijalna orijentacija sve je prisutnija, a uspješnost ovisi o aktiviranju bolesnika i njegovu što boljem uključivanju u zajedničko provođenje terapijskog programa.

Grupna psihoterapija je metoda psihoterapije gdje se za dva ili više sudionika brine jedan ili više psihoterapeuta. U skupini bolesnika najčešće su istovrsni bolesnici, no moguće je uključiti i one raznovrsnih dijagnoza. Terapija je usmjerena na pojedinca i njegov sustav socijalnih odnosa. Može se podijeliti u pet faza: prvotno stvaranje kontakta, regresija, katarza, uvid i proces socijalnog učenja. Prema usmjerenosti, grupna psihoterapija može biti: aktivna (primjenjuje se kod djece na način da

se stvara okolina gdje im se dopušta slobodno izražavanje kroz različite aktivnosti uz promatranje terapeuta) te analitički orijentirana (vodi se i kao individualna psihoterapija verbalnim i neverbalnim izražavanjem, prijenosom, otporom i interpretacijom snova, u čemu se dijelom ogleda i dinamika grupe, tj. pojedinca u grupi).

Glazba poboljšava produktivnost rada

Slušanje glazbe preko dana može biti stimulirajuće, no mora se voditi računa da vrijeme slušanja ne prelazi trećinu našega budnog stanja, jer u suprotnom izaziva umor. Glazbu je potrebno pažljivo birati s obzirom na to što radimo, jer ukoliko npr. čitamo ili učimo, vokalna glazba će nam odvlačiti pažnju, jer naš mozak nesvjesno sluša tekst pjesme. Posebno je važno da djecu previše ne izlažemo glazbi, uključujući radio i televiziju, jer pretjerano konzumiranje umanjuje značajnost i intenzitet doživljaja.

Mnogi muzikoterapeuti (Bevanda, 2003.) ističu da glazba nema samo zabavno značenje, nego je i moćno sredstvo koje utječe na čovjeka. Stoga često upućuju savjete roditeljima da obrate pozornost na to koju glazbu slušaju njihova djeca jer glazba može utjecati na razvoj osobnosti kod djece a posebno kod adolescenata. Adolescencija je vrijeme kada je slušanje glazbe najintenzivnije i kad glazbeni ukus postaje neodvojiv dio društvenog identiteta kojim se često izražava protivljenje društvenim normama. Najčešće u tinejdžerskoj dobi mladi uzor vide u estradnim zvijezdama, koje često u svojim pjesmama govore o nemoralu, drogi, agresiji i slično te time pozivaju i svoje slušatelje na isto. Preglasna glazba u nama budi agresivnost, pomiče prag čujnosti i nakon dužeg i učestalijeg slušanja uzrokuje oštećenje sluha.

U slučaju nesanice prije spavanja treba slušati tihu, jednostavnu, instrumentalnu glazbu, s ponavljajućim motivima, čija jednoličnost i jednostavnost stvaraju ugodu i smirenje. Takva glazba podsjetit će nas na uspavanke koje su nam pjevane u ranom djetinjstvu i zasigurno će djelovati na nas svjesno ili podsvjesno. Glazbu treba slušati ciljano. Svatko od

nas mora istražiti i sam pronalazeći glazbu koja ga uveseljava, opušta, uspavljuje itd. Primjena muzikoterapije moguća je i kod zdravih osoba, da bi utjecala na intelektualni i tjelesni razvoj, priječila razne bolesti, poboljšala produktivnost i efikasnost rada, razvila kreativnost i duhovnost te psihički profilirala slušatelja i ljubitelja glazbe.

Zaključak

Muzikoterapija je zdravstvena profesija koja zbog svojih specifičnosti postaje nezamjenjiva u modernom terapijskom postupku liječenja raznih bolesti. Glazba je izvanredno neverbalno sredstvo čije se socijalizirajuće djelovanje na pojedinca i skupinu očituje u izrazito pozitivnom djelovanju na emocionalnu sferu čovjeka i razvoj njegove kreativnosti. Otkrivajući glazbu otkrivamo vlastiti kreativni potencijal, kojim postizemo pozitivne pomake i promjene u životu i ohrabrujemo vlastitu individualnost. Kao relativno novo područje u zdravstvenome, terapijskome, pa i glazbenome smislu predstavlja muzikoterapeute kao cjelovite, obrazovane, empatične, altruističke osobe, sklone pružanju pažnje i pomoći ljudima u cijelosti ih razumijevajući. Baviti se muzikoterapijom kao životnim pozivom znači živjeti glazbu i imati želju njome pomagati drugima. Postoji veza između glazbe i zdravlja, koja nastaje još u majčinoj utrobi, tijekom života jača i budi našu životnu snagu, oplemenjuje nas, razvija kreativnost i neposredno na nas utječe. Glazba je u nama – mi smo glazba.

2.1. Translation of source text I

Music as a therapeutic tool

The psychological potential of music has a great influence on encouraging emotions and a more humane behavior in the modern society exposed to stressful situations. This work aims at giving a summary on music as a universal value and component of personal and cultural identity. The work briefly displays the psychological and medical influence of music on a person, as well as music as a therapeutic tool known as music therapy. It offers a historical view of using music for therapy purposes, both in the world and our country, also involving the role of music therapy in psychiatry.

Key words: music, the therapeutic effect of music, psychological influence, music therapy

Modern treatment promotes the tendency of the holistic approach to patients, so science and art are increasingly being connected in order to discover and develop creativity and life potentials. In that context, a lot of scientists point out the psychological potential of music, as a tool that greatly encourages emotions and human reactions (Treščec, 1975). Today, when the concepts of individuality, self-respect and self-control are relativized in a society that is prone to (self-)destruction, new disorders and illnesses are evolving, that require modern medicine to get close in order to discover and treat with new methods (Campbell, 2005). One of the methods that is increasingly being used is music therapy.

Music as a life potential

Music is all around us, it is woven into the social basis of our lives. In ancient Greece it was used as an educational method and the Greeks believed it could have a positive impact on a person. Music is a universal value and an inevitable part of all cultures, no matter the development or geographical location, and it is also a bearer of many cultural, historical and ethnological meanings. For the members of a certain culture it is difficult to understand the

music of other cultures because the way of expressing it is different. However, it is just that difference that attracts and connects us sometimes. Music is a form of expression, a language that gets through to people of all age and educational groups, races and denominations. People who love and understand music outnumber those that speak English, Mandarin, Russian and all other languages together (Campbell, 2005). Singing is especially characteristic of all societies and is the most common means of expression in folklore, treasury of folk tales, myths, legends and notation of important events. Folk music is a means to preserve cultural and national identity, which has been slowly but systematically fading due to globalization.

Rhythm, pulse and melody as basic elements of music are a part of each of us: they shape our breathing, heartbeat, speech, laughter or cry. Feeling and accepting music is common to every human, despite impairments or diseases, and it is not dependent on intelligence, talent or music education. Children with developmental difficulties go through music development as well as healthy children.

Unlike other arts, music is available to a child at the earliest stage, even before birth, since the sense of hearing is completely developed, unlike the other senses. Music affects the whole development of a child (physical, intellectual and emotional) and also all the phases of development, which is pointed out by many pedagogues, linguists and psychologists (Campbell, 2005).

Music is integrated in our everyday lives, as we listen to it whether we are alone or in company, whether we are sad or happy, in everyday or formal situations. Some can study easier and faster with it, some work easier, some rest. Without music, it is almost impossible to celebrate and revel. Today, the availability of music is greater than ever, and its distribution is due to advances in sound recording technology. This resulted in one of the greatest industries of nowadays – the music industry. In the USA and Great Britain music is among the “economic giants” that brings in the biggest profit. The prevalence of music can be noted

from the American Medical Association's data from 1989, which say that an American high school student would weekly hear approximately 30 hours of pop music (which was the most famous back then). In 1993, 98.5 % of adolescents listened to music, of which 70 % listened to it during studying (www.zamp.hr/moc/ljudi.htm). The fact is that music is more present today in ways that would have been considered unbelievable about a hundred years ago.

Encouraging communication and creativity

Music has a direct effect on a person, encouraging physical expression and stimulating intellectual, integrative, sensory, motor and vegetative functions. Exactly this is trying to be used in medical music therapy. It is hard to ignore some facts, despite a lot of disagreements about the actual effect of music on a person's health. Music has a specifically important role in prenatal and postnatal development, because a human is most susceptible to influences and forming during that life period, and everything that is done or is not done leaves permanent consequences on a child (Mrđen, 2002). The prevailing opinion is that stimulations through music, movement, and other arts directly affect a child's intellect. That is why psychologists include musical intelligence into the seven types of intelligence (Živković, 2008).

Bulgarian psychologist Georgi Lozanov came up with the most thorough form of applying music in order to learn quicker, which was based on his research on suggestions, mental notions and relaxation. Among other things, he found out that the time of day and body position affect the effects of music, and that learning is most conducive to string music, rich in aliquot tones and at a tempo of around sixty beats per minute (Campbell, 2005). In collaboration with Alek Novak, a pedagogue, he has come up with a method of information splitting into data "excerpts" that are four seconds long, and that would with uttering and background instrumental string music improve general memory and fast learning.

Music works on the individual level, but it can also function for the collective awareness. A lot of global leaders were aware of this when they were supervising and prohibiting listening to music that was considered a potential danger to their authority. In Nazi Germany, music was carefully chosen for gatherings that would stimulate patriotism; in the former USSR, Dmitri Shostakovich's music was banned; western music was banned in China during the Cultural Revolution because it was proclaimed as decadent; in South Africa, during the reign of whites, African music centers were demolished; Iran had strict restrictions for certain music during the reign of Ayatollah Khomeini (www.zamp.hr/moc/snaga.htm). Certain performers and their albums were forbidden in Croatia during Communism, as well.

The actual effects of music on humans are manifested by changes in the electrical activity of the brain, blood pressure, pulse, blood flow, galvanic skin resistance, breathing and muscle tone, and these effects are all measurable and scientifically provable (Rojko, 2004). Music encourages social communication and creativity.

A wide range of reactions to compositions

Charnetski and Brennan (1997) in their book *Feeling Good Is Good for You: How Pleasure Can Boost Your Immune System and Lengthen Your Life* present the results of their research on what causes excretion of certain biochemical compounds in the human body while listening to music. For this occasion, a piano piece was composed that was based on Bach's chorales with a duration of 30 minutes. A group of 25 people listened to the composition in C major, 29 people listened to the same composition, but in C minor, and 23 people sat in silence for 30 minutes. Each subject gave their saliva sample before and after the examination, which was later analyzed and showed that sitting in silence and listening to the composition in C minor did not change anything, while listening to it in C major greatly increased immunoglobulin A value (IgA) in the examinee's saliva, and it is one of the most important chemical compounds in the immune system. Identical procedure was repeated with

a different group of subjects that has given the exact same results. Further research on the effect of listening to different kinds of music, sounds and silence on the examinees' immunity was conducted, that proved that silence does not change the condition of one's immune system, listening to uncoordinated noise harms the immunity, and listening to music (in this case, *soft rock* and *smooth jazz*) has a positive influence, which depends on how much a person likes the music they are listening to. When testing saliva one hour and three hours after listening, it was shown that the level of IgA had fallen far below average in the subjects that sat in silence, while the IgA level of subjects that listened to music remained unchanged. Kate Hevner and Aleksander Capurso made an extensive research on associating features of certain compositions with human emotions and moods which was done in a way that 134 high school teachers chose pieces that can stimulate the following moods: happy, cheerful, joyful, stimulating, triumphant; exciting, restless, irritating; nostalgic, sentimental, calming, meditative, relaxing; contrite, devout, sad, melancholy, painful, depressing, lonely; spooky, fateful, grotesque. They used a great number of compositions, of which 105 the most chosen ones were evaluated by 1075 non-musician students. The subjects had a list with seven categories (listed above) in front of them and they had to assign a category that felt the most appropriate to each composition. Out of 105 compositions played, for 61 of them the compatibility was higher than 50%. The reaction was substantially coherent with some compositions, e.g., *Sousin Stars and Stripes Forever March* was put in the first category by 93% of examinees. As a result of this research the so-called Capurs' list was created that was acknowledged by some psychologists as an excellent template for music therapeutic practice.

The fact is that people often react stereotypically to certain compositions and that pieces in C major are more cheerful, the ones in C minor are sad, music of ostinato and punctuated rhythm is considered triumphant and formal, atonal compositions are often labeled as depressing and frustrating, etc. However, those are just tendencies, not universal reactions.

This is proved by many examples, e.g., Mozart's *Alla turca* was composed in minor key but is not known for being sad or lyrical. Also, Händel's *Largo from Xerxes* in major key was usually noted as minor by examinees. In conclusion, music cannot be prescribed because the individual experience is, in fact, the most important. The range of features of each composition is extremely wide, as is the range of possible reactions to it.

The most successful stress reliever

Therapy is generally a systematized way, procedure or method of treatment. There are symptomatic treatment (with medicines and/or procedures the symptoms and signs of illness are removed or alleviated) and causal therapy (the cause of the disease is eliminated).

The definition of music therapy set at the International Symposium in 1982 in the USA says that music therapy is an established healthcare activity that uses music and music related strategies in order to achieve specific non-musical goals in the areas of physical, psychological and social needs within the process of therapy (Bevanda, 2008). It facilitates the creative process aimed at personality viewed as a whole (psychological, mental and spiritual), through independence, freedom of change, adaptability, balance and integration. The interaction between the therapist, the client and music initiates and supports the processes of musical and non-musical change which may or may not be observed. Music therapists believe that such therapeutic approach has a unique yield to the general wellbeing of a human, since every individual has a unique response to music.

The term of medical music with therapeutic resonance was created just about ten years ago. Since then, research is constantly being conducted in different fields of medicine (hormonal, gynecological, pediatric, dermatological, neurological study) and music was

recently proclaimed “the most successful anti-stress method” at the international conference of World Health Organization.

Music is applicable in diagnostics, therapy and prevention; it is used in a wide range of diseases of psychosis, neurosis, schizophrenia, epilepsy, alcoholism, drug addiction, in the treatment of mentally challenged people with cerebral palsy, in the rehabilitation of hearing and speech, in working with blind people, addicts, autistic children, the elderly, prisoners, victims of violence, people living with HIV, etc.

Therapy sessions are held in a specially equipped cabinet at least once a week, and they can be held either individually or in groups of five to eight users lasting 45 minutes (although shortening or lengthening is possible, depending on the needs and the condition of a user). When forming the therapy groups it is preferable that the users are approximately the same age and of similar motorical and cognitive abilities. When it comes to autistic users and those with impaired vision or hearing, individual therapy or getting into a group of users with the same disorder are often the most needed. When choosing users it is inevitable to conduct a hearing test, which enables the assessment of perceptual, expressive, cognitive and motor abilities of a user. After forming a group, it is necessary for the work to be continuous throughout the whole year.

Some representatives of music therapists point out that regular listening to music (in one’s free time), within occupational therapy, listening to ambient music in hospitals, medical offices and waiting rooms or listening to several music compilations that can be bought in a pharmacy (for pain relief, insomnia, depression, anxiety, etc.) do not belong to the music therapy field. Even though music has a beneficial effect, it is not therapeutic on its own, but is just a “tool” used in music treatment, in which a method is the base of the therapy process. Music therapy is a set of techniques that use sound, which may or may not be music, for diagnostic, therapeutic and preventive purposes (www.muzikoterapija.rs).

On the website www.the-powerofmusic.co.uk ten therapeutic properties of music can be found: music captures and retains attention, it is easily customizable, it is used according to personal musical abilities, the musical structure can be adjusted to the time required to practice, it provides a comfortable context for different repetitions, it ensures social context – it brings to safety, structures the background for verbal and nonverbal communication, it effectively helps with memory, it stimulates and encourages various movements and motions, it stimulates thinking, so it awakens memories and different emotions, even when combined with silence, it ensures nonverbal feedback, it is successfully directed towards people with different abilities or education and everyone can participate in it.

Illness – disorder of harmony in the body

Music therapy is a more recent profession in scientific and organizational terms, even though its effect on humans has been studied for centuries, which is proved by a lot of written evidence.

It has been proven that song, dance and vocalization preceded speech, which means that music was the initial way of communicating. The oldest musical instrument, aged 43000 to 82000 years, was found in Slovenia in the mid-nineties of the last century.

There is a legend about the *Song of Ur* (universal alphabet) that existed before the Tower of Babel, and it was made from two or three tones that were understood by all inhabitants of Earth (Campbell, 2005).

In prehistory, people used music to cast out demons from bodies. Music carries the energy of motion (Šarić, 1998) that encourages participants to gradually fasten the pace of dancing and singing in order to reach the ecstatic state and become free of evil spirits. Purification with the help of music conditioned the belief in its power, although music was not the only element in the rituals of healing.

Drumming of various rhythms while singing is still used today by a lot of primitive tribes in order to cleanse their bodies and lives. Music and dance are also used to provoke twitching movements by which patients literally “shake” off the disease (physical and mental).

Records in Egyptian hieroglyphs say that ten women attended birth, two helped, and eight sang. Egyptians used the same hieroglyph for music and for enjoyment (Mrđen, 2002). The ancient Greeks used music as medicine, where the efficiency was attributed to magical effects. Music education, playing and singing, was considered as the most valuable education. Pythagoras believed that the disorder of harmony in the body is a disease and that music can establish balance, because he thought that music was the perfect expression of harmony (especially with mental disorders, for which music therapy was believed to be more important than other medical methods). Along with music, dancing was also starting to be used for therapy purposes. Plato wrote about the therapeutic effect of dance that was performed in the cult of Cybele. He demanded that young people should be educated and raised in music until their souls become consumed with mathematics and music. On the other hand, Aristotle wrote about the cathartic effect of music, believing that it cleanses the soul, removes harmful effects and that it is necessary for good upbringing. A myth about Asclepius says that he treated with medicinal herbs, a knife and singing, and he cured deafness with the sounds of a trumpet.

A Chinese philosopher and social reformer, Confucius (554 – 479 B.C.), wrote *A Treatise on Music*, which some consider to be the foundation of music therapy (Breitenfeld, Majsec Vrbanić, 2008): “When feelings are touched, they are expressed by sounds, and when sounds take on specific forms, we get music... That is why music is not even worth trying to deceive others nor can a person use it to present oneself differently than one is...”

Enthusiasm of music therapists

In world literature the positive effects of music have been described a lot: in the *Bible*, in the *First Book of Samuel* it is described how young King David plays the harp and so forces the evil spirit that possessed Saul to go away, who got better afterwards and ‘the evil spirit left him’. In Homer’s *Odyssey*, Autolycus sings a magical song to stop the bleeding from Odysseus’s wound during the siege of Troy. Apollo was the god of doctors, musicians and poets, while his son Asclepius is the father of medicine. Chiron was a doctor, a zither player, the founder of a music school and Achilles’ instrument playing teacher.

In the 13th century doctors used music to treat different diseases, with more or less success, while in the 16th century the therapeutic effect of music was praised and encouraged by Paracelsus and Thomas Moffet, an English doctor (Priestley, 1975).

Johann Sebastian Bach (1685 – 1750) composed the famous *Goldberg Variations* by the order of Count Keyserling who wished to listen to music of “mild features and uniformed basic harmonies” that would relieve his insomnia. He was thrilled with the composition and its beneficial effect, so he rewarded Bach generously (Campbell, 2005).

The 18th century doctors often wrote about the positive effects that music has on people sick with the plague, rabies, mental and other illnesses, and they wrote about the supposed effect that music has on severe fever, tetanus and epilepsy with which no other medicine helped. Current improvements or subjective reliefs were often misinterpreted as healing. However, there were critical doctors who set rational indications for the use of music therapy, mostly in cases of mental and nervous disorders. Ch. W. Hufeland recommended music as a remedy for irritability caused by meningitis, S.A.D. Tissot used it as a remedy for different mental disorders, especially hypochondria, while J.P. Franck considered music as an

important method in the treatment of nervous and vascular diseases. Music therapy was often used in mental hospitals.

It wasn't until the middle of 20th century that music therapist became an occupation, even though music therapy was used in different cultures centuries before that. In America, this discipline was greatly developed after World War I and World War II, when groups of musicians (professional and amateurs) went around hospitals that treated the wounded and played for thousands of soldiers physically or mentally suffering from war trauma. Patients reacted very positively, so doctors decided to hire the first music therapists to work in hospitals. Those were people without formal music therapy education but were full of enthusiasm and positive energy that accomplished good work performance. Soon after, it was discovered that musicians should pass a certain training to work with patients. After requesting to form a curriculum to educate music therapists, The National Association for Music Therapy and the first university program to educate music therapists in the United States of America were formed in 1950. Today, more than 70 colleges offer study of music therapy, and some even offer doctoral-level education (www.bsmt.org/a).

All around the world there are different associations and organizations of music therapists that promote and protect the profession. Their goals are, as it is noted on the World Federation of Music Therapy websites, to promote the exchange of information about music therapy, hold international congresses, identify similarities and differences in theory and practice of music therapy around the world, promote international cooperation of different associations of music therapists, promote and publish professional literature, promote all aspects of research in music therapy, set and maintain guidelines for music therapy practice, educate and train music therapists, professional labelling and official recognition of music therapy as a profession where it has not yet been legally resolved.

Music integrated into therapeutic procedures

Throughout history, a lot of testimonies and documents were preserved that speak of the positive therapeutic effect that music has on different psychosomatic diseases, emotional, sensory and intellectual impairment, and various physical defects. In 19th century a couple of Croatian doctors published works in which the interest for using music for therapeutic purposes was already evident. Even though these works have philosophical-speculative meaning, they are significant for developing such way of thinking in our region.

Jure Baglivija (1668-1707) from Dubrovnik, the world's most famous physicist and anatomy professor at the University of Rome, published his work *De anatome morsu et effectibus Tarantulae* (Trešćec, 1975) in 1696, in which he describes the epidemic that was spreading from the city of Tarantula at the south of Italy: after a poisonous bite of a wolf spider (Hogna Tarantula), the patient would experience cramps, nausea and dizziness, and symptoms were relieved by music, the so called "tarantella", a dance originating in the Italian city Tarantula. Music encouraged patients to increase muscle activity, ie. to dance, during which sweating increased, and they were detoxified.

Julije Bajamonti, born in 1744, one of the most versatile and learned man in Croatian history: a doctor, historian of medicine, writer, translator, linguist, bibliographer, encyclopaedist, ethnographer, historian, archaeologist, philosopher, economist, agronomist, meteorologist, physicist, chemist, musician, music theorist, composer, and polyglot. In 1796 he wrote an article *Il medico e la musica (A Doctor and Music)* for the *Giornale Enciclopedico d'Italia* magazine, in which he speaks about the close connection of music and medicine and points out the need for a humane medicinal approach toward a patient, as well as being inspired by music and art. "To know only one thing, no matter how good one knows it, reveals a poor spirit, limited, servile; all conditions contrary to those which the spirit of a doctor must possess", wrote Bajamonti in his article (Breitenfeld, 2004). Physician John the Baptist (Giovanni Battista) from Makarska, born in 1816, received his doctorate with a

dissertation *De musice influx (in animali oeconomia eiusque) in morbis usu* in Padua in 1838, in which he explains the therapeutic effect that music has on the human body (Treščec, 1975).

Rudolf Steiner, a philosopher, writer, founder of anthroposophy, participated in devising a treatment known as eurythmy, a refined form of ritual that combines movement, music and poetry (Campbell, 2005).

The role of folk songs as a well-known therapeutic method that people use intuitively on everyday occasions as a stimulant is not negligible (work songs, lullabies, lamentations ...).

School of Medicine at the University of Zagreb was founded in 1917, thus making scientific approach a rule for all areas of medicine. The development of psychiatry moved in the direction of Central European and later American schools, which meant getting to know and accepting new treatment methods, including music therapy.

In a psychiatric hospital on the island of Ugljan music has been integrated in therapeutic procedures since 1958 (Treščec, 1975). The expert team consists of a neuropsychiatrist, psychologist, sociologist and occupational therapists specialized in music therapy. Depending on the patient's age and diagnosis (psychosis, neurosis), different types of music are applied (folk, classical, pop). The method of application is listening to music (on the radio, television, sound recordings), discussion, singing, dancing and playing different musical instruments.

Music therapists – unrecognized occupation in Croatia

In Zagreb's psychiatric hospital Vrapče music has been acknowledged in therapeutic practice ever since the hospital's establishment in 1933. By including the patients in a choir, playing the guitar, piano or any other instrument and just listening to music, the achieved

results were very good, which has greatly contributed to popularizing the integration of musical activities in therapeutic procedures.

At the Department of Neurology and Psychiatry of the “Sestre Milosrdnice” University Hospital Center in Zagreb, music has been integrated in therapeutic methods for decades. Initially, that kind of therapy was carried out by the initiative of prim. prof. dr. Vladimir Hudolin, and he assigned the therapeutic activity to dr. Darko Breitenfeld, a graduate solo singer and neuropsychiatrist (Trešćec, 1975). Over the years a team of doctors from that hospital has created a library of professional literature, engaged in a rich journalistic activity and established contacts with several world music therapy experts and institutions. Over the time, therapeutic work based on the use of music has become more rich, diverse and effective. The professional staff of the Department of Neurology and Psychiatry actively participates in numerous scientific conferences in the country and abroad thematically related to music therapy.

Musical activities within therapeutic procedures were used in some psychiatric hospitals sporadically and unorganized, and were often in an amateurish form (Trešćec, 1975). In the second half of the 20th century, the first organized ventures in that area were taken. Initially, music was mostly integrated in therapy by doctors, music connoisseurs and fans, often cooperating with professional musicians. First Croatian authorities in the field of music therapy developed among them: F. Gundrum, J. Budak, V. Hudolin, D. Breitenfeld, F. Licul, R. Sabol, R. Vešligaj, and others. Apart from educated people, which there are very few, music therapy is also used by trained special educators, pedagogues, psychologists, medical staff and others with specific music education and affinity, who nearly always have great enthusiasm. Therapy with musical elements is also used in health institutions of a wider range, for the purpose of recreation, therapy and working curriculum.

In Croatia, the field of music therapy developed quickly after this therapeutic approach started to be used in Europe. Thanks to modern socio-psychiatric efforts and the presence of Croatian experts in Central European musical, pedagogical and medical tradition, it was possible to include music therapy elements in procedures already existing within various disciplines in medical and rehabilitation institutions. In cooperation with Zagreb Academy of Music, a study orientation in the field of music therapy was open, being the fourth one of the few dozen that currently exist in Europe. Classes on music and musical elements of therapeutic procedures are also being held at the School of Educational Therapists and at the Department of Motoric Disorders, Chronic Diseases and Art Therapies at the Faculty of Education and Rehabilitation Sciences, the University of Zagreb, which was established in 1993 by Miroslav Prstačić and associates (Breitenfeld, 2002).

The first world congress on music therapy was organized in 1970 in Zagreb. The Croatian Music Therapy Association was established in 1971 and works very successfully under the direction of Matz, Prstačić, Breitenfeld and in cooperation with a lot of university institutions in Croatia and abroad it organizes a number of international professional-scientific symposia and congresses in that field (Breitenfeld, 2002). A great number of expert articles, scientific papers, collections and publications was published. In Zagreb in 1997 a symposium was organized on the topic of “Art Therapy” by the Faculty of Education and Rehabilitation Sciences, University of Zagreb and the Department of Music Therapy of the University of Maryville, Saint Louis.

Slavica Bevanda, the president of the Association of Music Therapists, and a music therapist at the Center for Rehabilitation “Stančić”, points out the association’s strong activity: organization of international seminars, setting the foundations for cooperation with the Milan, London (Norddof-Robbins), Washington and Udine schools. The cooperation was achieved by exchanging experiences and professional literature, mutual visits, and visits of

the schools' experts to Croatia for surveillance purposes. Experts from the Milan school hold an intense seminar for music therapists each summer in August. It is planned to establish a three-year study for music therapists and to define legal regulations that would protect music therapy as a profession, which do not currently exist in Croatia. Slavica Bevanda (2003) explains why the development of music therapy is going slow in Croatia, claiming that most hospitals have very bad work and accommodation conditions, as well as the structure of professional staff that call themselves music therapists, and their job music therapy, based on their modest knowledge of music, playing an instrument, or owning a cassette player.

This staff of various professions and profiles offers great resistance to trained music therapists, believing that they are good at that job. A lot of experts do not want to accept music therapy as an established health service, hence stopping its development, and do not allow equal professional status. Bevanda also points out many master's theses written with no professional basis at various universities in Croatia, which would be impossible in the European Union if you had not finished study of music therapy previously. She believes that the future method of developing music therapy in Croatia must be based on educating music therapists by European Union regulations, which means using internationally accepted techniques, supervising, and monitoring the work of all therapists, evaluating and publishing results in professional magazines. All this must be accompanied by legislation, as in all other professional activities.

Music therapy in the service of psychiatry

“Unlike traditional psychotherapy which uses verbal methods and works on the intellectual, rational and subconscious area, music therapy affects more the area of human experience and the emotional sphere and thus completes and enriches the classic psychotherapeutic methods.” (Trešćec, 1975) There are orthodox psychiatric and psychotherapeutic directions that hardly accept all nonverbal techniques and claim that music

therapy is psychotherapy, which is not true at all (Bevanda, 2003). Prof. Prstačić (2005) points out that “within the integrative science of humans it is necessary to develop and study new complementary and supportive approaches in discovering and supporting life potentials”.

In psychiatry, music therapy is used for treating various psychiatric and psychosomatic disorders: phobias and anxiety disorders, depressive disorders, sleep disorders, obsessive-compulsive disorders, somatoform and psychosomatic disorders, conversion and dissociative disorders, person disorders and borderline disorders, acute and chronic psychotic disorders, crisis situations, adjustment disorders and posttraumatic disorders, sexual disorders, dementia and other difficulties in the elderly with psychosomatic disorders, all mental disorders in children and adolescents, alcoholism, drug addiction, and other addiction disorders.

Psychiatry is a medical-psychological scientific discipline that deals with studying, treating and preventing mental abnormalities and mental illness, as well as with rehabilitation and protection of mental health. Psychotherapy is a treatment method for mental disorders that is common in psychiatric practice. The range of impact includes the field of mental and psychosomatic disorders, but the essential field of work is in the domain of (psycho)neurosis, even though it is implemented in other areas of mental disorders. It is carried out in groups or individually, and patients can choose between deep (psychoanalytic) and superficial psychotherapy. The success of therapy depends on the quality of the established relationship between the therapist and the patient. With Freud, psychotherapy has greatly contributed to treating many disorders which makes it dominant to this day, and the methods it consists of are autogenic training, persuasion, suggestion, hypnosis, relaxation, psychoanalysis.

Psychoanalysis, the treatment method first introduced by Freud, is a scientific procedure that explores the psychic happenings by using the theoretical way and practical approach to enlighten actions, dreams, expressed thoughts, ideas, associations, and other things that the individual is not even aware of.

The therapeutic community is a group of psychiatric patients, doctors and staff in the psychiatric institution in which the treatment is carried out. It is a modern method that has a goal to accomplish a mutual relationship between the patient and the staff of the psychiatric unit. In modern psychiatry, social orientation is more present, and the success depends on including the patient and the patient's better involvement in the joint implementation of the therapeutic program.

Group psychotherapy is a psychotherapeutic method where one or more psychotherapists take care of one or more patients. In the group of patients there are usually patients with the same disorder, but it is possible to include those with various diagnosis. Therapy is focused on the individual and the system of social relations. Therapy can be divided into five phases: initial contact making, regression, catharsis, insight and process of social learning. Depending on orientation, group psychotherapy can be: active (applied with children in a way that creates the environment that lets them to express freely through different activities with therapist supervision), and analytically oriented (also conducted as an individual psychotherapy with verbal and non-verbal expression, transmission, resistance and interpretation of dreams, which partly reflects the dynamics of the group, ie the individual in the group).

Music improves work productivity

Listening to music during the day can be stimulating, but one must be careful about the listening time not to exceed a third of our awake state; otherwise it can cause fatigue. Music needs to be chosen carefully, depending on what we do, because if we, e.g. read or study, vocal music will distract us, since our brain listens to the lyrics unconsciously. It is especially important that we do not expose children to music too much, including radio and television, because overconsumption diminishes the significance and intensity of the experience.

Many music therapists (Bevanda, 2003) point out that music is not only entertainment, but it is also a powerful tool affecting people. That is why music therapists often consult parents to pay attention to what music their children listen to because music can affect personality development, especially in adolescents. Adolescence is a period when listening to music is the most intense and when our music taste becomes an inseparable part of social identity which often expresses opposition to social norms. It is during teenage years that the young mostly see the pop stars, who often sing about immorality, drugs, aggression and the like and thus invite listeners to the same, as their role models. Music that is too loud can make us aggressive, it moves the threshold of audibility, and after longer and more frequent listening to it, can cause hearing impairment.

In case of insomnia, quiet, simple and instrumental music should be listened to before sleeping, since its uniformity and simplicity creates comfort and calm. This kind of music reminds us of lullabies that were sung to us in our early childhood and will surely affect us on a conscious or a subconscious level. Music needs to be listened to purposefully. Every one of us has to explore and find the music that makes us happy, relaxes us, puts us to sleep, etc. The use of music therapy is possible with healthy people as well, so it can affect intellectual and physical development, prevent different diseases, improve productivity and work efficacy, develop creativity and spirituality, and to mentally profile listeners and fans of music.

Conclusion

Music therapy is a health profession that is becoming irreplaceable due to its specifics in the modern therapy approach to treating various diseases. Music is an exceptional nonverbal method, with its socializing effect on the individual and the group that is manifested in a very positive effect on the emotional sphere of man and the development of his creativity. By discovering music we discover our own creative potential, with which we accomplish positive shifts, life changes and encourage our individuality. As a relatively new

field in health, therapeutic, and also in music meaning, it represents music therapists as wholesome, educated, empathic, altruistic people that tend to provide attention and help people by completely understanding them. To engage in music therapy as a life vocation means to live music and have a desire to help others with it. There is a link between music and health, that occurs in mother's womb, gets stronger throughout life and awakens our life strength, ennobles us, develops creativity and directly affects us. The music is in us – we are the music.

2.2. Commentary and Analysis

Text I: Music as a therapeutic tool

1. **genre:** review article

2. **source:** article in *Sveta Cecilija: časopis za sakralnu glazbu*, written by Dora Gazibara and Ilija Živković

3. **audience:** general audience, music therapists, music teachers

4. **purpose of writing:** to define the term of music therapy, to provide an overview of the history of music therapy, its development and importance, and the use of music therapy today

5. **authenticity:** authentic, written for a Croatian journal

6. **style:** informative

7. **level of formality:** formal

8. **layout:** The article is split into 12 paragraphs, including introduction and conclusion. The paragraphs are divided by subtitles that are written in bold, therefore making it more comprehensive and clearer for readers.

9. **content:** The article starts with an abstract and a list of key words. The summary is followed by the introduction, where the method of music therapy is introduced. The following paragraphs provide a view into history of music being used as a therapeutic tool. In the paragraph titled *Širok spektar reakcija na skladbe* the readers are informed about the research made on listening to music. The last few paragraphs provide an insight into music therapy as an occupation and music therapy becoming an accepted profession.

10. **cohesion:** Lexical cohesion is created by the repetition of the key words such as *music, therapy, treatment, method, occupation, role of music*.

11. sentence patterns: The sentences in this article are mostly long, which can be a bit difficult and challenging for understanding and translating the text. The text and the sentences contain a lot of information and professional terminology.

12. terminology of the subject: the article contains terms from the field of music, therapy, education, psychology, medicine, and most of it is understandable to readers (general public)

2.3. Workflow

To translate this text, a lot of time went into research of different terms and phrases found in the text. Most terms are from the field of music, therapy, and education, which can be a bit challenging to translate if not understood completely. Most sentences are long, divided by punctuation marks (commas, colons, semicolons) and this made the process of translating a bit more complicated, as it is important to keep the cohesion in the target text.

For example, the phrase *urska pjesma* from the source text required some research in order to be translated correctly. After researching, I discovered that the word *urska* relates to the city of Ur in southern Mesopotamia. Therefore, this phrase was translated as *Song of Ur*.

Some other examples are the names of institutions that were mentioned in the source text, such as *Edukacijsko-rehabilitacijski fakultet u Zagrebu*, *Odjel za muzikoterapiju Sveučilišta Maryville iz Saint Louisa*, *Odjel za neurologiju i psihijatriju Kliničke bolnice "Sestre milosrdnice" u Zagrebu*, etc. However, *Škola za radne terapeute* was a little bit problematic to translate. I have never heard of the term *radni terapeut* so I had to do some research to find the meaning of it. Through that, I learned that the term refers to a health profession that promotes health through different activities. Once I learned the meaning of it, I was able to research it in English and find the right translation for it, which is occupational therapist.

There are a lot of terms from the fields of psychology and psychiatry in the source text. Most of them were rather easy to translate. However, certain terms required further research, such as those from the last excerpt from the paragraph titled *Muzikoterapija u službi psihijatrije*.

One more example would be terminology from the field of medicine. Most of it was understandable to me so I was able to translate it with no issue. However, I was not too sure about terms such as *imunoglobulin A (IgA)*, and *galvanski otpor kože*, which is a phrase that I have never heard of before. After reading an article about it, I found out that *galvanski otpor*

kože refers to galvanic cells which are important for generating electrical currents from spontaneous redox reactions. Therefore, the correct translation would be *galvanic skin resistance*.

One more phrase that turned out to be a bit difficult to adequately translate is *u kratkim crtama*. It may seem simple, but when I tried to translate it, I was not able to think of or find any English phrase that can resemble it completely. When translating, I used the word *briefly* because it holds a somewhat similar meaning.

Translating this text required a lot of research, reading through articles and using the Internet to find the best and the most appropriate translation into English language. However, it was not extremely difficult or challenging, but rather a bit time-consuming.

3. Source text II

SAMOUČINKOVITOST UČITELJA

Sažetak

U radu se determinira koncept samoučinkovitosti učitelja. Ukratko se obrazlaže definicija samoučinkovitosti, a zatim se opisuju prednosti učitelja koji imaju visoki stupanj samoučinkovitosti. Uz to, u radu su predstavljeni rezultati istraživanja o samoučinkovitosti učitelja.

Ključne riječi: koncept samoučinkovitost učitelja, učitelj, istraživanja

1. Uvod

Samoučinkovitost se odnosi na nečije uvjerenje o njegovoj sposobnosti za uspješnom izvedbom specifičnog zadatka u specifičnoj situaciji. Vjeruje se da utječe na izbor aktivnosti, razinu upornosti i na kraju i stupanj postignuća [8]- Bandura definira samoučinkovitost kao prosudbu ljudi o njihovim sposobnostima organiziranja i izvršavanja određenih zadataka. Pritom, Bandura navodi da i pozitivne i negativne posljedice ponašanja mogu utjecati na samoučinkovitost [1]. Ljudi koji čvrsto vjeruju u svoju sposobnost pristupaju teškim zadacima kao izazovima, a ne kao prijetnjama koje treba izbjegavati [2].

2. Samoučinkovitost učitelja

Samoučinkovitost učitelja definira se kao njihovo vjerovanje u njihovu sposobnost planiranja, organiziranja i provođenja aktivnosti koje trebaju ispuniti obrazovne ciljeve koje su postavili [10]. Samoučinkovitost učitelja progresivno je stekla važnu ulogu u istraživanjima školske psihologije kao rezultat implikacija na učinkovitost poučavanja, nastavne prakse i akademska postignuća učenika [8]. Veliki broj istraživanja pokazao je da učitelji s visokom razinom samoučinkovitosti doživljavaju višu razinu zadovoljstva poslom i

nižu razinu poteškoća u rješavanju problema učenika [4]. Samoučinkovitost učitelja smatra se važnom varijablom i u inkluzivnom obrazovanju jer vjerovanja učitelja mogu utjecati na njihovu djelotvornost poučavanja, čak i na učenike kojima je teško ili im nedostaje motivacije [7]. Učitelje koje opisujemo kao samoučinkovite, potiču učenike na razumijevanje, oni reagiraju na nerazumijevanje učenika u nekom predmetu, koriste različita vizualna pomagala kako bi predmet učinili primamljivijim i smislenijim. Uz to, daju učenicima priliku da se uključe u razgovore i daju im značajne povratne informacije. Postoje dokazi da utjecaj učitelja, poput entuzijazma za učenjem i njihove osjetljivosti u pogledu postupanja s učenicima, može utjecati na učenikove emocije [13]. Dostupna istraživanja o povezanosti samoučinkovitosti učitelja i spola ukazuju na to da se učitelji muškog i ženskog spola ne razlikuju s obzirom na svoja uvjerenja o samoučinkovitosti [14].

Istraživanja koja su ispitivala ulogu iskustva u uvjerenjima o samoučinkovitosti, uglavnom su otkrile da su učitelji poboljšali njihova uvjerenja o samoučinkovitosti s iskustvom [15] [16] [3]. Međutim, rezultati istraživanja koje su proveli [16] pokazali su veću profesionalnu i osobnu učinkovitost kod učiteljica pripravnica. Značajni su i rezultati istraživanja koje su proveli Sodak i Podell [11] prema kojemu su iskusniji učitelji otporniji na promjene u svojim uvjerenjima o osobnoj učinkovitosti od učitelja s manje iskustva. Samoučinkovitost je u korelaciji s dobi, no učitelji koji su promijenili školu ili su imali neugodna iskustva tijekom rada u određenoj školi, imali su tendenciju smanjenja samoučinkovitosti.

3. Zaključak

Povećanje pozitivnih uvjerenja o samoučinkovitosti je jedan od pristupa koji učitelji mogu koristiti za poboljšanje učeničkog angažmana i učenja. Dibapile [2012] tvrdi da učitelji koji nisu sigurni u svoje sposobnosti da budu učinkoviti, mogu imati probleme u nastavi kod upravljanja razredom i kod učeničkih postignuća. Istraživanja pokazuju da učenici više uče

kod učitelja koji imaju visoku samoučinkovitost [15]. Uz to, učitelji s višim stupnjem samoučinkovitosti otvoreniji su za nove ideje i spremniji su eksperimentirati i prihvatiti nastavne inovacije predstavljene kroz školsku reformu [9].

3.1. Translation of source text II

Teacher self-efficacy

Summary

This work determines the concept of teacher self-efficacy. The definition of self-efficacy is shortly described, as well as the advantages of teachers with a high level of self-efficacy. Additionally, the results of research on teacher self-efficacy are presented.

Key words: concept of teacher self-efficacy, teacher, research

1. Introduction

Self-efficacy refers to someone's belief about one's capability to successfully execute a specific task in a specific situation. It is believed that it affects the choice of activities, level of persistence and, in the end, the rate of achievement [8]. Bandura defines self-efficacy as a judgement of people about their abilities of organization and completing certain tasks. At the same time, Bandura also states that positive and negative behavioral consequences can affect self-efficacy [1]. People that firmly believe in their own abilities approach difficult tasks as challenges, and not as threats that should be avoided [2].

2. Teacher self-efficacy

Teacher self-efficacy is defined as their belief in their abilities to plan, organize and implement activities in order to meet the educational objectives they have set [10]. Teacher self-efficacy has progressively acquired an important role in school psychology research as the result of implications on the efficacy of teaching, teaching practice and academic achievements of students [8]. A great number of research has shown that teachers with a high

level of self-efficacy reach a higher level of work satisfaction and do not encounter many difficulties when it comes to solving students' issues [4]. Teacher self-efficacy is considered to be an important variable in inclusive education as well, because teacher beliefs can have an impact on their teaching effectiveness, and even on students that face difficulties or lack motivation [7]. Teachers that are described as self-effective encourage students to understand, they react to students' misunderstanding of a certain subject, use different visual aids to make a subject interesting and meaningful. They also give students an opportunity to involve in conversations and give them relevant feedback. There is proof that the effect of teachers, such as learning enthusiasm and their sensitivity in dealing with students, can affect student's emotions [13].

Available research on the link between teacher self-efficacy and sex show that teachers of male and female sex do not differ when it comes to their self-efficacy beliefs [14].

Research that examined the role of experience in self-efficacy beliefs have mostly discovered that teachers improved their self-efficacy beliefs with experience [15] [16] [3].

However, the results of the research that was conducted [16] have shown greater professional and personal effectiveness in female trainee teachers. The results of a research conducted by Sodak and Podell [11] are also relevant, showing that experienced teachers are more resistant than less experienced teachers to changes in beliefs about their personal effectiveness.

Self-efficacy is correlated with age, but the teachers that switched schools or had unpleasant experiences while working in a specific school had the tendency of reduced self-efficacy.

3. Conclusion

The increase of positive beliefs on self-efficacy is one of the approaches teachers can use in order to improve student involvement and learning. Dibapile [2012] claims that teachers who are unsure about their effectiveness abilities may have teaching issues in class management

and with achievements of students. Research show that students learn more from teachers that have high self-efficacy [15]. Additionally, teachers with a higher level of self-efficacy are more open to new ideas and are prepared to experiment and embrace teaching innovations that are presented through school reform [9].

3.2. Commentary and Analysis

Text II: Teacher self-efficacy

1. **genre:** professional article published on *Hrčak*, a portal for scientific journals
2. **source:** article in *Varaždinski učitelj: digitalni stručni časopis za odgoj i obrazovanje*, a digital journal for education
3. **audience:** general audience, teachers, pedagogues
4. **purpose of writing:** to define the term of self-efficacy and to define the role of self-efficacy for teachers and the education system
5. **authenticity:** authentic, written for a Croatian journal
6. **style:** informative
7. **level of formality:** formal
8. **layout:** the text is divided into abstract and 3 paragraphs (introduction, main part and conclusion) which are divided by subheadings written in bold
9. **content:** The text provides one with the definition of self-efficacy and the importance it holds for anyone working in the field of education.
10. **cohesion:** Lexical cohesion is created by the repetition of key words such as *self-efficacy*, *teacher*, *education*, *students*, *research*.
11. **sentence patterns:** The sentences in this article are quite short and clear which makes it more understandable for readers.
12. **terminology of the subject:** contains a few terms from the field of education and pedagogy, it is understandable to the general public

3.3. Workflow

I find that this text was rather simple to translate into English. The terms used are from the fields of education and pedagogy, but everything is easily understandable to the general public.

The main term *samoučinkovitost* was a bit complicated to translate as it is not an ordinary word in Croatian language. I have encountered this word before, as I study Pedagogy as well. After doing some research and reading some articles, I found that the best translation would be a direct one, which is *self-efficacy*. One difference is that in English, a hyphen is put between the two words, since it is a compound.

The sentence “*Veliki broj istraživanja pokazao je da učitelji s visokom razinom samoučinkovitosti doživljavaju višu razinu zadovoljstva poslom i nižu razinu poteškoća u rješavanju problema učenika*” was a bit challenging to translate. To translate *nižu razinu poteškoća u rješavanju problema učenika*, I had to reshape it so that it could make more sense in English and hold the similar meaning. I opted for *(they) do not encounter many difficulties when it comes to solving students' issues*, which I believe is the appropriate translation for this part of the sentence. I initially translated it as *lower level of having difficulties when solving students' problems*, but it just did not seem or sound right.

Overall, this text was not difficult to translate. Not many translation issues occurred, and it was easy to find the proper translation for most terms.

4. Source text III

SAVEZ SLIJEPIH

Taktilna izložba “Dodir” autora Emila Mandarića povodom 75. obljetnice Hrvatskog saveza slijepih

Muzej grada Zagreba nastoji učiniti svoje sadržaje pristupačnim osobama s invaliditetom, posebice osobama s oštećenjem vida

U Muzeju grada Zagreba postavljena je taktilna izložba “Dodir” **Emila Mandarića** povodom proslave 75. obljetnice Hrvatskog saveza slijepih. Emil Mandarić svoj je hendikep iskoristio i usmjerio prema umjetnosti. Prepuštajući se glatkoj površini papira, autor je oblikovao objekte, forme i osobe, a površine obogatio Brailleovim pismom. “Sljepoća je možda još dublja imaginacija, prelivena 'svebojom', dušnim svjetlom ili nekim nepoznatim virtualom koji tek treba otkriti u prosječnoj običnosti. Ove skulpture izvire iz Emilove duše, iz njegove razuzdane vizije koja je 'uskrsnula' nakon 'rušenja svijeta' i koja je ljudskost pretvorila u nadnaravnu snagu umjetnosti. Emil je poput feniksa. Čovjek koji je izgubio vid i postao osuđen na borbu i svoju imaginaciju, kako bi se podigao u visine.“, istaknuo je **Vojin Perić**, predsjednik Hrvatskog saveza slijepih.

Deset godina rada Emila Mandarića rezultiralo je ciklusima kao što su ciklusi slijepih osoba (“Sa psom vodičem”, “Harmonikaš”, “Pletač košara”, “Bakarski vodonoša”) i primorskih motiva (“Mlikarica”, “Ribar”). Objekti su vizualno skladni, ali i smišljeni za doživljaj dodirom ruke, koji otkriva svu ljepotu sakrivenu u toplini oblikovanog materijala. Nastale u suglasju tehnike i materijala – ekološki značajnih vrećica pak papira preuzetih iz trgovina, skulpture prikazuju osobe koje su često zanemarene i neprimjetne u našem društvu, čime autor šalje snažnu poruku.

“Ostaviti trag – upravo mi je to misao vodilja kad promišljam i stvaram. Vjerujem da će i ova izložba biti moj trag. Postoji u narodu izreka: ‘što oko vidi, ruka napravi’, a mi slijepi kažemo: ‘što ruka vidi, ruka napravi’. Sve su skulpture nastale dodirrom predmeta, svaki od njih je prošao kroz moje ruke kako bih vidio oblik, površinu i detalje na njima. Otuda i naziv – ‘Dodir’”, kazao je Emil Mandarić, autor izložbe.

Muzej grada Zagreba već dugi niz godina, ponajprije zalaganjem Vesne Leiner, muzejske savjetnice pedagoginje, nastoji učiniti sadržaje pristupačnim svim osobama s invaliditetom, posebice osobama s oštećenjem vida.

“Jedan smo od rijetkih muzeja u Zagrebu i Hrvatskoj općenito koji već više od desetljeća radi i surađuje sa Savezom slijepih i slabovidnih osoba. Radimo na programskom unaprjeđenju stalnog postava, koji pokušavamo prilagoditi slijepim osobama te na katalogu koji je pisan Brailleovim pismom na hrvatskom i engleskom jeziku”, istaknuo je **Vinko Ivić**, ravnatelj Muzeja grada Zagreba.

Izložba skulptura osmišljenih za doživljavanje dodirrom ruke bit će otvorena od 16. do 20. lipnja.

4.1. Translation of source text III

ASSOCIATION OF THE BLIND

Tactile exhibition “*Dodir*” (“*Touch*”) by Emil Mandarić for the occasion of the 75th anniversary of the Croatian Association of the Blind

Zagreb City Museum is seeking to make its content available to people with disabilities, specifically to people with visual impairment.

In Zagreb City Museum a tactile exhibition “*Dodir*” by **Emil Mandarić** is set up for the celebration of the 75th anniversary of the Croatian Association of the Blind. Emil Mandarić used his handicap and directed it towards art. Indulging in the smooth surface of paper, the author shaped objects, forms and people, and the surfaces of the sculptures were enriched with Braille.

“Blindness might be an even deeper imagination, covered in “the Colour of Everything”, the light of the soul or some other unknown virtual that has yet to be discovered in the common ordinariness. These sculptures originate from Emil’s soul, from his wild vision that “resurrected” after “the demolition of the world” and which turned humanity into a supernatural power of art. Emil is like a Phoenix. The man who lost his eyesight and became doomed to his struggle and imagination, so he could rise to his full height.”, pointed out **Vojin Perić**, the president of the Croatian Association of the Blind.

Ten years of Emil Mandarić’s work resulted in cycles, such as cycles of blind people (“*Sa psom vodičem*”, “*Harmonikaš*”, “*Pletač košara*”, “*Bakarski vodonoša*”) and maritime motifs (“*Mlikarica*”, “*Ribar*”). Objects are visually in harmony but are also designed to be experienced by the touch of a hand, which reveals all the beauty hidden in the warmth of the shaped material. Made in harmony of technique and material – environmentally significant

paper bags taken from stores, the sculptures depict people who are often neglected and unperceivable in our society, therefore sending a strong message.

“Leaving a trace – this exactly is my guiding principle when I ponder and create. I believe that this exhibition will be my trace as well. There is a folk saying: “what the eye sees, the hand creates”, and us blind people say: “what the hand sees, the hand creates”. All the sculptures were created by touching objects, each of them passing through my hands to see the shape, surface and details on them. Hence the name – “*Dodir*” (“*Touch*”), said Emil Mandarić, the author of the exhibition.

For many years, Zagreb City Museum has been striving to make their content available to all people with disabilities, especially people with visual impairments, primarily through the efforts of Vesna Leiner, a museum pedagogue advisor.

“We are one of the few museums in Zagreb and Croatia in general that has been working and cooperating with the Association of the Blind and Visually Impaired for more than a decade. We are working on the program improvement of the permanent exhibition which we are trying to adapt to blind people, and on the catalog written in Braille in Croatian and English”, said **Vinko Ivić**, director of the Zagreb City Museum. The exhibition of sculptures designed to be experienced by the touch of a hand will be open from the 16th to 20th June.

4.2. Commentary and Analysis

Text III: Tactile exhibition “*Dodir*” (“*Touch*”) by Emil Mandarić for the occasion of the 75th anniversary of the Croatian Association of the Blind

1. **genre:** article

2. **source:** article in Croatian newspaper *Jutarnji list*

3. **audience:** general audience, art lovers

4. **purpose of writing:** to inform the public of the tactile exhibition *Dodir* that is set up in the Zagreb City Museum, primarily for people with visual impairment

5. **authenticity:** authentic

6. **style:** informative

7. **level of formality:** semi-formal

8. **layout:** the article is divided into five smaller paragraphs; the title and the subtitle are written in bold

9. **content:** The text provides one with the information about a tactile exhibition for people with visual impairment in the Zagreb City Museum for the occasion of celebrating the 75th anniversary of the Croatian Association of the Blind.

10. **cohesion:** Lexical cohesion is created by the repetition of words such as *exhibition, visual impairment, art, sculptures*

11. **sentence patterns:** The sentences in this article are clear and easy to understand. There are a few direct quotations from the author, the museum’s director, and the president of the Croatian Association of the Blind.

12. terminology of the subject: the text is understandable to the general public and does not contain any special term

4.3. Workflow

This text was not as demanding to translate; however, certain terms and phrases were problematic due to the nature of Croatian language and syntax.

The most difficult aspect when translating this article were the names of the sculptures. I wondered whether to keep the original names or try and translate them. I decided that it would be best to keep the names in Croatian and to not translate them. The names in question are: “*Sa psom vodičem*”, “*Harmonikaš*”, “*Pletač košara*”, “*Bakarski vodonoša*”, “*Mlikarica*”, “*Ribar*”. I believe that keeping the original names is the best option because I do not feel like I would be able to provide the best possible translation that has the same meaning, especially because some names are written in a Croatian dialect. I also decided to keep the original name of the exhibition, *Dodir*, but I did provide an English translation of it, just so that the readers can get an insight into what the exhibition could be about.

I had to do some research to translate the names of the museum and the organizations/institutions mentioned in the article, such as *Savez slijepih i slabovidnih osoba*, and *Muzej grada Zagreba*.

The term that I found the most challenging to translate is *sveboja*, mentioned in the following sentence: *Sljepoća je možda još dublja imaginacija, prelivena 'svebojom', dušnim svjetlom ili nekim nepoznatim virtualom koji tek treba otkriti u prosječnoj običnosti*. I have never heard of this word and I believe that it was made up by the author. I have tried to find the most appropriate translation for this term. However, it seemed almost impossible to find the word that would hold the same meaning as *sveboja*. Therefore, I decided to translate it as *the Colour of Everything*. I understand that the meaning is not quite the same, but it is somewhat similar.

Overall, this article was not that difficult to translate but certain problems have arisen, which required doing some research. Even though I was not able to translate some terms so that the meaning remained completely the same, I tried my best to convey a similar meaning in English.

5. Conclusion

After I finished writing this thesis, I realized how difficult, but also rewarding being a translator is. Faced with many challenges and issues, a translator is a person who must do a lot of research, spend a lot of time reading and working on a text, and discover the meaning of a lot of terms that they may not know anything about. The whole process can be very challenging; however, it can be very rewarding once the translation is finished. Personally, I find the process of translating very interesting. It can get demanding, but I also view it as an opportunity to learn new terminology, definitions of terms from fields that I usually do not know much about, etc. Another thing that I like about translating is that the process is never the same for any text one translates. It is not repetitive or dull.

A translator must always be aware of certain aspects, such as extralinguistic context, linguistic barriers, cultural elements and so, when trying to provide the best translation. In my opinion, the main issue when translating is always going to be achieving the same meaning in target texts. It seems almost impossible, but there is always a word or a phrase that can have a very close or similar meaning to the term in the source text.

To conclude, being a translator is a demanding job, but it can be very rewarding. It can be very time-consuming and challenging but finding the appropriate translation must be a great success for anyone doing a job like this. Entering the world of translating is like entering a whole new world, outside of this one. There is always so much more to learn about, which to me, seems very exciting.

6. Works cited

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