

USING MUSIC TO MOVE TOWARDS PROVIDING MORE HOLISTIC METHODS IN THE MUSIC CLASSROOM FOR STUDENTS WITH EMOTIONAL AND BEHAVIORAL DISORDERS

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This article promotes the use of more holistic and individualized instructional methods in general education music classrooms that could be developed for students with emotional and behavioral disorders (EBDs), particularly depression. Although seemingly disparate, the topics of creativity, perception and depression, and music therapy are all different angles of the interaction between individuals with EBDs and music. The Individuals with Disabilities Education Act (IDEA) describes the legal requirements of music teachers.

Emotional and behavioral disorders (EBDs) are characterized by a chronic case of extreme, socially unacceptable behavior. Children with EBDs often have trouble making or keeping friends, interacting socially, and achieving academic proficiency. EBDs are broadly categorized into two groups which, while not mutually exclusive, are a useful distinction. Externalizing disorders manifest as lashing out against

others, whereas internalizing disorders are marked by emotional and mental conflicts like depression and anxiety (Hallahan, Kaufman, & Pullen, 2011).

This article focuses on some particular EBDs, which are generally internalizing: bipolar disorder, in which the subject suffers from large mood swings between mania and depression; cyclothymia, which is essentially a mild form of bipolarity with less intense mood swings (Shapiro & Weisberg, 1999);

depression, a chronic focus on negative emotions over positive; and schizophrenia, a severe thinking disorder that may manifest symptoms of paranoia, conspiracy theories, delusions, and hallucinations (Hallahan et al., 2011).

Over the past three decades, there has been a general trend towards the placement of students with EBDs in both general education classes and general music classes (Jellison & Taylor, 2007). Yet still, less than one percent of school age students are legally identified as emotionally disturbed and are receiving special education for it. Total prevalence of serious and chronic EBDs in school-age children is estimated at six to ten percent. One contributing factor is that non-aggressive internalizing disorders are less likely to be identified than externalizing disorders (Hallahan et al., 2011). As an educator, this means that not only are students diagnosed with EBDs more likely than ever to be included in a general education classroom, but within that classroom there are also most likely several students with undiagnosed cases of EBDs.

For a teacher, especially one without a background in special education, it can be easy to collect teaching strategies and methods like tools in a tool belt without giving thought to why these methods work. For example, a highly structured class is beneficial for students with EBDs (Gfeller, 1989). Knowing this might seem like enough—it may be that successful ends justify the means—but applying this method without knowing the reasons for it is ultimately limiting. By using the exact same method on different students without thoughtful reasons, it is easy to neglect the individual aspects of each student's situation. For music teachers, this is complicated by the differences between a general classroom and a rehearsal-oriented music class. How can these

methods be applied in this different environment?

Instructional methods should be fundamentally based on a thorough understanding of each individual student's needs and then tailored to those needs. By looking at the interaction between music and EBDs through a wide variety of subjects, music educators can better understand students with EBDs and can therefore better understand methods for instruction. This is more holistic in the sense that: a) instructional methods come with an understanding of the principles behind them, and b) they take into account a wide picture of the situations faced by students with EBDs.

Creativity

In most Western art, there is a romanticized image of the mad artist, with the suicidal poet, the alcoholic writer, and insane painter all suffering for their art by finely skirting on the edge between genius and illness, gift and curse. This extends into music as well, with massive figures and musical role models like Beethoven and Robert Schumann who despite their massive mood swings, or perhaps because those very swings manifested as creative genius, became some of the most celebrated and influential composers of all time (Weisberg, 1994). Even in the more recently, we feel the influence of artists like Kurt Cobain, lead guitarist, vocalist, and founding member of the band Nirvana, who was diagnosed with bipolar disorder, and Syd Barret, a co-founder of Pink Floyd, who is widely believed to have had undiagnosed schizophrenia.

Students with EBDs, especially music students, have to live and work around this image. People with EBDs may decide to avoid clinical medication or other treatment because they consider this trait a gift. In some cases, this leads to tragic circumstances like substance

abuse, suicide, and other preventable deaths. Romantic imagery, however, sometimes embraces those risks for the sake of art. The justification is that the depressive periods of the bipolar cycle make the artist sensitive, and the periods of mania lift him up in sudden bursts of creativity (Rothenberg, 2001). But is there any real truth behind it?

Biographical evidence gives some insight. Given Schumann's large statue as a composer and his well-known bipolar disorder, he is a very relevant case study, and thanks to his numerous letters and diaries, his life is well documented. His mood swings were so palpable, he had imaginary personas for both extremes. Floristan represented his episodes of mania—in his own (translated) words, “a head so full of ideas that I cannot actually form any of them.” His withdrawn, introverted personality was represented by Eusebius (Weisberg, 1994, p. 362).

Schumann's output was very erratic, but according to Weisberg (1994), Schumann's most prolific periods correlated with his manic periods. In 1840—the *Liederjahr* (year of song)—Schumann, in a period of mania, wrote 168 songs for voice with piano accompaniment. Weisberg takes this prolific outburst as a connection between creativity and mania, but this emphasizes quantity over quality, and also does not account for the fact that *Lieder* were simpler to write than Schumann's earlier, more complex piano pieces (Repp, 1996). This points towards a central crux: creativity is difficult to exactly measure, especially in biographical studies like this.

In a landmark study, Richards et al. (1988) attempted one of the first clinical studies of bipolar disorder and creativity. To measure creativity, they relied on the Lifetime Creativity Scales. The LCS were designed to measure “ordi-

nary” creativity at the work place and in leisure, which is a conceptually different type of creativity than that of Schumann or Beethoven. There were five groups in this study: people with bipolar disorder, people with cyclothymia, first-degree relatives of people with a bipolar disorder, a control group consisting of individuals without disorders, and a control group diagnosed with other disorders.

The test results indicated higher overall levels of creativity in the test group than the control, but more importantly, a loose bell-curve appeared. Test subjects with bipolar disorder scored about the same as the normal control group, while first-degree relatives and people with cyclothymia scored significantly better than all other groups. To be specific, first-degree relatives were the most creative during their free time, and people with cyclothymia were most creative at work. Overall, the general implication is that a genetic susceptibility to bipolar disorder or mild forms of bipolar disorder is correlated with increased creativity, but a severe case of bipolar disorder seems to negate this effect (Richards et al., 1988).

This also supports the “structured class” instructional method. People with cyclothymia were most creative at work partly because the environment there is more structured than at home. In an ensemble rehearsal setting, this means transparent pacing; it may seem trivial, but writing the rehearsal's order of songs on the blackboard increases the feeling of structure. In improvisation, a focal point of jazz and somewhat common in younger general music classrooms, a teacher-given scale or rhythm can serve as the skeletal framework for the student's own creativity.

Abstractly, these “structured environment” methods actually nestle with Weisberg's analysis of Schumann fairly

well. Schumann was most creative when his bipolar symptoms were less mild. Rothenberg (2001) shows this effect even more explicitly with the painters Munch and Pollock. If then, periods of high creative output may be credited as manic periods, or even periods closer to the neurological norm, what does that say about depression?

Depression and Perception

At a basic level, people with depression have a bias towards sadness and other negative emotions, even when listening to music. In a study by Punkanen, Eerola, and Erkkila (2011), subjects with depression felt emotions of anger and sadness more intensely after listening to certain musical excerpts than the control group did. Interestingly, although the intensity of emotions like happiness and tenderness was slightly lower in the case of people with depression, this difference was not statistically significant (Punkanen et al., 2011). Naranjo et al. (2011) also support these results, but with an extra stipulation—people with depression are less likely to identify the “correct” emotion of a piece. This is especially true of excerpts intended to be neutral, which are overwhelmingly identified as negative by people with depression.

These same biases exist in identifying faces and voices; people with depression focus more on sad faces and voices, and they tend to project negative emotions on otherwise neutral expressions. The important distinction however, is that music is primarily an emotional stimulus, while faces and voices are primarily social. These studies about musical perception actually reinforce the idea that depression is truly an emotional disorder in addition to a social one (Naranjo et al., 2011).

In practice, this means that teachers need to be mindful of how their actions

are perceived by students with EBDs. Students with an EBD may misinterpret the intent behind comments and critique. Also, they will focus much more on negative feedback than on positive. Therefore, teachers should always give plenty of positive feedback and should be unequivocally clear about it—comments that appear neutral will probably be considered negative.

Practically, this means that a music teacher must focus not just on what a student needs to improve, but what they are already doing well. In addition, positive feedback must be specific, not the all-too-common “that was good.” In a lesson, an example interaction might be, “Excellent, you're being very dynamically expressive and I love your clear tone, but pay closer attention to the tempo—you're dragging here. Try it again and count it,” not, “Good, but your rhythm is off. Try it again.”

Several physiological reasons for this have been identified. Many people with depression have imbalanced quantities of neurotransmitters like serotonin or dopamine, which influence the identification of emotions. Studies of depression with electroencephalograms (EEG) record more activity in the right prefrontal lobe than in the left. Serendipitously, this reinforces the idea that individuals with EBDs are more right-brained and therefore more creative (Punkanen et al. 2011).

Amygdala function has also been noticed, which is yielding groundbreaking physiological evidence for the benefits of music (Koelsch, Offermanns, & Franzke, 2010). The amygdala is central to the identification and processing of fear, anger, happiness, and other emotions. Research confirms that the amygdala is vital to interpreting facial stimuli and is connected with vocal stimuli (Naranjo et al. 2011).

Music Therapy

Even though people with depressive EBDs show an intensity bias towards negative emotions when listening to music, music therapy is widely recognized as beneficial for people with EBDs. Music has been connected with mood improvements, emotional self-regulation, and improved cognitive ability. (Naranjo et al., 2011; Punkanen et al., 2011)

Neurologically, music activates all of the brain structures associated with emotional processing and creates genuine emotions that are biologically indistinguishable from everyday ones. Musical “chills”, for example, are from an activation of the brain’s reward centers. Most importantly, music has been shown to decrease amygdala functions, which empirically supports music therapy as a treatment for depression and other EBDs (Koelsch et. al, 2010).

Koelsch et al. (2010) also enumerate seven social benefits of music: contact between people; developing social cognition and emotional processing; “co-pathy”, an emotional homogenization between people that goes beyond empathy or sympathy; communication through music patterns and syntaxes; coordination of movements as a group; cooperation towards a group sound; and social cohesion. These sorts of skills are beneficial for any person, but they specifically target some of the challenges that people with EBDs have.

Music therapists Degmecic, Pozgain, and Filakovic (2005) echo this focus on social benefits. They have identified five ideals of music therapy: music is a social interaction, music is relatable to every day experience, spontaneity is valued over complexity, personal expression is valued over competency, and music is for everyone. Values like these reflect the more socially holistic nature of music therapy compared to

general music education. Whereas general music instruction might focus more on the technical process of playing a run of notes, music therapy is more interested in raw musical expression. By extension, there are many instructional methods for band teachers that focus on curtailing bad behavior and keeping students with EBDs on the intended task, such as keep behavioral self-assessments, where the student periodically goes through a checklist of acceptable behavior such as staying seated and paying attention (de l’Etoile, 2005). Self-regulation is a valuable skill which receives heavy emphasis because disruptions hinder both the student and the entire class, but at the same time, less emphasis seems to be put on methods that actively encourage free personal expression, which could potentially be more beneficial for the individual student who has an EBD.

In music therapy, musical aspects also take on clinical meanings as the therapist observes the behavior of the client. Playing loudly indicates anger. A nasal, babyish tonal color suggests an obsession with childhood or dependency. Therapists encourage clients to choose their own music which expresses themselves. The results are often revealing; children with EBDs tend to choose songs associated anxiety, suicide, or immortality (Goodman, 1989).

A general music teacher can use this knowledge when selecting material. Students with EBDs may be drawn towards the subject matter of works like Schubert’s *Winterreise* or Mozart’s *Requiem*. Ideally, teachers should allow students to pick their own music whenever possible. A practical compromise is to let students select from a short list of teacher-selected pieces. In all cases, exploring the cultural and historical context of a piece may help a student connect with it emotionally. Knowing

the mythos around Mozart’s requiem—that he supposedly wrote it “with tears in his eyes, constantly saying: I fear that I am writing a requiem for myself”—could enhance the emotional connection that a student with an EBD has with the piece (Eisen et al., 2012, p.11).

Legal Application

Legally, general music teachers’ responsibilities in teaching students with disabilities are regulated by the Individuals with Disabilities Education Act (IDEA). The keystone of the IDEA is the individualized education program (IEP) which outlines what services a student will receive so that they are provided with a free appropriate education (FAPE). The IEP for each student with a disability is created by a small team including the student’s parents, school officials, and expert professionals (Hulett, 2009).

As most high school diplomas require fine arts credits, it could be argued that music is part of an appropriate education. If, for any reason, a student receiving special education required unique consideration for a music course, it could be included as part of their IEP (Hulett 2009). In fact, the IEPs of students with EBDs often include music classes because of the rich social experiences they offer (Gfeller, 1989).

Because of these experiences, Gfeller (1989) recommends that general music teachers participate as often as possible as part of the IEP team. Including a music teacher on the IEP team is not required by law. To join the IEP team, the music teacher must be invited. Anyone already on the team may propose to invite a music teacher, and then this proposal must be approved by the school principal and the student’s parents (Hulett, 2009).

One of the main purposes of an IEP is to keep all concerned parties informed,

and teachers can tap into this source (Hulett, 2009). Parents and counselors know the student’s affective moods. If they are willing, the parents may also share whatever treatment or medications their child is receiving. Special educators can share known behavioral triggers or may be able to help analyze the results of different instructional methods such as self-assessment or student-selected music.

This can also be a channel for recommending music therapy. The IEP team would determine whether or not music therapy would actually be part of a FAPE, but if a general music teacher feels that a student would benefit from seeing a certified music therapist, the IEP is an appropriate forum. If a student is receiving music therapy, the IEP team could include the therapist as an expert professional, but they would also need to be invited and approved by both the school principal and the student’s parents.

Overall, the legal requirements for a general music teacher vary from case to case as the IEP is tailored for each student, but it is not uncommon for students with EBDs to be included in a music class as part of their IEP. In any case, the IEP team is a valuable resource for music teachers, and they should participate as often as possible. If a music teacher wishes to officially be part of the IEP team, they must be invited by someone already on the team and then approved by both the principal and the parents.

Conclusion

The interaction between music and EBDs is complex. Mild cases of bipolar disorders have been shown to correlate with creativity, and students with an EBD may actually view their condition as an asset. The research behind this also supports the idea of

creating a structured environment for students with EBDs. People with depression experience negative emotions in music more intensely than positive ones. They are also likely to misidentify the intended emotion behind music, facial language, and vocal inflection and are especially likely to identify neutral stimuli as negative. For these reasons, teachers should give more positive comments to students with depressive symptoms to counterbalance their emphasis on negative ones, and should be as explicitly clear as possible to avoid appearing neutral.

Music is highly beneficial for students with EBDs. Music therapy, which focuses on the student's social skills, is different than general music instruction, which tends to focus more on technical aspects of music. A general music teacher is not a music therapist, but it may be beneficial to borrow methods from music therapy. For example, teachers could let students choose their own music as much as possible and pick music with themes that might encourage self-expression when a free choice is not possible.

For students with EBDs, music is often part of their IEP, although individual needs will vary. A music teacher is not required to be part of an IEP team, but they become part by invitation and approval. For a music teacher, the main advantage of participating in an IEP team is better communication with the student's parents and knowledgeable professionals. This way, teachers can help discuss how music may be part of a FAPE and which teaching methods are or are not effective.

These methods—a structured class, clearly positive feedback, and student selected music—may be helpful, but the reasoning behind them must be remembered. The root of these reasons is illuminated by a wide scope of study

including all facets of music and EBDs: creativity, perception, therapy, and more. Ultimately, this cultivates a more holistic understanding and interpretation of teaching methods with the needs of individual students in mind.

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