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Music Therapy and Self-Esteem: A Method on Building Self-Esteem in Children with Special Needs

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Abstract

Self-esteem is an aspect of life that can affect how humans act. It is always ebbing and flowing, and typically never starts at the same level. Studies have shown that self-esteem in children with special needs is typically low because of varying symptoms associated with different diagnoses. Music therapy is an expressive therapy modality, and it can be utilized to increase levels of self-esteem by providing structure, predictability, and familiarity. It can be utilized to help meet a client's goals while being adaptable to any client's needs. Music improvisation is a tool within music therapy that can allow clients to create music as an expression of themselves and help them create an identity that cultivates their perception of themselves. To show how children with special needs can benefit from a strong therapeutic relationship and a consistent outlet for expression, a method was devised. The method used a musical forum for clients to check in and an improvisation session to create music that builds upon that check-in. The results showed an increase in self-esteem, an increase in clients' perception of themselves, and the benefits of a strong therapeutic relationship. Self-esteem can change daily and can be improved with music therapy interventions.

Keywords: Music therapy, self-esteem, improvisation, therapeutic relationship

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Introduction

Self-esteem is an aspect of life that can greatly affect how humans act. People experience boosts and drops in their self-esteem frequently. Self-esteem is connected to the feeling of self-worth, which can fluctuate based on life events, traumatic events, conflicts, relationships, and/or influences by a person's favorite artist or celebrity (Orth et al., 2018). It is important to understand how changes in self-esteem affect everyone so the consequences of that change can be managed. Self-esteem was believed to not show any specific systematic changes across the lifespan, but recent studies show that it increases from adolescence to middle adulthood, peaks in the '50s, and declines in elderly years (Orth et al., 2018). This means there are specific milestones that should be met during a typical lifespan. If milestones are not met, then it could create disturbances in development. These disturbances can lead to mental issues, mental disorders, mistrust, and social isolation that can further disrupt development (Orth et al., 2018).

Managing self-esteem drops can be a long process because every person has different requirements. Able-bodied people have advantages in combatting these drops because they only need to focus on the cause. This is especially true in children, who may not know how to verbalize what these drops do to them. Adding any mental health issue on top of an already difficult process of healing makes that process seem impossible. Children with special needs are greatly affected by self-esteem issues because they create a cycle of reinforcing symptoms (Cast & Burke, 2014). Getting these children out of the cycle takes understanding, care, adaptations, and an open mind. Therapists can develop plans based on information received from clients that can help identify and work through issues that are causing drops in self-esteem. They can also

create plans to build self-esteem and create methods of maintaining it so clients can help themselves.

The topic of self-esteem is important to children with special needs because of the adaptations needed. Every disability presents unique and difficult challenges to overcome. Physical disabilities can cause a child's self-esteem to drop because the disability prevents that child from meeting their goals. Mental disabilities are equally unique and require special adaptations as well. These disabilities can be more difficult to combat because mental disabilities do not show themselves as readily as other types. It takes communication, observation, collaboration, and planning to get a person on the pathway to managing the effects of self-esteem (Cast & Burke, 2014).

This topic is also important because of the difficulties it can present in social situations. I currently intern at a school with children with special needs. Each student has an individualized education plan (IEP) that includes adaptations for specific mental health, physical, or behavioral issues. Many of the students at the school have difficulty communicating with their peers because of lapses in social abilities. Each student is at a different level of confidence when it comes to adapting to typical school demands. The stress this creates for these students is high due to their developmental limitations. These compounding challenges result in lowered self-esteem, which shows itself in various ways. Some students show aggression towards others because they lack the capabilities of self-regulation while other students choose self-isolation. I noticed a great difficulty for these students when put in unfamiliar situations. Teachers do their best to adapt their curriculum to meet each student's unique needs, but this is a challenge since each student has different needs, which coincide with the typical systemic needs of the school setting. This tension of needs and services and the balances that are required leaves the students

feeling overwhelmed when it comes to general functioning, including schoolwork, which causes stress-response behaviors related to dips in self-esteem that can oftentimes present as inappropriate and leads to punishment or correction.

I aimed to help these students by developing a music therapy method that is designed to build self-esteem. Building self-esteem could help the students perceive themselves better and lessen other symptoms that may hinder their capabilities in school. There are barriers to self-esteem building that are difficult to overcome due to poor communication among staff, Covid-19 protocols, and the availability of students. Getting past these barriers takes coordination, flexibility, and adaptation to situations as they arise. I hope to learn how to help students build self-esteem in a manner that is accessible to anyone regardless of disabilities.

Literature Review

Self-esteem

Humans have an innate awareness of self, which is placing value on their own lives and depends on many different factors (McKay & Fanning, 2016). Self-esteem can affect a person's ability to make appropriate decisions, maintain relationships, have self-confidence, and live a happier life. According to Orth et al (2012), there is an ongoing debate about whether high self-esteem will produce a better feeling of self-worth for an individual than low self-esteem. Self-esteem helps define a person's identity by being a product of a person's beliefs and evaluations about themselves (Mann et al., 2004). A person's self-esteem can be swayed by many different external factors such as parents' opinions, news media, models, and celebrities. Andrews (1998) discusses the looking-glass self, "which is focused on the importance of the individual perceptions of others' appraisals for the way we think about ourselves," (p. 340). Furthermore, there is evidence to show that self-esteem is an important psychological factor contributing to health and quality of life (Mann et al., 2004). This means that low self-esteem can contribute to the cause of mental health issues and may have a heightened effect on people if they have a preexisting mental health condition.

A person's self-esteem can be altered by different cognitive distortions. McKay and Fanning (2016) discuss how "cognitive distortions are the tools of the pathological critic, how the critic operates, the weapons that the critic brings to bear against your self-esteem," (p. 68). They are different ways of thinking that alter how a person perceives a situation. The distortions themselves range from filtering, where a person will only see or hear certain things, to personalization, where a person will think that everything is related to them (McKay & Fanning,

2016). A person must understand which distortions they may fall victim to because their self-esteem can be lowered and kept low if the person only has negative ways of thinking.

Self-esteem is something that can affect a person's ability to feel confident in whatever they are doing. Research has been conducted that explores self-esteem and the effects it may have on children with developmental disorders. Every disorder is different in how it affects the body and/or mind, which means that a person's self-esteem will change depending on associated symptoms and associated ailments. Self-esteem has a role in creating stable psychological well-being because of how it affects mood, personal affect, motivation, and energy levels (Watson & Knott, 2006). When such times occur, the whole functioning of a person is impacted. Behavioral consequences result in areas of refusing help due to the sense of burden and low self-esteem, or low self-worth. Watson and Knott's findings highlight the importance of helping professionals, teachers, parents, and caregivers understand when help is needed. The findings also suggest a deeper issue for therapists to use this evidence to connect with their clients. The therapeutic relationship itself can then allow clients to open up and talk about what is important to them so the therapist can try to understand the client's goals.

Self-Esteem and Empathy in the Therapeutic Relationship

Motta and Lynch (1990) discuss the therapeutic relationship in their study on technique versus relationship in behavior therapy. This study aims to see if the actual technique used in interventions is less, more, or equally important as the therapeutic relationship itself. They discovered that client perception toward therapists is important because of the curative influence of being able to interact with a person who shows empathy (Motta & Lynch, 1990). This is important because the client must trust the therapist with sensitive personal information. Many clients come to a therapist with issues regarding trust, abandonment, and neglect. The therapist

must remain warm and interested in the client while also participating in permissive tolerance (Motta & Lynch, 1990). The results of the study show that the therapeutic relationship itself was deemed more important than the technique because of the effects the relationship can have on the client's ability to trust and feel good about themselves with another person (Motta & Lynch, 1990). This shows how important the therapeutic relationship can be regarding the influence a therapist can have on a client's self-esteem, self-confidence, and ability to feel safe.

Therapeutic factors, Self-esteem in the Therapeutic Relationship

Therapeutic relationships can help a client feel better and change how they perceive themselves. Watson and Knott (2006) created a study that aimed to see how factors of social support, mood, and perceived competence related to the self-esteem in children with developmental coordination disorder (DCD) while comparing the results to children with typical motor abilities. The results of the study did show a difference in perceived self-esteem between the two groups in specific areas of testing. This is important when thinking about how people perceive themselves because lower self-esteem in an area of perceived importance may outweigh strong self-esteem in lesser areas. This study helps to understand that every individual holds a personal hierarchy of importance within themselves. The therapist must be able to learn about and understand what is important to the client to create interventions that help the client meet personal goals. The client's goals should address self-esteem and self-worth because both can have negative emotional consequences. They can both create distress in the client and show in the form of depression and anxiety (Cast & Burke, 2002, p. 1048).

Mental Health, Academic Competence, and Self-Esteem

Depression and anxiety are becoming increasingly common in school-age children and adolescents with 75% of all anxiety-related disorders starting at a median age between 11 and 21

years (Gaetano Rappo, 2014). The challenges that school-age children face can be greatly affected by variables such as maladaptive academic competence and perception of intelligence. The role of self-esteem in all children greatly impacts their ability to focus on the task at hand, mood, isolation, ability to ask for help, and sleep cycle (Gaetano Rappo, 2014). A study by Gaetano Rappo (2014) compared the scores of children with learning disabilities and children with typical learning skills about anxiety, depression, and self-esteem. The results show that children with learning disabilities had a much lower score in self-esteem which result in higher levels of anxiety and depression. There is a cycle that is created with this behavior that starts with long-term avoidant behaviors that undermine a child's future performance in school, which leads to a child's belief that they cannot do something, which then leads to self-handicap behaviors, which finally reinforces the initial long-term avoidant behavior (Gaetano Rappo, 2014). These results show that self-esteem can play a major role in a child's ability to function and meet their personal goals. This is the case for everyone regardless of capabilities, but children with developmental disabilities are more susceptible to lower self-esteem because of lower cognitive understanding and abilities as well as external factors and influences from parents, siblings, and caregivers.

Although there is considerable research about self-esteem, there was a lack of research solely targeting self-esteem in children with developmental disabilities. Most of the research found aggregated self-esteem with symptoms associated with specific disorders. Although the self-esteem of the child is important, there seemed to be more research targeting the self-esteem of the people associated with that child, such as parents, siblings, and caregivers. According to Werner and Shulman (2013), "it is recognized that the economic, psychological, and social burden of caring for a child with a developmental disability may strongly affect the quality of life

for the parents," (p. 4103). These parents and caregivers can affect a child's self-esteem by their behaviors, word usage, and mannerisms. Werner and Shulman (2013) have a study that hypothesizes that higher levels of positive meaning in caregiving, self-esteem, and social support will moderate and reduce the negative association between stigma and subjective well-being (SWB), while higher levels of the burden will increase the association. This study showed that the parents of children with developmental disabilities with higher self-esteem and social support feel less overburdened and show a more average feeling of SWB. It also shows that the specific disability can influence the score depending on the levels of care needed for that child (Werner & Shulman, 2013). This evidence correlates with findings by Li-Tsang, Yau, and Yuen (2001) titled *Success in Parenting Children with Developmental Disabilities: Some Characteristics, Attitudes, and Adaptive Coping Skills*. This study observed and analyzed the characteristics of successful parents. The term successful refers to parents who have positive attitudes toward their child with developmental disabilities. The study showed that social background, family and marital relationships, parent-child relationships, attitudes as social values, help-seeking behaviors, and personal resources all affected the success of the parents (Li-Tsang, Yau, & Yeun, 2001).

Children with Special Needs and Self-esteem

Children with special needs refer to a larger population of children that all experience some sort of disability. Although there may be similar diagnoses, every child experiences their issues individually and should be treated as such. The disabilities themselves can create physical, cognitive, or behavioral limitations that require specific assistance. Each disability is different in origin, whereas some occur through genetics and by birth while others can occur through complex traumatic events (Keesler, 2020). Trauma itself is defined as "stressful events

(or, more specifically, how such events are appraised), which are assumed to create perturbations in people's characteristic levels of domain-specific and overall life satisfaction," (Barnum & Perrone-McGovern, 2017, p. 40). Keesler (2020) adds how "trauma disrupts an individual's growth and development particularly when it occurs early in life or is prolonged during critical developmental periods," (p. 1). Individual trauma can occur in many different aspects of life and is often the cause of attachment insecurity, decreased self-esteem, and psychological distress (Barnum & Perrone-McGovern, 2017).

Therapists provide trauma-informed services that consider the impact of violence and victimization on a client's development in their sessions (Elliot et al., 2005). A trauma-informed approach should be taken to ensure that therapists do not inadvertently say or do something that creates a trauma response from the client. This includes the topics of conversation, the therapist's body language, and therapeutic space. According to Elliot et al. (2005), "trauma symptoms arising from past violence and the absence of a safe environment create obstacles to services, treatment, and recovery for survivors," (p. 463). The therapeutic space is important because it can affect the client's feelings of safety and security. The space itself can be adapted to meet a client's needs. Therapists should address any potential concerns early in the first meetings to ensure the client understands what a therapeutically safe space is and what requirements the client may have. An example of this could be if a client is showing symptoms of paranoia and feels like people are watching them through a window. The therapist can acknowledge this and cover the windows with whatever is available. The trauma-informed approach is about giving the client respect and dignity while collaborating with the client to ensure the best possible scenario for therapy (Elliot et al., 2005).

Mental Health and Self-Esteem

Self-esteem can be affected by many different mental health disorders. Some disorders are common in the elementary school settings, such as anxiety, depression, and attention-deficit/hyperactivity disorder (ADHD) (Center for Disease Control and Prevention [CDC], 2021). Each of these diagnoses comes with differing criteria and comorbid symptoms. A therapist needs to seek out the underlying causes of disorders to create meaningful interventions that are tailored to specific goals that a client may have. Kashani and Orvaschel (1990) explain in their study how "anxiety has clinical importance not only as a distinct set of disorders but also because it exerts an effect on other domains of functioning. It would also appear to influence other disorders indirectly," (p. 313). Self-esteem is directly threatened by the symptoms of anxiety disorders because they affect the individual's perception of self-worth (Greenberg et al., 1992).

Recognizing anxiety and how a client is affected is important because the client may not know that a certain response is due to anxiety. Therapy can also consist of psychoeducation in the realm of informing the client what to look for during bouts of anxiety. In these instances, a solid foundation of grounding techniques can help the client push through an anxiety attack and focus on issues with a calmer mindset. Vohnoutka (2021) informs that "grounding techniques are coping strategies that help you connect with your present moment and surroundings, to pull you away from negative thoughts, anxiety, or flashbacks," (p. 2). Some techniques work better than others for clients and should be practiced to create an automatic muscle-memory response. This will help the client during an episode of anxiety to perform the technique to help get through it faster and safer. Vohnoutka also explains that "learning grounding exercises can help you to defuse building anxiety," (p. 4). They can create a preventative routine for clients to utilize at any time, especially if the clients know that they will be in a situation that will have

anxiety-provoking stimuli. A well-planned strategy can help alleviate and create calmness before, during, and after stressful events that could bring anxiety attacks.

Music Therapy and Children with Special Needs

A child with special needs requires an adaptive approach to help progress in development. Not all therapy is the same because not every client is the same. Gold et al. (2004) found "there is a wide range of mental disorders in children and adolescents, spanning emotional, cognitive, and behavior problems," (p. 1054). It is up to doctors to make appropriate referrals based on a client's needs. Music therapy demonstrates potential as an effective approach for therapy for many children because it can focus on different aspects of communication (Gold et al., 2004). For children who are nonverbal, music therapy is a great way to communicate through instruments and music. It also gives clients another outlet in which to tell their stories. It does this by empowering clients by giving them choices. Music therapy is unique because it can create experiences that can be classified as active or receptive (Gold et al., 2004). This is important in therapeutic work because it allows clients to engage however they need to. This aspect of therapy is also paired with a trauma-informed approach because it allows clients to receive therapy safely. An example of a trauma-informed approach can be seen in the process of making music. Active music playing is a physical activity that generates loud noises and fills the air with vibrations caused by the playing of musical instruments. This can be overwhelming for some people and can result in a sensory overload. To prevent this overload, therapists can provide noise-canceling headphones or earmuffs to lessen the volume of the instruments. This can help a child maintain a balance that allows them to experience music-making while protecting them from overstimulation.

According to Petruta-Maria (2015), “music therapy can play a great part in the development of some efficient learning practices and emotional self-regulation,” (p. 277). It allows clients to connect with sounds and lyrics in emotional ways. Lyrics can validate a client’s experiences because they talk about what a client may be going through. Emotional regulation can be achieved through guided listening and imagery, shared music-making, and mindful music listening (Gold et al., 2004). Clients can also experience different music genres to find specific songs that elicit emotional responses. Care must be taken when selecting music because a client’s experience with a song can be interlaced with trauma. Music has a way of attaching itself to memories and allows direct access to a person’s soul (Petruta-Maria, 2015). This includes a person’s perception of themselves, their personalities, and self-worth. Petruta-Maria (2015) adds that “this sustains the efficiency of music therapy through different cultures and educational ambiances, for different ages and education levels,” (p. 279).

Self-esteem and Music Therapy

Music therapy is effective in identifying and treating issues of self-esteem and self-worth by utilizing many different approaches. According to Lawendowski and Bieleninik (2017), “participation in music therapy offers opportunities for the participants to engage in identity work – to define, develop, or reflect on their understanding of themselves, and to cultivate new expressions of self-identity,” (p. 85). For example, music performance groups have increased group cohesiveness and peer acceptance, listening exercises that emphasized mood recognition have been effective in building self-esteem, and songwriting activities can be useful in developing self-concept (Haines, 1989). Music therapy can be used to meet individual goals of the clients that focus on specific problems and symptoms that a client presents (Bruscia, 1987). There are some aspects of music therapy that are more efficient at meeting a client’s goals.

Improvisational models of therapy can help with the goals of awareness of self, awareness of the physical environment, and awareness of self-worth (Bruscia, 1987). Self-esteem is greatly embedded in these goals as it pertains to the client's perception of self.

Creative music therapy is an improvisational approach to individual and group therapy that utilizes music that is created by the client and therapist. Bruscia (1987) explains how it utilizes the created music to "seek out, gain, and maintain contact with the client from moment to moment to create the therapeutic experience," (p. 24). This manner of therapy relies on the ability of the therapist to keep the client engaged in the music-making process. This approach of music therapy is suitable for children with a wide variety of impairments, including autism, psychosis, emotional disturbance, and learning disorders. It also aims to tackle presenting symptoms of low self-esteem such as isolation, withdrawal, insecurity, and negativism (Bruscia, 1987). Although this approach to creative music therapy is useful, it does have its limitations when it comes to autonomy for the client. There is usually a structure that is developed by the therapist to contain the session, but this will not work with every client, so other improvisational models can be utilized to bridge that gap.

The free improvisation therapy approach employs free improvisation without structure, rules, or themes while creating music. Bruscia (1987) explains how "this allows the client to 'let go' on a musical instrument and not be bound to any rules in tonality, rhythm, or form," (p. 75). This approach to music therapy uses the client's creations in music. The client is allowed to create whatever musical experience that they want and can be allowed to truly express themselves in a way that words cannot do. This approach can be used to treat many diagnoses including the clinical goals of inattentiveness, selective mutism, withdrawal, obsessions, aggression, and self-worth (Bruscia, 1987).

Therapeutic Songwriting and Self-Esteem with Children with Special Needs

Music therapy can allow for creativity in both clients and therapists. Clients may not have formal music training or have familiarity with musical instruments, but this does not mean they do not have a connection with music. The music itself is considered an effective medium for therapy because it contains many different levels of structure but allows for flexibility to counteract different characteristics of a client's pathology (Wigram & Gold, 2006). Music therapists have a strong connection to music because they are trained in using music in therapy and as therapy. According to Forinash (1992), "this natural ability is described as being twofold in nature, referring both to their innate relationship to music and their natural affinity for relating to and working with people," (p. 124). People who become therapists must know how to use music to connect with their clients. Tools that can help them towards this goal are songwriting and lyric analysis.

Songs in a music therapy session are played with intention. Each song was chosen by a therapist to meet some sort of need of the client. This could be for creative purposes, structure, predictability, or familiarity. Wigram and Gold (2006) tell us that "for children with significant impairments in their basic innate skills in communication, this musical interaction provides a context and vehicle for reciprocal interaction and development that noticeably ameliorates a lack of sharing and turn-taking in play, as well as repetitive, rigid, and somewhat unchanging patterns, and a need for sameness," (p. 536). The structure is very important in music because it creates an identity for a song. Predictability is similar because it gives the listener something to look forward to while allowing them time in between patterns for processing. An example of a song like this can be found in a typical music therapy session. Sessions usually start with some sort of "Hello" song that acts as a natural transition to the therapeutic space, (Pellitteri, 2000).

Clients will become familiar with the format after a couple of sessions and start to understand that the "Hello" song will always be there. This creates an opportunity for predictability, and familiarity, and allows participants to rely on musical patterns to generate a response (Mendelson et al., 2016). Having this repeated space gives power and time to the client so they may prepare themselves for the session. It also gives the clients something to look forward to in-between therapy sessions. This could be a means of preventing inappropriate responses to significant events or feelings because the clients know that during their next session, they will have an opportunity to express themselves.

Methods

A qualitative approach was used to examine how music therapy can affect self-esteem in children with special needs. Five 45-minute music therapy sessions were conducted for each client over a span of five weeks. Observations, reactions, and answers to three check-in questions were recorded in a notebook. The information collected was utilized for this researcher's reflections on how the method impacted client self-esteem.

Participants

The participants for this study were students at my Internship site. The grade range for the students was 6th through 8th grade. I interned at this school for four months before this study. The students and I were familiar with each other because we had met once a week for 45-minutes for those four months. Each student had different IEPs that consisted of different mental health diagnoses and levels of development. There were no special accommodations required for the participants during this study. I feel my existing therapeutic relationship with these students would affect how the sessions were received and their willingness to participate.

Procedure

I conducted five, 45-minute sessions with the same six students once a week for five weeks. The sessions were held in the same expressive arts room for each session. This space was set up the same way for each session. Two chairs were angled at 45-degrees facing each other, as well as a table with the same musical instruments laid on top of it. The instruments used were keyboards, guitars, a karaoke machine, egg shakers, maracas, wood blocks, sleigh bells, tambourines, boom-whackers, cowbells, and a full drum set. The room had three large windows that had shades in the up position to allow natural light in. It also consisted of two doors that could both be locked from the inside or outside with keys.

Each session started by allowing a student to set up the room to suit whatever needs they may have. The student was then invited to sit in a chair facing me while I held an acoustic guitar. I would play a song called the *Check In Song* (see Appendix A) on an acoustic guitar. The song was set up in a way to flow from the chorus, to verse, to pre-chorus, and back to the chorus. Each chorus was sung and told the student the purpose of the song. It led to a verse, which was spoken, that consisted of a question that would elicit a response from the student. Once the response was given, I would verbally speak the student's name, repeat their answer, and verify that what I said was correct. If the student told me that I was incorrect or changed a response, I would then repeat the process until the correct response was verified. This pattern was repeated two more times to answer the three questions of the song. The three questions were how are you doing, did you have any positive or negative thoughts about yourself today or recently, and on a scale from 1 to 10, where 1 is the worst and 10 is the best, how do you feel about yourself? A follow-up conversation would occur if a student gave a response that I deemed negative or not baseline. I based a negative response on anything that caused the student to stop smiling or break eye contact and if the response to the third question was below a 4.

Once the song was completed, I would write the answers to the questions in a student-specific notebook while recapping what they said. The students have access to their notebooks at any time during each session to give complete transparency.

After the song event was completed, I instructed the student to think about their responses to the song in silence for one minute. I would then invite the student to pick out one instrument from the room and to pick out one instrument for me. Next, I gave a short explanation about improvisation and instructed the student to create an improvisation while trying to remember and think about their check-in responses. Both the student and I improvised on the chosen instruments for 5-10 minutes. The time would be determined by the student's engagement. If they seemed uninterested or bored, I would end the improvisation earlier than if they seemed to be enjoying themselves. After the improvisation was over, I asked the student to sit and think about the music that was created. I then gave the students time to talk about how they felt about the improvisation. Once they were finished talking about it, I would then transition to their typical music therapy session. The session would end by asking the student how they felt about themselves based on a 1 to 10 scale like they did during the *Check In Song.* Their response was recorded in the notebook and the student would return to their classroom.

Post Session

After each session, I wrote observations that occurred during the session.

Results

I performed an inductive analysis of the written reflections to organize the narrative I had written. The first step was to document each of my observations of each client and place them into separate files. These files consisted of my written-out reflections and observations. I then spent time with each of these files and highlighted specific patterns that were prevalent

throughout the sessions. I took the highlighted words or phrases and put them all together, still separated by each student to look for any consistent themes. Finally, I aggregated and categorized them in Table 1.

The following table shows themes that emerged from the inductive analysis of my narrative: entering the therapeutic space, instrument choice, familiarity, interest in the activity, body language, support, and leaving the therapeutic space. Each theme will be identified while all associated observations and significant findings seen in Table 1 will be clarified.

Table 1

Themes and Observations presented via Inductive Analysis

Theme	Observations
Entering Space	Happy, willing to try new things, smiling, knew expectations
Instrument Choice	Softer/melodic instruments if they were not happy, loud/percussion instruments if they were feeling good
Familiarity	Played softly at first, chose songs that were known, chose the same instrument
Interest in Activity	Little interest in unfamiliar instruments, preferred known activity
Body Language	Closed at first, drooped shoulders, tense, opened while playing
Support	Liked to be matched in music, liked to play over a holding drone, allowed me to play
Leaving	Happier, relaxed, proud of the music experience

A typical therapeutic session started with students entering the therapeutic space, playing the *Check In Song,* selecting instruments, explanation of the activity, observing students, and finally leaving the therapeutic space. It is important to note that every session during this research followed this format.

Entering the Space

Observations start the second a student walks into the therapeutic space. All the participants at this point in the school year had been going to sessions once a week on a specific day of the week. They were all familiar with the space, how it was set up, and what to expect. One of the first observations to be seen was whether a student appeared to be smiling or not. Due to the policies regarding COVID 19, all staff and students were required to wear masks covering the nose and mouth. This made some observations difficult to ascertain, but time with the students had allowed me to notice through their eyes and eyebrows if they were smiling. Most of the time, the students would come in happy and ready to participate in the session. They already knew about the *Check In Song* and that it was a platform for them to speak their minds.

Instrument Choice

The way the students entered the space also affected their instrument choices. This is evidenced by matching their mood and self-perception to an instrument that was loud and boisterous or soft and lower in volume. Students that came in happy would typically pick out percussion instruments that required body movement and difficulty in controlling volume. I believe this was because it spoke to their state of vulnerability at the time. Students that came in feeling sad or not happy would typically choose an instrument that was pitched and could have the volume easily controlled via electronic circuitry. It is important to know that the students were allowed to change instruments during a session if they wanted to. This would allow the students to flow through a changing mood and perceived self-esteem feelings while being relaxed and gaining confidence. The students in this study stayed on their initial choice of an instrument but would change the dynamics in which they would play the instrument. For example, a student who started on the piano may start with the volume low until they started to

build confidence in what they were playing. They may then raise the volume or change the way they are hitting the keys to match that gain in confidence. This is evidenced by the changes in tempo, dynamics, and how they left the therapeutic space.

Familiarity

Throughout the sessions, I would encourage the students to try something different but always remind them that it is their choice in what instruments were selected. Their initial confidence in playing an unfamiliar instrument was seen in how they were playing. They would typically orient themselves to the instrument by playing it softly while exploring the instrument. This would include the volume, the way the instrument was utilized, and stopping to ask if they were playing it correctly. As they became familiar with the instrument, their tempo and volume would increase, and they would appear to be enjoying themselves by smiling and laughing. There were many cases in which students would select the same instrument from the previous week. They would start out playing the instrument softly but would change the tempo and volume more quickly than the previous week. Students that came in not happy would typically choose the same instrument as the previous week. There were also instances where students would stop the improvisation session and ask for a known song to be played instead. They would play over these songs with their instruments and instantly show a release in tension and anxiety by relaxing their shoulders and opening their slumped shoulders.

Interest in Activity

The activities lasted for 5-10 minutes and would sometimes be cut short per the student's request. This is evidenced by the students asking to stop or end the improvisation session at a minimum of 5 minutes. Students would then request to play a familiar song or change their instruments at this time. The improvisation itself seemed to challenge many of the

students because some days the students enjoyed themselves by smiling and laughing during the creation of a song. Other days would show those students not fully engaging in the music and appear bored or anxious. The tone, tempo, and dynamics of the improvisation session were a big clue as to how the students were feeling. Fast tempo and loud dynamics were typically matched with smiling, laughter, and open body language. The opposite was true for somber moods and slumped body language. If the tempo stayed fast, then the students would typically play to the allotted 10-minute time cap.

Body Language

The body language of the students was a major observation that could be seen. It would range from being closed with arms folded across their chest and shoulders slumped down to arms flailing around their bodies and shoulders held up high. Their head placement was also a crucial tell to whether the student was feeling confident in what they were doing. A student's head that was held high typically matched with a loud and fast sound while a student's head that was held down and slumped would be matched with softer melodic notes. Their body language would change throughout the session based on the activity and their confidence in their abilities. I would offer verbal praise throughout the session and non-verbal cues that I was enjoying the session. These cues included the opening of my shoulders, a smile on my face, direct eye contact, and clapping. This did impact how they felt about the session as evidenced by their quickening of tempo or opening of their body language. It appears that their perception of how I was feeling about the music was important to how they would play. Students that perceived me as enjoying myself would typically exhibit an open body language that would be welcoming and permit me to play along with them.

Support

Each session was inherently different in the quality of the music that was created through the improvisation. Every student is different, so it would make sense that each product was different. The improvisation session would start with the student laying the foundation for the creation with me playing lightly in the background. I attempted to match the students at first in whatever they were playing. This was met with mixed reception where sometimes the students would smile while other times, they would quickly change what they were playing, so I would be off. I typically would ask if what I was playing was "okay," and the students would nod yes or shake their heads no. It is important to recognize the impact that my playing had on the student's ability to play. My playing would influence their creation because I was also a part of the process. I did my best to not be invasive in their creative process, so the students played how they needed to at that moment. Sometimes the students would ask me to play a steady drone of an instrument, so they had a foundation to try new things. The drone would serve as a platform for the students to jump off from and climb back if they were not satisfied with their attempt at change. The students would also ask me to join them in a particular motif or rhythm if they enjoyed what they were playing. I took that as permission to meet them where they were at and as a notion of self-confidence in what they were playing. The student's self-esteem changed and flowed toward a positive direction with the support that was given and adapted throughout the improvisation session as evidenced by their body language and conversations at the end.

Leaving the Space

The transition from music therapy sessions to leaving the therapeutic space always provided interesting observations. It would show how the student would handle leaving a preferred activity space in a space that was not preferred such as their classroom. The students seemed to be in better spirits as evidenced by smiling and being relaxed. Every student would also let me

know how they felt about the improvisation. They would also ask me how I felt about the music we created and would not break eye contact with me until I answered. I would always answer the same way by expressing my enjoyment in the music-making process. This would typically satisfy the students and allow them to move towards heading back to their classroom. There were a couple of instances where students would pressure me into telling them which specific instances, I enjoyed the most. I would tell them that I was impressed by how they picked up a new instrument and played it well and with confidence. I wanted to let them know that I enjoyed my time as much as they did while remaining objective and focused on their needs. Every transition back to the classroom would involve the student leaving with higher self-esteem than when they came in as evidenced by smiling, laughter, open body language, and a higher response to the Likert Scale question of self-worth.

Discussion

The results of this study indicate that the overall level of self-esteem for children with special needs increased after music therapy interventions were administered. The ebb and flow of self-esteem was apparent throughout the sessions and could be seen changing in real-time while the music was being created. Many factors gave insight into how the students felt about themselves. These include instrument choice, familiarity with the activity, interest in the activity, body language, wanted support, and transitioning away from the space. This coincides with Bruscia's (1987) idea of allowing a client to let go of their anxiety and stress while playing a musical instrument because the participants would physically relax during an improvisation session. Their body language would show a release of tension from a tight constricted body to having loose and flowing limbs. Analyzing the observations gained from each session showed the importance of verbal and non-verbal cues as well as the importance of praise given to the

students. A simple "great job" would cause the student to further explore a particular motif or rhythm because they now valued it more. This aligns with Watson and Knott's (2006) study that showed how a client's perceived importance may outweigh strong self-esteem in lesser areas. The participants may not have felt strongly about what they were physically doing, but they were given constant verbal praise that would cause them to react positively.

The five-week experience showed how each student would present with different mood and confidence levels each week. Every student faces different challenges, and some may not have the opportunity to talk about themselves to others. This shaped the results to show the changes in self-esteem from different starting points among the students. This is a testament to the therapeutic relationship because their time with me was guaranteed regardless of previous behavior and earned privileges gained from in-class work and behaviors. This aligns with Watson and Knott's (2006) study that shows how therapeutic relationships can help a client feel better and change how they perceive themselves. The student's perception of self-worth was affected by their perception of how I was enjoying myself and if I was judging their musical abilities. During these sessions, some students would base their enjoyment and self-worth solely on their perception of the quality of the music, which is subjective.

The therapeutic relationship was a major factor in the results of this study because it gave the students a familiar face, place, and intervention to utilize as they needed. The results coincide with the evidence presented by Lawendowski and Bieleninik (2017) that music therapy offers opportunities for students to engage and work towards creating and cultivating their identity and personal connection to themselves. The *Check In Song* provided an outlet to vent within music and the improvisation provided an outlet to create based on that venting. These predictable measures were there for the students and helped them tackle Bruscia's (1987)

presented symptoms of low self-esteem of isolation, withdrawal, insecurity, and negativism. Each student had a higher level of comfort with me, which allowed them to focus on themselves because they felt safe.

Every session started with the *Check In Song* to allow the students time to check in. Every song yielded different responses, but eventually, the responses became longer and more in-depth. It is aligned with Wigram and Gold's (2006) thoughts on music being a medium that allows flexibility regardless of a student's pathology. The music did not judge the student or demean their attempts at playing an instrument. It was simply there to be used for whatever the student needed. The improvisation was a successful tool for the students because it speaks to Bruscia's (1987) idea of allowing them to "let go" of a musical instrument and not be bound to any musical rules. This allowed the students to be free without fear of penalty, punishment, or ridicule.

Limitations

The reliability of the data is impacted by the small sample size. A larger pool of students could show different rises and falls in self-esteem. The students that participated in this study were being seen by me for several months. They were already familiar with me and the types of interventions that were utilized, so they already had a predisposition on if they would participate in the session. The procedure was unique to this study, but the idea of a song to check-in and improvisation was not. This could have impacted the results because of how familiar they were with similar interventions. The therapeutic relationship had already been formed by this time as well. Results could be different if the methods utilized were conducted at the start of the school year or near the end. The students would not know who I was in the beginning or maybe act differently because of impending termination at the end of the school year.

Another limiting factor in this study is the usage of a chord progression for the *Check In Song* that is typical for Western music. Although this may seem familiar to the students that participated in this study, participants from different cultures may not connect so easily to a similar format. The style and sound of a song meant to welcome should be familiar to the region in which the study is being held. This means changing the mode or rhythm of the song itself to match local and familiar music.

Recommendations

This study has given a lot of insight into the levels of self-esteem in children with special needs. Enhancing this study by altering different aspects of it could show potentially different ways to increase self-esteem. The method can be adapted to suit any mental or physical disability to people of all ages and pathologies. Changing the age range of participants could be an interesting way to see the efficacy of improvisation regarding self-esteem. It should be interesting to see how adults would handle trying new instruments for the first time versus children. Adults may require more support because of years of limiting actions due to societal expectations. Other adaptions to the method include changing the therapy session date and time, restricting instrument choice, involving more than one participant at a time, or having the therapist not offer support or praise to the participants. The results of any of the changes could be impacted and change drastically. The possibilities of altering the method are vast and could be tailored to fit all therapy situations.

Conclusion

Music therapy is an expressive medium for children with special needs who are trying to increase their levels of self-esteem. It can provide a way for expression and confidence building with the help of a strong therapeutic relationship. Consistent and predictable songs and

interventions help the children by creating a time and space that is just for them. They control and participate as they see fit to meet whatever goals they have for themselves. This study has given much insight into reading and understanding the ebbs and flow of self-esteem and gives a guideline to future studies regarding music therapy and self-esteem.

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Appendix A

Hello Song for Improvisation Session

Check In Song!

Written by Chris Thomann

Tuning – Standard
Bpm 130

[Chorus]
G C G C G G
This check in song, is to see how you're doing. To see how your feeling, about thoughts that may be brewing. This check
C D C B A-G
in song is used to know more, and that is something we just can't ignore!

[Verse 1]
G (vamp on G note)
"Question one is: how are you doing?" (wait for response)

"[Client name] is doing (response), is that right?" (wait for confirmation).

[Pre-Chorus] (sung)
G C D C B A G
Now we know and it's time to move on, we keep on going to the end of the song.

[Chorus]
G C G C G G
This check in song, is to see how you're doing. To see how your feeling, about thoughts that may be brewing. This check
C D C B A-G
in song is used to know more, and that is something we just can't ignore!

[Verse 2] (spoken)
G (vamp on G note)
"Question two is: have you had any positive or negative thoughts about yourself today or recently? (wait for response)

"[Client name] has said (response), is that right? (wait for confirmation)."

[Pre-Chorus] (sung)
G C D C B A G
Now we know and it's time to move on, we keep on going to the end of the song.

[Chorus]
G C G C G G
This check in song, is to see how you're doing. To see how your feeling, about thoughts that may be brewing. This check
C D C B A-G
in song is used to know more, and that is something we just can't ignore!

[Verse 3] (spoken)
"Question three is the last step for right now, it involves a scale, let me tell you how. One is the worst and ten is the best, how do you feel about yourself?" (wait for response)

"[Client name] has said (response), is that right? (wait for confirmation)."

[Pre-Chorus] (sung)
G C D C B A G
Now we know and it's time to move on, we keep on going to the end of the song.

[Chorus]
G C G C G G
This check in song, is to see how you're doing. To see how your feeling, about thoughts that may be brewing. This check
C D C B A-G
in song is used to know more, and that is something we just can't ignore!

THESIS APPROVAL FORM

Lesley University

Graduate School of Arts & Social Sciences

Expressive Therapies Division

Master of Arts in Clinical Mental Health Counseling: Music Therapy, MA

Student's Name: Christopher Thomann

Type of Project: Thesis

Title: Music Therapy and Self-esteem: A Method on Building Self-esteem in Children with Special Needs

Date of Graduation:_May 21st 2022_

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Dr. Rebecca Zarate