DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS A MUSICAL ADAPTATION

by

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DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

A Musical Adaptation

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Diagnostic and Statistical Manual of Mental Disorders is an original song cycle for soprano and baritone voices with Pierrot ensemble (flute/piccolo, B-flat clarinet/bass clarinet, violin, cello, piano, and percussion), utilizing poetry taken from Autumn Slaughter's Diagnostic and Statistical Manual of Mental Health Disorders-Poetry. Of Slaughter's poetic interpretation of 35 of the diagnoses within the psychiatric manual (the DSM-5), eleven poems/diagnoses are used for this musical work. This document is an analysis of the theoretical constructs of each movement and the musical representation of the poem and diagnosis.

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INTRODUCTION

Diagnostic and Statistical Manual of Mental Disorders is a song cycle for soprano and baritone voices with Pierrot ensemble (flute/piccolo, B-flat clarinet/bass clarinet, violin, cello, piano, and percussion), utilizing poetry taken from Autumn Slaughter's Diagnostic and Statistical Manual of Mental Health Disorders-Poetry. A Ph.D. candidate in psychology at the University of Tulsa, Slaughter incorporates poetry into her work in psychology. In 2018, Slaughter wrote a poetic interpretation of the psychiatric text Diagnostic and Statistical Manual of Mental Disorders – 5 (hereafter DSM-5), illustrating 35 of the diagnoses with a unique and rich conversational style that lends a compassionate view of those suffering from the diagnoses. In the song cycle, I used II of the poems, chosen for a blend of my ability to hear musical gestures when reading, musically dramatic potential and balance, personal poetic style preference, and the desire to include common diagnoses likely to engage larger portions of the audience.

In the introductory paragraph to her poetry, Slaughter makes it clear that her poetic interpretations of the diagnoses within the *DSM-5* should not be considered to be "scientifically accurate" representations. Further, she states that "They are instead meant to be poems, poems that use the names, or, symptoms, or names and symptoms of mental health disorders to make us think more about the way we categorize other people." I have also taken this perspective into the musical adaptation and feel that though the poetry may not convey scientific facts, it *can* provide valuable insight into the diagnoses and help, even in a small way, to break down stigmas around mental disorders.

 $^{^{\}rm 1}$ Autumn Slaughter, "Diagnostic and Statistical Manual of Mental Health Disorders – Poetry: A Chapbook Manuscript", 4.

Though each movement is its own unique story, there are some unifying musical elements. Several movements make use of octatonicism, and diatonic modes are used frequently. The interval of a seventh is prevalent. Non-functional harmony is much more common than functional, and isolated consonances (major or minor harmonies) float in and out according to the demands of the text. Melodies or fragments of such are reused during the work; beyond the practical reasons of economy of material and overall unity, these reappearances often (but not always) occur because there is a link between certain disorders, such as comorbidity or similar characteristics/symptoms, according to the *DSM-5*.

The use of repetitive motives as gestural background texture, aleatoric or not, is prevalent throughout the piece, as is the use of drone; there is very little homophony between the voices and instruments. Most movements begin with brief introductions prior to the voice entrances (some longer), and often there is a short instrumental passage between the stanzas that were either implied in the poetry or were created through the musical adaptation. Often the singer finishes the movement, with or without instruments, like a period at the end of a sentence, but occasionally the instruments have a final statement. Text repetition occurs at times.

Finally, clarity of text was of highest importance in writing this work. Overall, the voice parts are a mixture of what one might consider to be traditional melodic type; chant; speaking/whispering; and *Sprechstimme*. The first is a type in which the vocal lines have specified pitch and varied contour, as in traditional art song. The chant portions revolve around a single note or very limited range, often belying a stronger loyalty to text clarity (though it should not be assumed that the chant pitches or contour are unimportant in communicating meaning). Sometimes the use of chant

style stems from a desire to limit the complexity of the vocal line because of complexity in the instrumental parts. The final two types need no other description here and will be addressed in the separate movements.

In the following analysis of each movement, I discuss the extramusical elements, use of the voice, and the harmonic, melodic, and formal decisions that govern the musical adaptation, with relevant examples from the musical score.

I. PERSISTENT DEPRESSIVE DISORDER

This movement is constructed aleatorically. Not only was this ultimately the least complicated way to handle the material, for both performers and myself, it added a sense of community creation for the work as a whole, something I like to include in my works and which ultimately is a metaphor for humanity's coming together to better understand mental health.

Each of the duet movements is treated differently; for this first one, my original plan was to create a phasing technique in which the voices followed the same pitch material at different times, thus making it easier to later create single-voice versions of the work. As I wrote, this plan shifted slightly. The rhythmic phasing remained or turned into more of a canon, but harmony became important between the voices for text and tone painting. The melodic contour of the voice parts implies the sameness that a person with this disorder may experience, the lack of perceived change implied in the poem, and thus falls more into the chant category listed previously. The contour stays within small intervals and sits in a comfortable range for the baritone and the lower range of the soprano as a way of conveying lower and weaker sounds without creating too much space between the voices. The ensemble texture was crafted with lower and weaker sounds to illustrate the symptoms of Persistent Depressive Disorder: the lower range of the flute and bass clarinet; muted or *sul tasto* violin and cello, avoiding open strings and playing without vibrato, utilizing harmonics, and manipulating the sound with sticky tack; gong; and having the piano's sustain pedal down throughout the movement as the performer mutes strings when playing.

Throughout, the pitch content has both centricity and an apart-ness; the flute line at the beginning slithers around notes within a fourth (Ex. I) and then a tritone, continuing on and on with no perceivable end.

Ex. 1: Aleatoric Cell, beginning of Persistent Depressive Disorder, RH 1

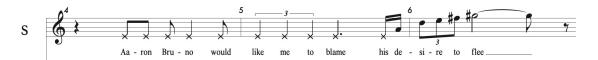


Juxtaposed with this is stronger centricity formed with an anchor pitch of F in the bass clarinet just before RH 2, and then the voice parts further solidify centricity with the notes of the F Aeolian/Phrygian scale at RH 5. Just before the instrumental interlude at RH 12, I allowed a light sense of C minor (v) to dwell before the F centricity regained hold. When the voices return at RH 17, the soprano misleadingly sings a G, which is now familiar in the melodic set, but the baritone enters on an E at RH 18, pulling us down to E minor. The soprano sinks downward to E, finishing the movement alone.

2. ATTENTION DEFICIT/HYPERACTIVITY DISORDER

I chose to heavily mix spoken and sung text for this first solo movement, more than I did for any other movement. The oppositional character of speaking versus singing allowed for certain pieces of the poem to stand out by simple contrast and helped illustrate the sensation of having thoughts come in and out of existence, as stated in the poem. The ensemble also portrays this characteristic of ADHD and others: lowered focus, sequencing, and impulse control with speaking/difficulty waiting. Built in essentially three sections, the first begins with continuous eighth notes in unpitched percussion that reflect the perpetual motion of hyperactivity. This persists through most of the movement. The violin introduces a fanfare-like melody at m. 3 that fades away before truly developing, while the voice begins with spoken text that moves in and out of melodic fragments that paint the text or tone of the text (Ex. 2).

Ex. 2: Spoken and sung elements, mm. 4-6

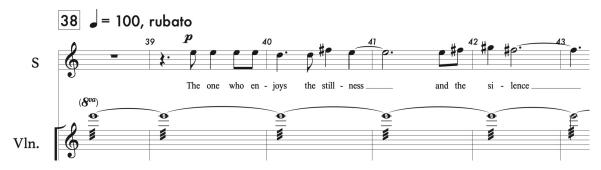


After a short time with accompanimental figures in the ensemble, the flute bursts out with staccato octaves as a new thought (m. 18), one that will also fade away as the strings override it with long glissandi at m. 20. All of these varied ideas illustrate lowered focus and sequencing and thoughts "that come and go so quickly".

The middle section (mm. 22-52), in which the poem asks a question, changes texture by focusing on floating dyads in the piano that musically describe attention deficit by way of missing details, those details being harmonic function and

completion as chords. The texture is also text painting the word "dream" with this hazy coloring. Interjected as examples of impulsive speaking/difficulty waiting are short bursts by the clarinet and cello (mm. 26-30); they also serve as new thoughts rising and falling away. The second half of this section switches to describing someone without ADHD (to an oppositional point), so the musical signifiers of the symptoms disappear and text painting reigns (Ex. 3).

Ex. 3: Text painting with sparse texture, mm. 38-43

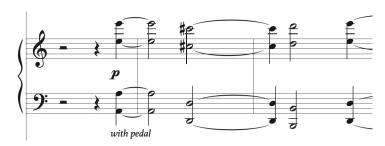


The final section (mm. 53-end) melds the piano's chords, previous vocal melodies, and the continuous percussion, reminding the listener of the characteristics previously illustrated while supporting the soprano, who is making a compelling statement about how we label others and, for those who question the reality of this disorder, the truth.

Harmonically, the movement begins in D Lydian with the violin and moves quickly through D minor (m. 8-10), F-sharp centricity (mm. 11-12), C-sharp minor (m. 13), G minor (m. 14), A melodic minor (mm. 14-15), D Lydian (mm. 15-16) and again F-sharp centricity (mm. 16-17), rather like darting thoughts that never settle for long. A long glissando at m. 20 brings us to G centricity, but the soprano line is whole-tone while the piano and others somewhat work together in a nonfunctional way. Here the piano dyads' bass notes cryptographically spell out ADHD (using the notes ADBD in

the German naming style), modulating to a different pitch level after a few iterations but maintaining the intervallic relationship (Ex. 4).

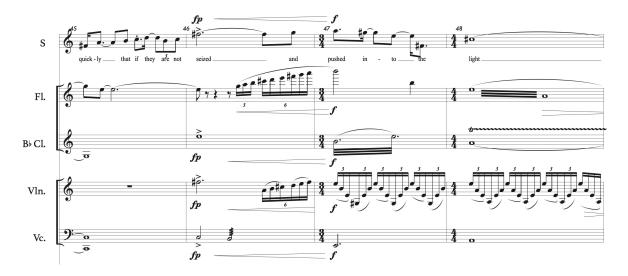
Ex. 4: Piano dyads, ADHD cryptogram, mm. 24-26



This material builds to a quiet section on an E drone (m. 38) where the voice allows us to settle into E major for a time. This passage closes with descending whole steps that bring the harmony to rest briefly on G-flat major before the piano opens the final section with a D Lydian chord (m. 52), beginning a new sequence of the once-dyads now chords. The rest of the ensemble, including the voice, follows the harmony that the piano dictates with its sequence. The four-note sequence both ends and starts a final iteration in m. 70 with D-flat, but the winds and strings take the remainder this time. The last harmony is B-flat Aeolian (m. 75), and the movement closes percussively.

The recurring melodic motives of this movement are the soprano's first sung portion (Ex. 2), which returns three times in this movement; the voice's melody at m. 10 and 12, which returns almost immediately in the flute's octave line at m. 19, transposed; and third, the most important melody, is the "light" melody here, which returns in two other movements (Ex. 5).

Ex. 5: Main portion of "light" melody, mm. 45-48



3. CLUSTER C (PERSONALITY DISORDER)

The *DSM-5* identifies three disorders that together form the Cluster C Personality Disorders: Avoidant, Dependent, and Obsessive Compulsive (not to be confused with Obsessive Compulsive Disorder). This poem focused on Avoidant due to the prevalence of fear, with some traits of Obsessive Compulsive. For this movement, I created a very brief depiction that remained sparse in texture for contrast with the larger work, writing what is essentially a duet between the soprano and an instrument, the latter shifting throughout.

The soprano lines are sometimes limited in range but of the melodic type rather than chant, presented in a rigid, beat-oriented rhythm to reflect the characteristics of Obsessive-Compulsive Personality Disorder. The accompanying flute opens the movement with a dry sixteenth-note gesture (Ex. 6) that is passed on to the violin, clarinet, and piano in turns.

Ex. 6: Opening motive in flute, mm. 1-3

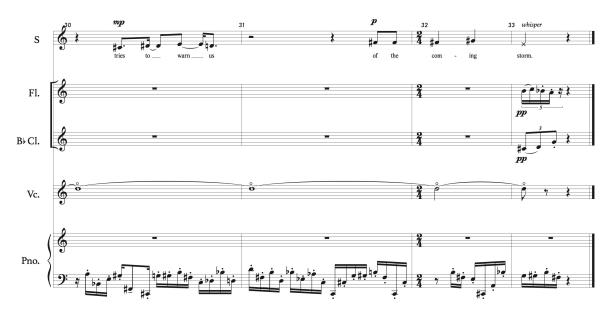


After the first two lines of text, there is a short interlude with the cello presenting a disjunct melody that rhythmically fits into the gaps in the continued dry motive in the flute and violin, often matching up harmonically as a third (mm. 15-20). This passage's character shift to the uneasy leads to the final statement in which I repeated the opening sentence before continuing on with the remainder of the poem. This allowed the very short movement to have a three-part form, similar to ABA'. With the return of familiar text, the accompaniment shifted toward fear rather than the more strictly-

structured theme from before. A drone in the strings accompanies the soprano at m. 21, interrupted by brief sixteenth-note gestures in the winds and a longer reiteration of the piano's dry sixteenth note gesture from before (mm. 25-end). The final word, "storm", is a sudden end in the soprano with the ensemble rhythmically falling over each other simultaneously in text painting (m. 33).

The pitch material for the instrumental parts is freely dodecaphonic, treated with repetitions at new pitch levels (m. 3, down a major second), transposed and inverted (m. 7), and retrograded (m. 8). Meanwhile, the soprano is firmly in C minor with occasional Phrygian inflection. When the piano enters in m. 10, a new but similar set of material is presented, ending with planed fourths before passing the baton back to the flute for a reiteration of the original gesture (m. 14). As the final section starts at m. 21, the strings sustain a major seventh (D and C #), surrounding the soprano's melody now in C-sharp minor/Phrygian with a stronger sense of unity, though dissonant. The winds' first interjection at m. 23 recalls the soprano melody, reinforcing the soprano's F # at the end, and then turns upon itself the second time. The soprano sings the second phrase in F-sharp minor/Phrygian as the piano reenters on its gesture at the same pitch level as before (m. 25), while the strings continue sustaining. Finally, the soprano returns to C-sharp centricity (m. 26) and the violin drops out, the piano and cello D continuing. The final beat both allows and denies the final C # expected in the soprano; the piano merely continues as it would have, including notes in and out of C-sharp minor, and the clarinet starts with C # before turning away. The flute, in its own world, repeats a motive from earlier in the movement (Ex. 7).

Ex. 7: Ending of Cluster C, mm. 30-33



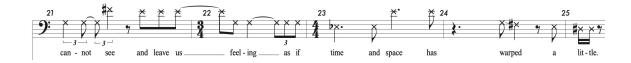
4. CLUSTER A (PERSONALITY DISORDER)

As with Cluster C, there are three disorders identified in the DSM-5 for Cluster A Personality Disorders: Paranoid, Schizotypal, and Schizoid. For this setting, I chose to illustrate the latter two. To embody the sense of a person who lacks close relationships beyond immediate family, may experience social anxiety, and behaves in a way that is perceived as odd or eccentric by those without one of these disorders, I utilized space to create uncertainty and a sense of the unexpected. Space appears in the music in two ways: the use of rests between varied iterations of the same tetrachord in the instrumental parts, and disjunct spacing of the text in the baritone part at specific moments. Examples of the latter are from mm. 14-17, where "uncomfortable" is delayed; m. 21, where "feeling" is delayed and places emphasis on the wrong beat (unlike most of the rest of the entire work); and m. 24, where "warped" is delayed (Ex. 8). Added to the concept of space as tension are the use of changing articulations in the opening tetrachords and the use of dry woodblock between some of the chords. Both are unpredictable for the listener and therefore heighten the sense of unexpected. The baritone sings in *Sprechstimme* until the final few notes, furthering the distance between what is labeled as normal and abnormal.

Ex. 8: Use of space and uncertainty in baritone part, mm. 14-17



continued, mm. 21-25



Like the previous movement, the form of this poem follows a loose ABA'. The opening texture of space for the instruments is broken into counterpoint at m. 20 before returning to an altered version of the first portion at m. 26, this time with less space separating the harmonies, until finally the chord is sustained to the end (m. 30).

Harmonically the movement revolves around an octatonic tetrachord, originally constructed as a stacked major seventh, minor seventh, and major seventh. This set comprises most of the baritone's melodic material, with some steps outside of the tetrachord on occasion. At the beginning, the set $(F-G \triangleright -A \triangleright -A \triangleright)$ is presented with F in the lowest voice, and this shifts back and forth to suggest various contexts of the same chord. When the baritone enters at m. 12, the chord has just shifted to one based on E at the bottom, at first (B # -C # -D # -E). At m. 18 it shifts again to (D # -E-F # -G). This transposes again at m. 26 to $(E-F-G-A \triangleright)$. The final iteration is $(A-B \triangleright -C-D \triangleright)$.

5. SCHIZOPHRENIA

This poem is split into two main sections with similar introductory text, after the first two sentences. In the musical adaptation, the baritone proclaims in speaking voice the first two sentences and then returns to singing the remainder of the text. This opening speaking is accompanied by a sharp rhythmic tattoo emulating the sound of a headline jingle on the news or Morse code being urgently tapped (Ex. 9).

Ex. 9: Opening tattoo, piccolo, mm. 1-4



After revealing the hidden intentions of such a headline (m. 6), the baritone commences the first main portion of the poem, accompanied by breathy key-clicks in the flute and glimpses of the violin playing *sul ponticello*, emulating the sensation of a hallucination, a symptom of this psychotic disorder. The clarinet begins a murmuring passage that represents the "homeless man talking to himself" (m. 18), echoing back to the similar motive from the first movement of the work. This section builds through the clarinet line and canon-like treatment of the opening tattoo in several voices, foreshadowing the sound mass created in the Bipolar I movement, a related disorder. Leading to a climactic point at "But there is nothing funny here" (m. 29), the second portion of the poem begins differently, by allowing the baritone more time in this spare texture. At m. 35 the accompaniment resumes similarly to the previous half in texture, though with differing cells of material that create a subdued block of background texture. This continues to the end, leaving only the final syllable for the baritone alone.

Like the previous movement, of which the diagnosis is related to Schizophrenia, the primary pitch makeup is octatonic. (Also related, Obsessive Compulsive Disorder, is composed octatonically.) The same tetrachord from Cluster A constitutes the initial version of the rhythmic tattoo (A-B\barba-C-C\#), being primarily shown in the winds but joined in a different rhythm by the strings and piano halfway through (m. 3). The end of the tattoo is melodized into planed octatonic sets between the performers (m. 5). It is this ending, melodized format that returns later in the movement, performed at off-set rhythms in canon and at different pitch levels.

There are brief moments in the texture where a consonant chord settles in order to draw emphasis, such as on "punchlines" (m. 17) where the harmony becomes A minor (which is also part of the octatonic scale at hand), and directly afterward, when a new scale begins, a G minor implication, then F minor/B-flat minor (mm. 21-25). Further in, at m. 48, the harmony takes a turn to E minor for two measures before shifting again to C-sharp centricity (see Ex. 10). The baritone is at odds with this harmony, singing first in E minor at m. 51-55 and then G minor, as illustration of the disconnect with reality, from mm. 56-end.

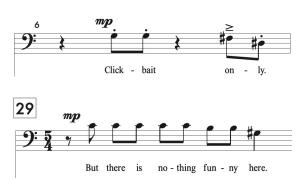
Bari.

Ba

Ex. 10: Harmonic shifting (partial score), mm. 48-50

The baritone's melodic content often follows the contour of an octatonic scale with occasional leaps. The two quieter moments that separate halves of the poem use the same melodic material (Ex. II).

Ex. II: Melodic material, mm. 6 and 29



This second time, the melody evolves into a reiteration of the "light" melody from ADHD starting in m. 30, but the statement does not have the release of full ensemble support and harmonic pinning. Only the glockenspiel aids the baritone in a quiet, somber version as the text requires.

6. DEPERSONALIZATION/DEREALIZATION DISORDER

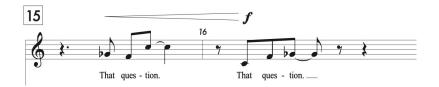
As a dissociative disorder, I created an atmosphere that felt apart from reality. This manifests as music with a slow, dreamlike quality that has little tonal anchor. The soprano's lines are primarily sung, with a few inclusions of speaking/whispering. The three-part form is a blend of aleatoric and traditional notation, and repeats text in part for its natural tendency toward this and as a reference to symptoms of "checking" related to Obsessive Compulsive Disorder (checking whether one is connected to reality/self). The repeated phrases of "that feeling" and "that question" became the primary forces.

The movement begins with a long, tone-setting aleatoric section before the soprano enters. This opening section is dominated by a wash of sound in the lower range of the piano and accompanied by quiet suspended cymbal rolls and breath-like gestures made by bowing the cello body. At m. 7, the soprano, flute, and cello perform in time in mensuration canon, but the other parts of the ensemble are aleatorically providing atmospheric background. This second section comes to a climax and falls away (mm. 16-23), the soprano whispering "That feeling always" and the ensemble repeating the primary motive (mm. 20-23). This builds to an unexpected outburst of drama in mm. 23-25, depicting the distress experienced by those with this diagnosis, despite their often flat affect. Harmonics in the strings (m. 26) lead out toward a calmer passage; the mensuration canon returns in the soprano, flute, and bass clarinet (m. 29). The canon dissipates, and the strings usher the voice to the twist in the text at the very end, spoken alone by the soprano.

The repetitive statements almost always use a tri-chord (056 / containing a perfect fourth and augmented fourth, when separated out) for pitch material,

reordered variously (Ex. 12). The other vocal melodies wander around whole-tone scales as well as freely tonal cells that float in and out as appropriate to the text.

Ex. 12: Primary motive of a tri-chord, mm. 15-16



Ex. 13: E-flat Dorian as completion of tri-chord, mm. 36-38



7. OBSESSIVE-COMPULSIVE DISORDER

To illuminate this disorder, I repeated text in a manner that reflects recurring thoughts (obsessions) and checking (compulsions). Sometimes the repeating text cuts off a previous phrase (mm. 14, 24, 28), while other times it returns to begin a new section (mm. 45, 68). The two large climaxes on the text "Obsessions. Compulsions" and textural shifts separate the form into four basic sections of ABAB.

The opening duet between the winds illustrates the poem's personification of obsessions and compulsions as two friends meeting for the first time. The motive introduced here (Ex. 14) reappears profusely throughout the movement. Also making its first appearance is a rhythm that matches the syllables of "Obsessive Compulsive" (Ex. 15), which appears throughout in the percussion and also as a pitched pattern in other voices.

Ex. 14: Primary melodic motive, m. 1



Ex. 15: Repetitive pattern, percussion, mm. 2-3



This opening texture grows thicker into m. 9, supporting the baritone's declamatory entrance on rigid but melodic lines. At m. 17, the implied second stanza, the texture shifts to watery, shimmering sixteenth notes in the piano. The others join in gradually and the text becomes oddly disturbing: "playing games at the bottom of the stairs" (m.

39). The afflicted person is being played with, tormented, by the disorder. When the poem finally mentions the name of the disorder (m. 41), revealing more clearly the meaning of the previous text, the first musical climax ascends with the baritone glissando up to a high G on "Obsessions" before dropping down for "Compulsions" (Ex. 16), painting the nature of each symptom separately for a brief moment.

Ex. 16: First climax of Obsessive Compulsive, mm. 39-42



The text after this—"Uncontrollable, unruly children. The kind parents are afraid to take to the store...."—becomes dire, underlining that this condition is something that an afflicted person fears or feels controlled by. They are betrayed by their own minds. This section rises to a larger climax of similar construct (m. 61), but here the text "Obsession" is carried longer and "Compulsion" is alluded to instrumentally rather than sung. The remaining text dwindles out, though intensely; the phrases here imply premeditated crime, holding someone hostage (the diagnosis doing this, not the afflicted person). Mirroring this, the ensemble lowers their dynamic and most gradually stop playing. The winds and violin punctuate the final sentence with the repetitive rhythm (m. 79), breaking down as they move inevitably to the end.

This movement is almost completely octatonic, with the beginning melodic pattern (see Ex. 14) serving as vertical fodder for the string pizzicatos at m. 9. Two harmonic points in particular break away from the mode: both of the climaxes dwell on E minor (mm. 41 and 61). The final few measures lean toward G harmonic minor while being octatonic (mm. 79-end).

8. BIPOLAR I

Because Bipolar I is characterized by periods of depression with sporadic manic phases, this movement has a similar quality to the first movement, Persistent

Depressive Disorder, especially in the soprano and baritone's lines. I chose to musically reference the extreme exuberance/self-confidence type of manic phase. The form is through-composed and uses aleatoricism. A spare texture starts the movement, growing in density via added layers of polytonal melodies of similar material, illustrating the characteristic of starting multiple new projects and general overabundance of energy. These ideas accumulate, and at m. 22 the piano enters for the first time since the very first note, emulating loud, pressured, rapid speech that is hard to interrupt. The triangle roll contributes to the thick texture like thoughts flying out of control, too fast. After a still-active phrase that serves as a release of harmonic tension (mm. 27-31), the soprano sings the final sentence alone, with only residual cymbal as accompaniment.

The vocal lines are a mixture of chant and melodic singing that mainly exist in their own sphere apart from the ensemble. Though at the beginning they are in a nearby tonal area of the bass clarinet and violin—a general F-sharp centricity—this relationship soon evaporates. The vocal melody features a split third, illustrating the sharp difference between depressive and manic phases of Bipolar I, and also uses both raised and lowered sixths (diatonically occurring in major and minor scales) (Ex. 17). The voices join the ensemble harmony at m. 27.

Ex. 17: Split third and sixth in melody, mm. 4-7



The polytonal, layered melodies of the ensemble begin with the bass clarinet muttering in a generally E minor scale (m. I). The violin joins in m. 3 with a long melody in B minor; the flute uses this melody then, altered to fit into D-flat major (m. 5). At m. I5 the cello adds to the drama with E minor arpeggiations just before the climactic moment. At this point, the bass clarinet switches to the melody being presented in the flute and violin, but in E-flat minor. As the final build of text occurs (starting in m. 22), the piano enters bombastically, playing planed chordal stacks that follow a similar contour to this melody (Ex. I8). Measure 27 is a sigh of relief harmonically as the ensemble joins together in a comparably consonant F-sharp Lydian cluster, presented with the same rhythm as the piano's utterance just before.

Ex. 18: Piano chordal stacks (partial), mm. 22-24



9. DISINHIBITED SOCIAL ENGAGEMENT DISORDER

Disinhibited Social Engagement Disorder begins in very early childhood, so I used a simplicity of style that reflected child-like thought and music. The music engages both warmth and distance; while the poem's topic is at surface-level talking about familiarity, the subtler elements describe the nature of the disorder.

Disinhibited Social Engagement Disorder arises from emotional and social neglect in the early stages of life, which can happen for a number of reasons cited in the *DSM-5*. Thankfully, this disorder is fairly rare.

The form generally follows an ABA' outline; the first A comprises the opening four lines and their repeat (though modulated), as well as a variant instrumental interlude after the repeat. After a shorter B that serves as the central meaning of the poem and the musical climax, the return of A features the same accompanimental texture but uses a differing vocal melody. The soprano's part is sung throughout and melodic in nature. Though not basic in construction, the vocal lines bely a degree of innocence when coupled with its surroundings.

The piano takes an especially important role, providing a repetitive sequence of floating sevenths for accompaniment, a reflection of emotional distance (Ex. 19). These sevenths are comprised mainly of minor sevenths, which keep the background from becoming overly tense, but with a few major sevenths at choice moments in the progression.

Ex. 19: Repeating sequence of sevenths, piano, mm. 1-4



After the first iteration, the exposition is repeated up a major second (m. 15), and the other voices join the piano gradually and add simple counterpoint to drive into the instrumental interlude (m. 29). Here, the ensemble has a moment to make their own commentary on the poem; a bird-like fluttering in the flute and violin features fourths and fifths, intervals common in the previous soprano melody. They are accompanied by the sequence of sevenths in the clarinet and cello, now down a minor third. This short passage builds into the climactic middle passage as the soprano reenters on "Something is missing in me" (m. 37). Rather than thicken the texture here in a more traditional climactic way, I chose to oppositely allow the soprano to cry out with only a major seventh drone on G \(\rightarrow \) and F. The accompaniment warms slightly when the text shifts to "And I want to be like them" (m. 44), emulating what "them" might sound like in an ideal world. The final statement features most of the final four measures of the original sequencing seventh pattern, with an altered harmonic rhythm, underneath the soprano's familiar yet altered melody that contains both warmth and chromaticism, highlighting the mystery of a stranger (m. 46). The final resonance is another denial of a third, that within an implied E major-seventh chord.

10. INSOMNIA DISORDER

Formally, some of the text is repeated in this short poem's musical adaptation. The opening passage includes the first two sentences and then repeats the first sentence, the texture featuring a high-register sound mass in the ensemble, punctuating chords symbolizing the distorted passage of time, and a bass clarinet pedal tone. In the second section (m. 24), the ensemble's texture inverts; the sound mass, now in the piano, moves gradually lower alongside the baritone, painting "muddy water". The final portion is aleatoric (m. 43), the baritone switching to chant over the previously melodic singing, plus a single moment of whispering.

Insomnia Disorder is related to Bipolar and Depression, of the diagnoses I chose, and both of those movements were written prior to this one. In addition to incorporating elements from those, I included elements of Obsessive-Compulsive Disorder and Cluster C Personality Disorder due to the anxiety inherent in Slaughter's portrayal of Insomnia. The relation to Bipolar comes in the form of the layered motives that create a conglomerate mass. The opening harmonic area relates back to Persistent Depressive Disorder and Obsessive-Compulsive Disorder, and the final aleatoric cells' patterns resemble that of the flute pattern in Persistent Depressive Disorder. The baritone's statements often begin with the melody first presented in OCD, and the final text of this movement recalls the primary melody of Cluster C Personality Disorder (Ex. 20).

Ex. 20a: Use of melodic fragment from OCD in Insomnia, mm. 5-8



Ex. 20b: Use of melody from Cluster C in Insomnia, m. 44



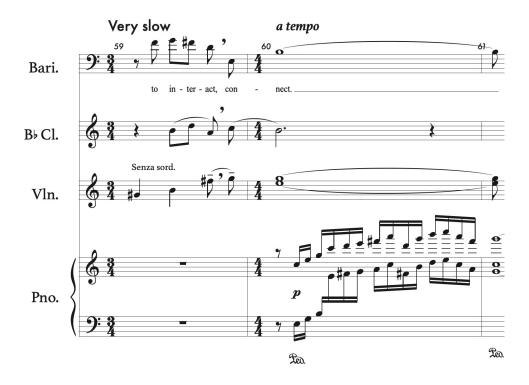
Harmonically, the movement begins with a dense block of F Dorian motives in the upper registers of the strings and flute. Clusters taken from the same scale are interspersed irregularly in the piano and percussion, echoing back to Cluster A for the unexpected, and the baritone, while dwelling on G, is within the same harmony as the ensemble. All of this is underpinned by an F drone in the bass clarinet. The harmony shifts to D Dorian for the second section at m. 24, then moves downward to C-sharp Aeolian (m. 29) while the baritone briefly slips away from consonance with the ensemble. He rejoins in Phrygian for a few measures before the entire group makes its way to an indeterminate centricity as text painting. The baritone ends this phrase on low Gs (mm. 41-42), and the following aleatoric cells that start the last section are a blend of G minor/Phrygian and chromatic sets that have a slight centricity to G, a dark mass of tension. Above these, the baritone's final line is in D minor/Phrygian.

II. SOCIAL (PRAGMATIC) COMMUNICATION DISORDER

The harmonic progression of this movement is based on Western commonpractice harmony. Though this style is not universally familiar, in the context of this
work and my own background of Western harmonic practices, the familiarity of major
and minor chords was the right sound for invoking a sense of community. I wanted to
drive home this perspective to highlight by way of contrast how those with this
disorder are less able to take part in the traditional notion of community, to paint the
tone of the poem, and as a final statement for the work as a whole, show how vital it is
that we support individuals with mental diagnoses.

The form follows the poem's narrative and is composed in two macro sections while using a repeating progression. The first section is presented in the piano, cello, and percussion and then repeated for the vocal entry; the remaining ensemble voices join by connecting to already-established material. After a climactic ending to this half (m. 35), the second half uses the original progression with new vocal material in a high tessitura (m. 41), and then abruptly changes to a baritone solo for the last third of text, the accompaniment sparse and drone-focused with only hints of the harmonic progression (m. 51). This texture not only facilitates more focus on the text of the baritone but also allows him greater rhythmic freedom of expression, with the exception of m. 59, where the text demands homophony (Ex. 21). During the baritone solo, the soprano mimes the baritone's text, as though singing and unable to transfer her sound to the audience—personifying the inability to communicate in a way labeled as normal.

Ex. 21: Text painting, mm. 59-61



I connected this movement to ADHD because the diagnoses are sometimes comorbid. One part of the connective material is the structure of the piano's chords at the beginning: the root of the chord is usually the bass note, with the other three notes being a minor or major seventh chord built on the fifth of the original root. For example, with $D \not\models$ as the first chordal root (I), the other notes are $A \not\models$ (the fifth), then C and G (third and seventh) (Ex. 22).

Ex. 22: Chord structure in piano, mm. I-2



This can also be theoretically interpreted as a D b chord with no third and with a major seventh and augmented fourth, but this changes if the upper chord, as described before, is made a minor seventh. Ultimately, the goal was extended chords whose root movement was that of functional harmony. A similar chord structure occurs in ADHD, but with a different progression. Another connection is the cello line that accompanies the piano at the beginning of this final movement, which is derived from the violin line at the beginning of the ADHD movement. Finally, this movement features large sections of the "light" melody from ADHD at mm. 31-40 and mm. 52-60.

The functional progression was the basis for the piece, and starting in D-flat major was an intentional choice as I view it to be a very warm key. At the repeat, this modulates to F major (m. 19); the voices follow the harmonic structure with their duet, mostly singing melodically with some chant included. As the second passage closes, the "light" melody from ADHD begins (m. 31), including the accompanimental ideas from the original, and the apex of the melody becomes the initial climactic point for this poem (m. 35). The melody continues on as it did in ADHD, as a short denouement, leading back to the central harmonic progression, now in G major (m. 41). The vocal material is new, again following the harmony, and builds into a smaller climax at the word "death" in the baritone (m. 51). The harmony remains in E minor (the progression ended on vi), but the baritone skirts around confirmation of the tonic triad, eventually leading the harmony to C-sharp minor/Phrygian for the chant section at m. 58. The melody here is a short recollection of the precursor to the "light" melody that leads into the more familiar melody at m. 59 in E Aeolian. The piano reiterates the harmony with shimmering sixteenth notes that end on a fifth of C and G (see Ex. 21). The piccolo adds a D at m. 61, denying a specific mode, and the baritone like before avoids the third of either C, D, or G tonalities. In the penultimate sentence (m. 63), the melody, now accompanied only by a sustained D, twists into G minor and then adds an E h at the bottom for additional depth. This melodic turn is pulled from the Schizophrenia movement's ending. The final sentence is chanted on A to illustrate the idea of a question, something inconclusive.

Krista Connelly

9 db 0

Diagnostic and Statistical Manual of Mental Disorders

For soprano, baritone, and chamber ensemble

Diagnostic and Statistical Manual of Mental Disorders

Duration: c. 30'

Soprano
Baritone

Flute/piccolo
Bb clarinet/bass clarinet

Violin
Cello

Piano

Percussion (I player):

Bottles (2, glass, different sizes)

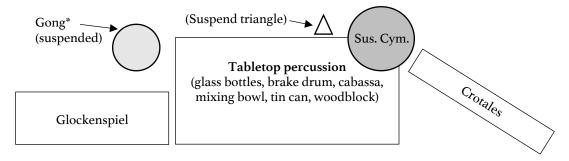
Tin can
And:

Container of water (for gong)

Suspended cymbal
Cabassa
Woodblock

Triangle
Metal mixing bowl
Brake drum

Suggested percussion setup:



*Depending on size of G gong used, place tub of water in convenient location.

Program Note

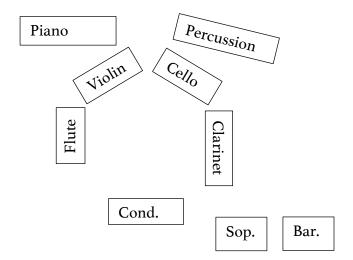
Note: The poems included on the following pages are provided for use in programs. The author has given permission to reprint her poetry for this use only. The below program notes are also permitted to be reprinted. If you choose not to use the below in entirety, it is important that you at least paraphrase the second paragraph in writing or by verbal introduction to the work. Thank you.

Diagnostic and Statistical Manual of Mental Disorders arose out of a serendipitous acquaintance I made with the psychologist and poet Autumn Slaughter in early 2019. Autumn had written a poetic interpretation of the psychiatric text of the same name (version five) that was filled with vivid imagery, shared a compassionate and empathic view of those suffering from the various diagnoses, and illuminated each diagnosis in a way that was comprehensible, using a unique conversational style that appealed to my personal poetic tastes.

Many months later, I decided upon eleven of the poems for a musical adaptation. My intention with this work is to contribute to the work that so many mental health advocates currently do: to bring awareness of some of the diagnoses to audiences in order to increase empathy, to increase understanding, even on a small level, and to underline the importance of mental health for everyone. In the introductory paragraph to her poetry, Autumn makes it clear that her poems should not be considered to be "scientifically accurate" representations. Further, she states that "They are instead meant to be poems, poems that use the names, or, symptoms, or names and symptoms of mental health disorders to make us think more about the way we categorize other people." I too have taken this perspective; though the poetry may not convey scientific facts, I believe it *can* provide valuable insight into the diagnoses and help to break down stigmas around mental disorders. --Krista Connelly, 2020

Notes for the conductor

Suggested staging (feel free to experiment)



Selected notes by movement:

- I. Throughout, the character should be subdued and restricted.
- 5. The grace notes at the beginning should occur before the beat. At Reh. 7, the note to feel in two is really aimed at reducing activity for the conducting gesture. With that in mind, feel free to apply this concept elsewhere as desired. It is important throughout the work that conducting gestures be more enigmatic than illustrative so that the audience visually experiences the unexpected. This is not a rule, of course; simply a guide.
- 6. At Reh. 7, the voices in parentheses are in time together while the others remain aleatoric. At m. 15, all but the piano right hand and percussion are in metered time. The rest of the movement is in metered time.
- 8. Though not in boxes (due to their length), the following are aleatoric, as can be inferred by their direction in the score: violin from m. 3-26, flute from m. 10-26, bass clarinet from m. 15-26. All should come together at m. 27. The final fermata in the soprano need not be long.
- 10. The baritone should convey a smooth surface atop the constantly bubbling underlayers. He must always be audible—alter dynamics if necessary.
- II. At the beginning, the cellist can feel free to introduce more traditional resonance and expression in their duet with the piano. Measure 5I should be sudden; here, the soprano should pretend to sing the baritone part (as though they were in homophony). Though this will require the soprano to watch the baritone, it should be as discreet as possible. The final measure should be only baritone, with the soprano no longer pretending to sing.

Scoring Reference Chart

All movements include the entire instrumental ensemble unless marked.

1. Persistent Depressive Disorder: soprano and baritone duet

Flute, bass clarinet; pianist needs weight for pedal; percussion = gong (G), glockenspiel

2. ADHD: soprano solo

Flute, Bb clarinet; percussion = suspended cymbal, triangle, woodblock, brake drum, glass bottles, metal mixing bowl, tin can, glockenspiel

3. Cluster C Personality Disorder: soprano solo; no percussion

Flute, Bb clarinet

4. Cluster A Personality Disorder: baritone solo

Flute, bass clarinet; percussion: = woodblock, glockenspiel, gong (G)

5. Schizophrenia: baritone solo

Piccolo and flute, Bb clarinet; percussion = brake drum, triangle, suspended cymbal, glockenspiel, cabassa

6. Depersonalization/Derealization Disorder: soprano solo

Flute, bass clarinet; percussion = suspended cymbal, bowed/struck crotales, triangle

7. Obsessive-Compulsive Disorder: baritone solo

Piccolo and flute, Bb clarinet; percussion = cabassa, suspended cymbal, gong (G)

8. Bipolar 1: soprano and baritone duet

Flute, bass clarinet; percussion = triangle, suspended cymbal

9. Disinhibited Social Engagement Disorder: soprano solo; no percussion

Flute, Bb clarinet

10. Insomnia: baritone solo

Flute, bass clarinet; percussion = triangle, gong (G), tub of water, mixing bowl, suspended cymbal, brake drum

II. Social (Pragmatic) Communication Disorder: soprano and baritone duet

Flute and piccolo, Bb clarinet; percussion = glockenspiel, suspended cymbal, crotales, triangle

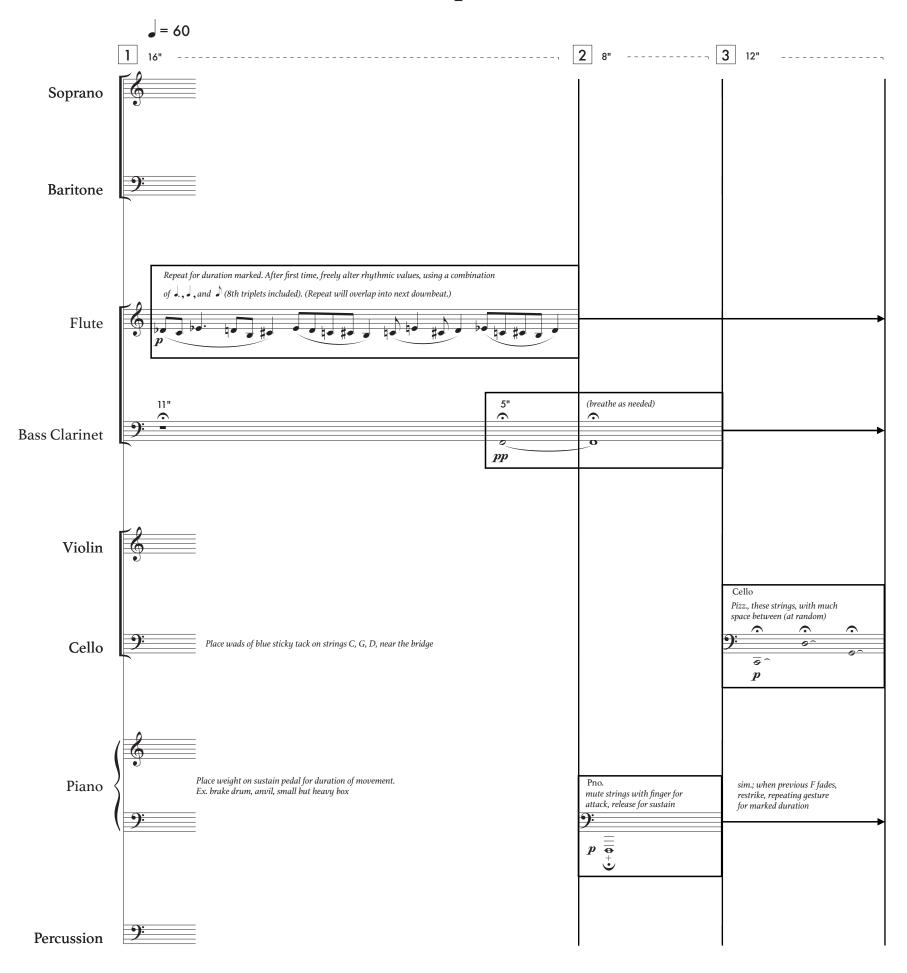
C Score

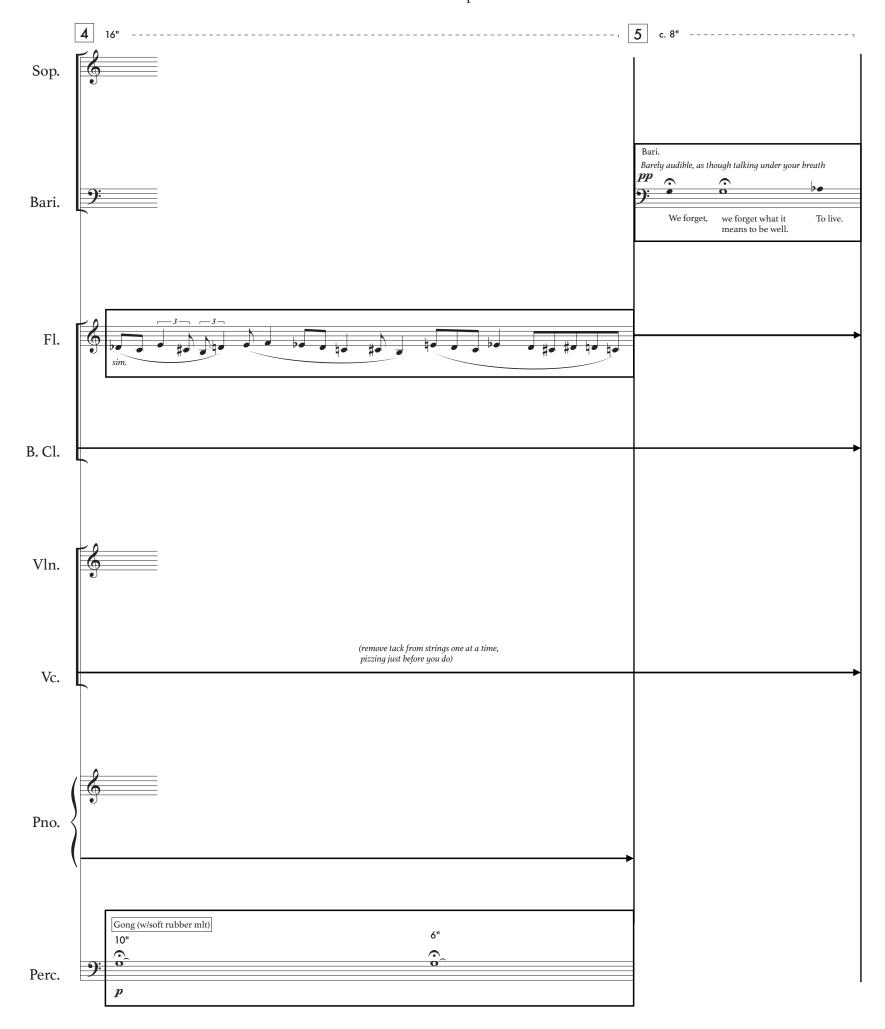
Diagnostic and Statistical Manual of Mental Disorders

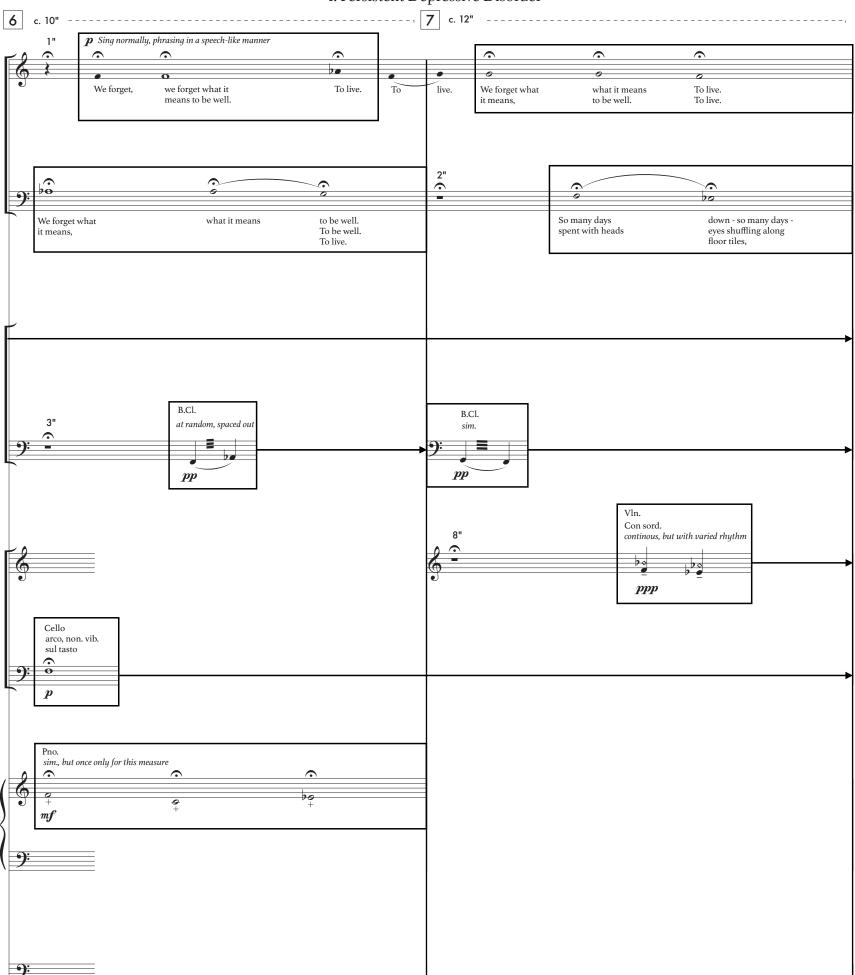
Autumn Slaughter

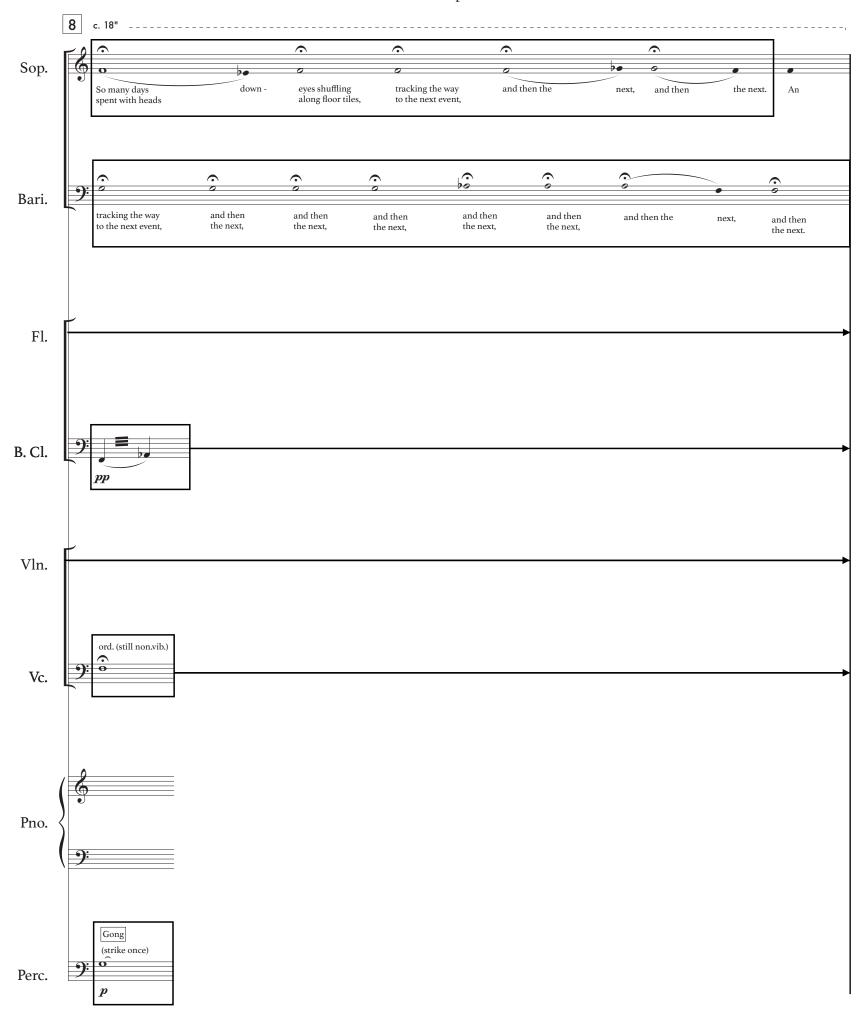
Krista Connelly 2020

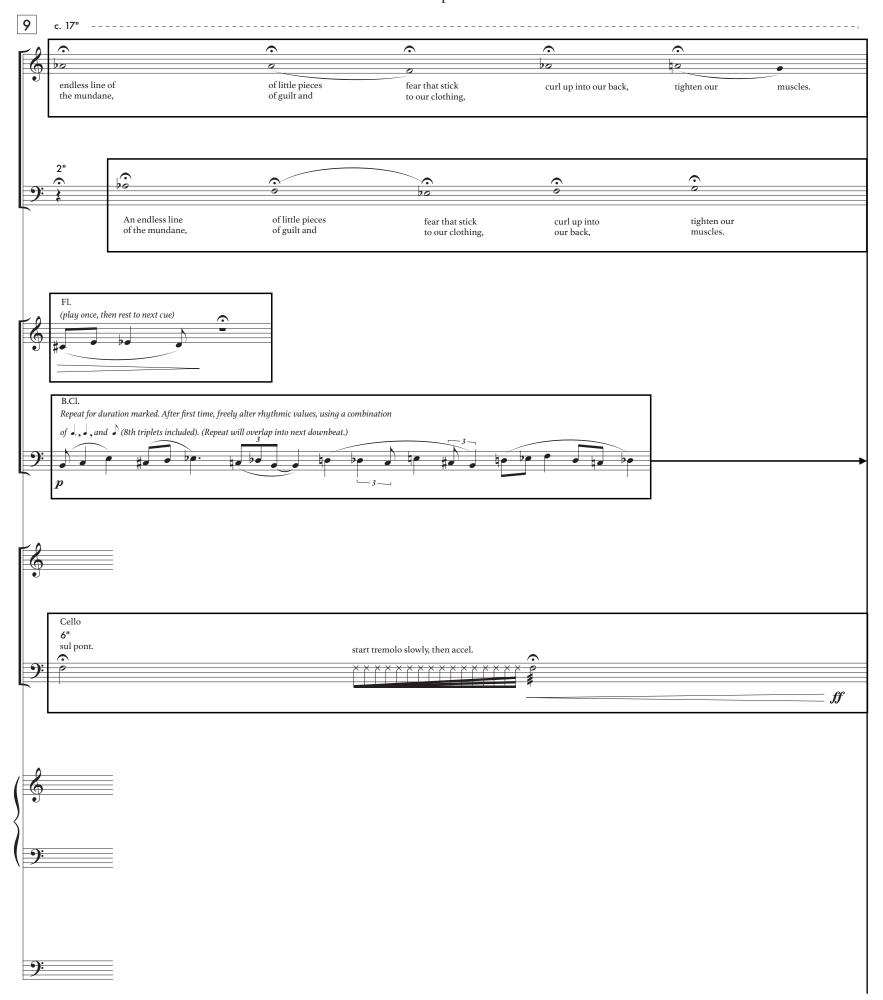
1. Persistent Depressive Disorder

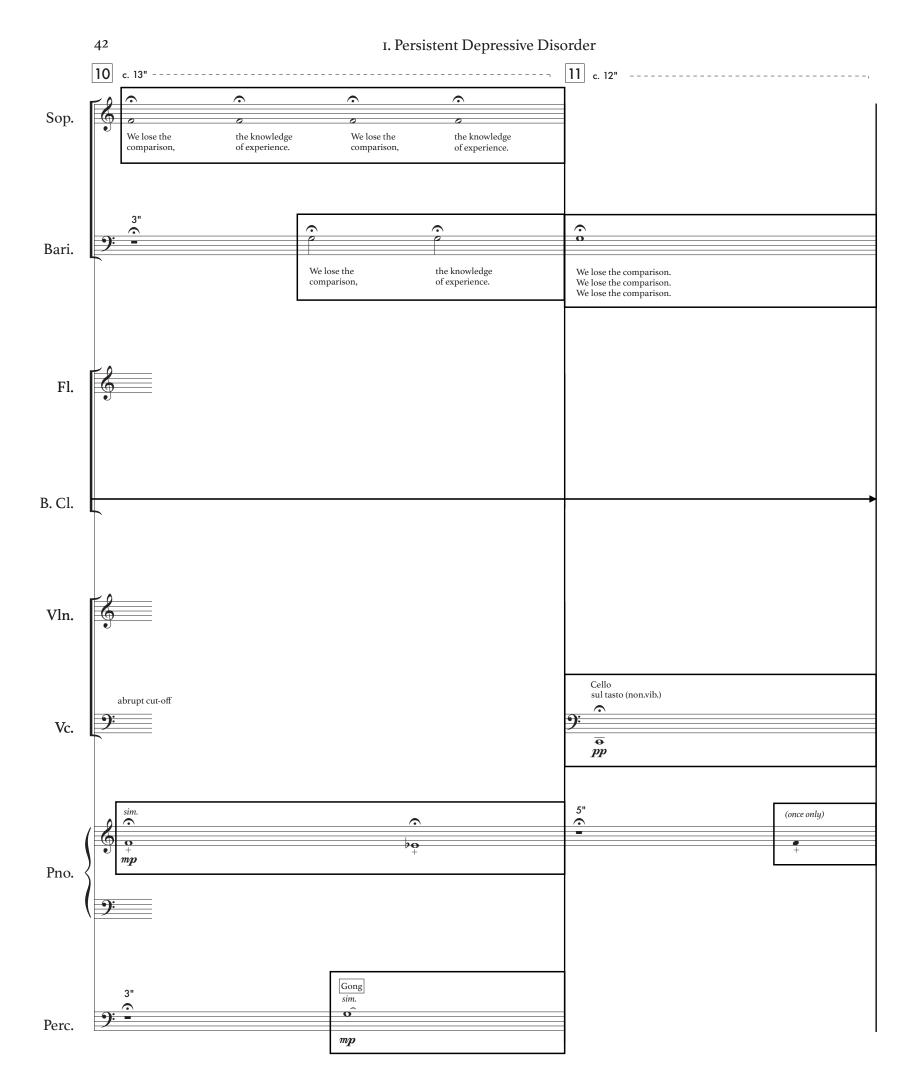


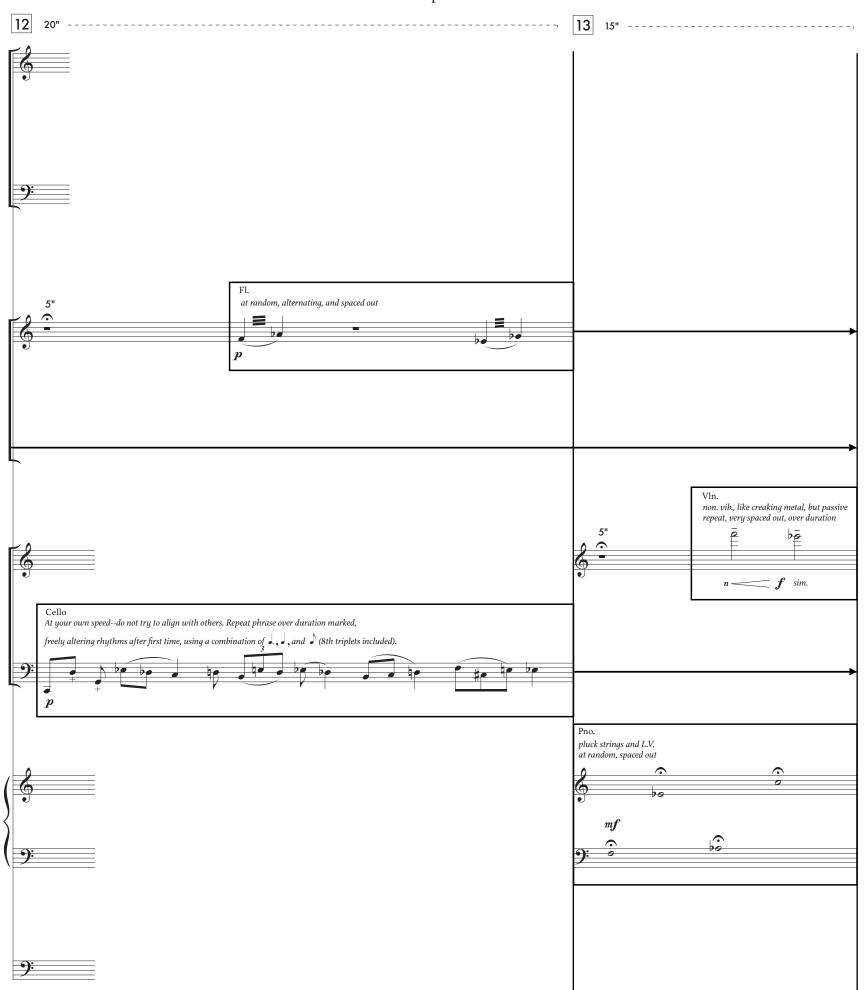


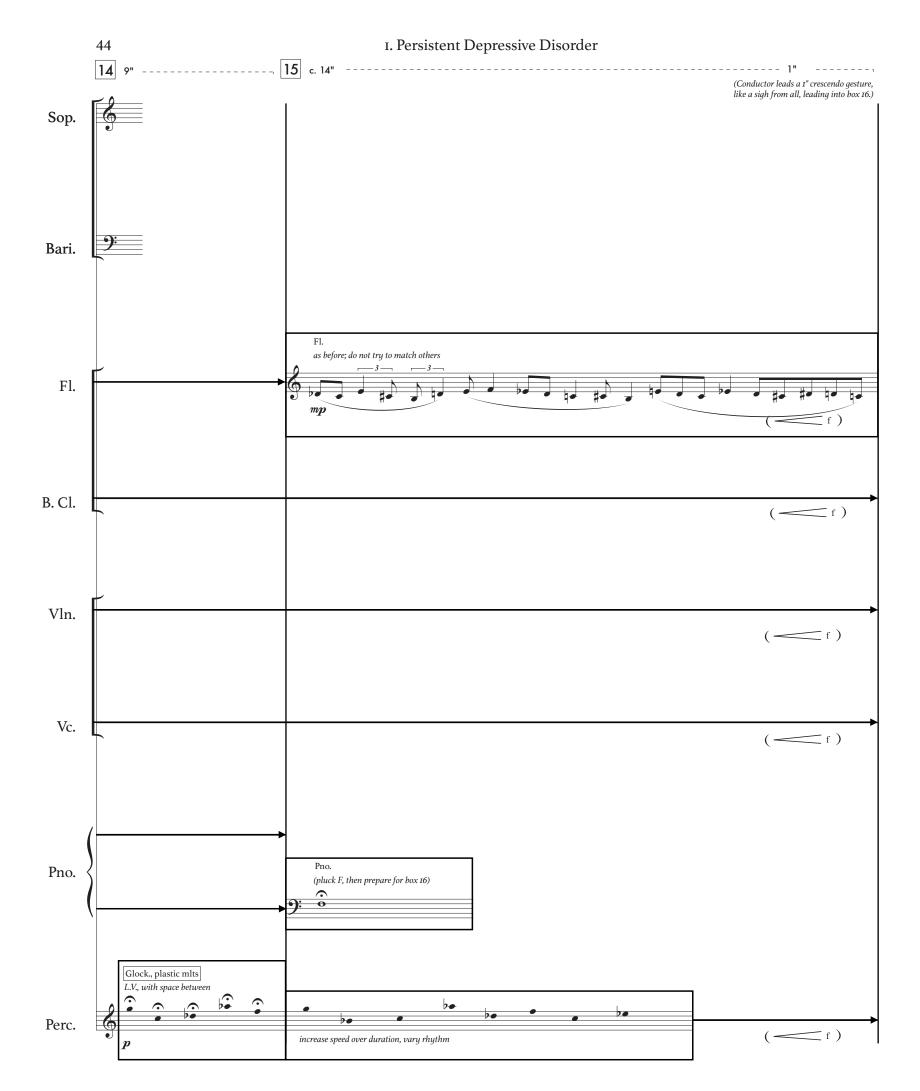


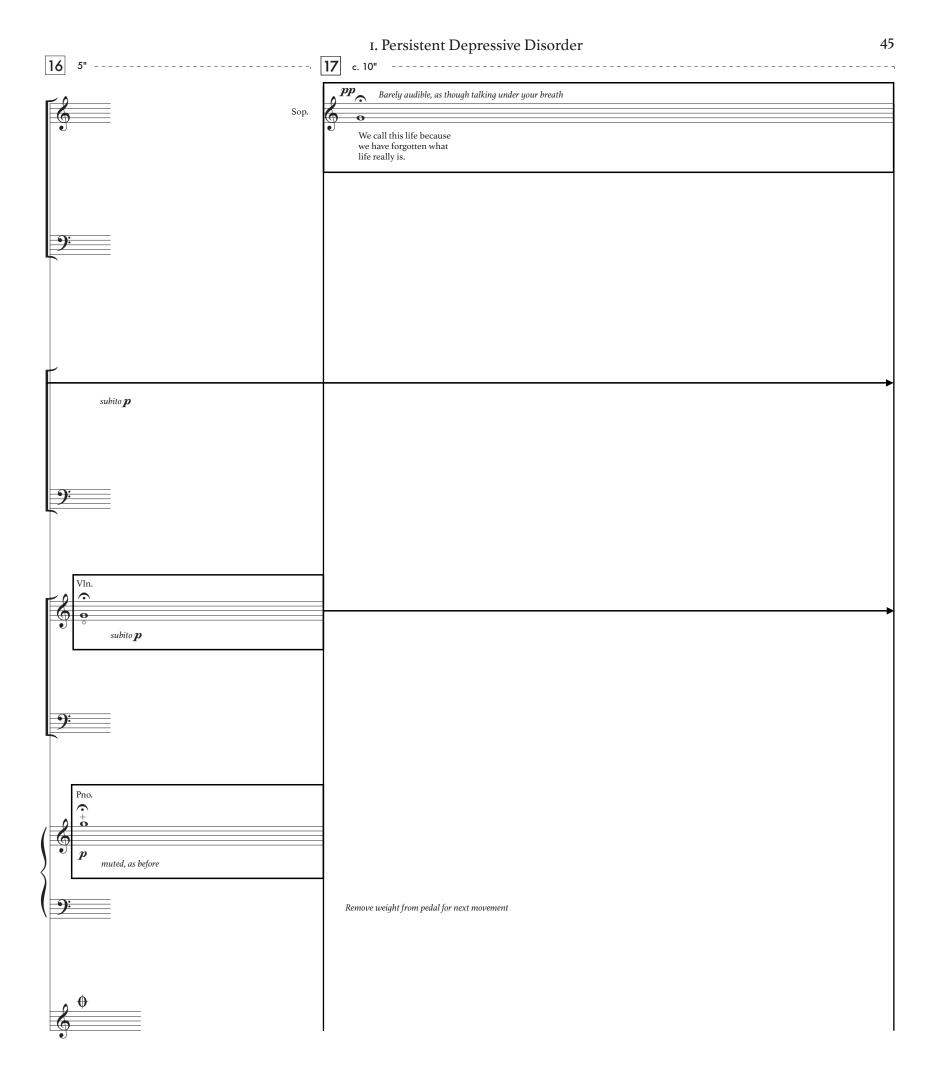


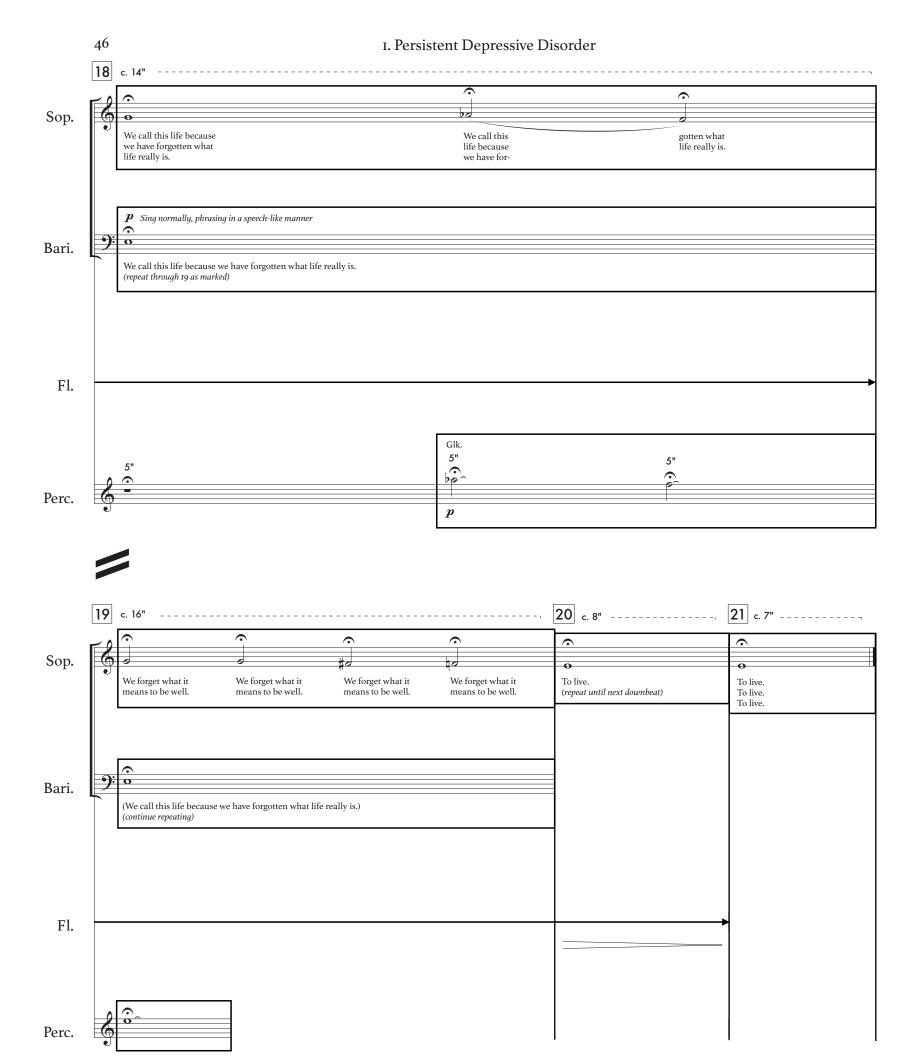












2. Attention Deficit/Hyperactivity Disorder



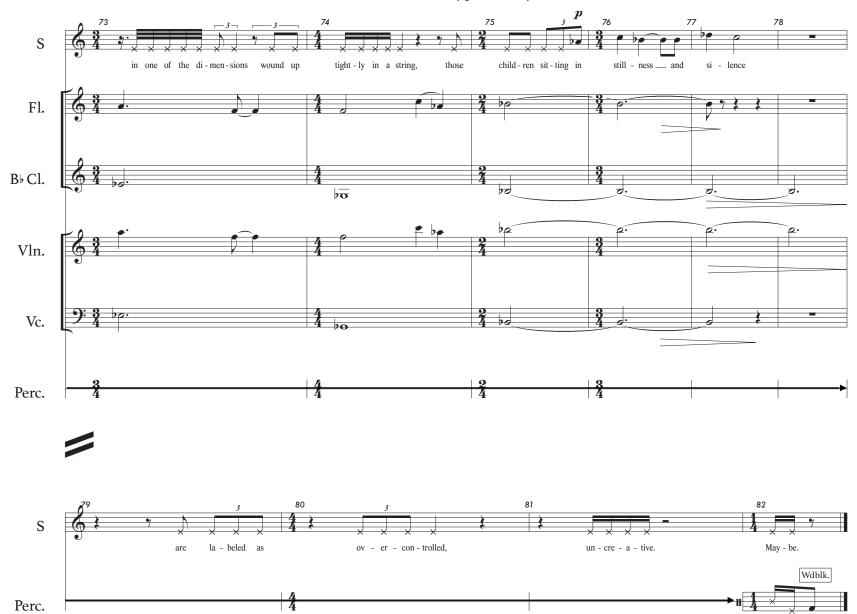












3. Cluster C - Personality Disorder













4. Cluster A - Personality Disorder









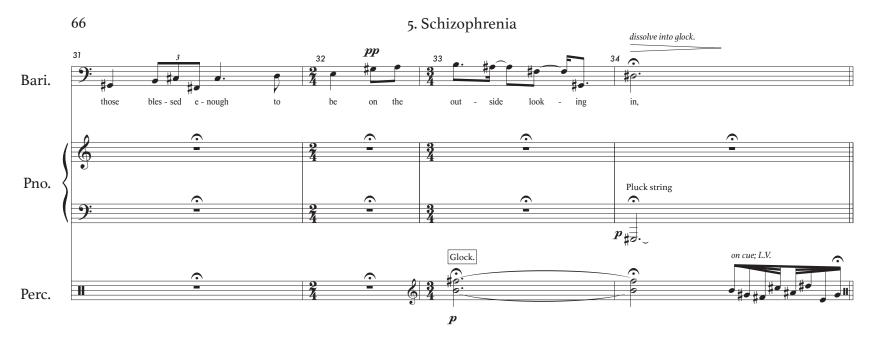
5. Schizophrenia



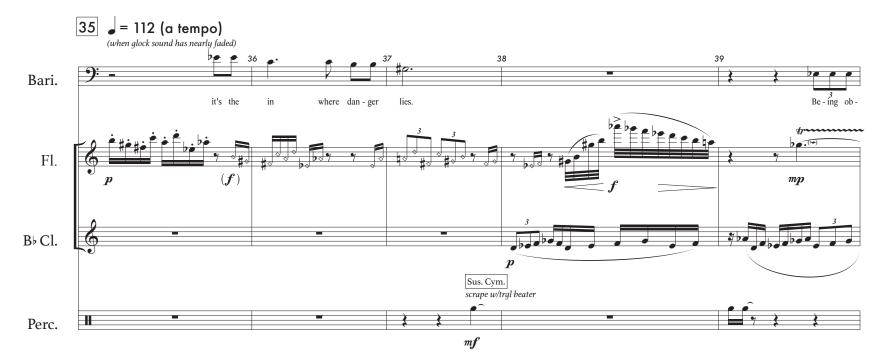




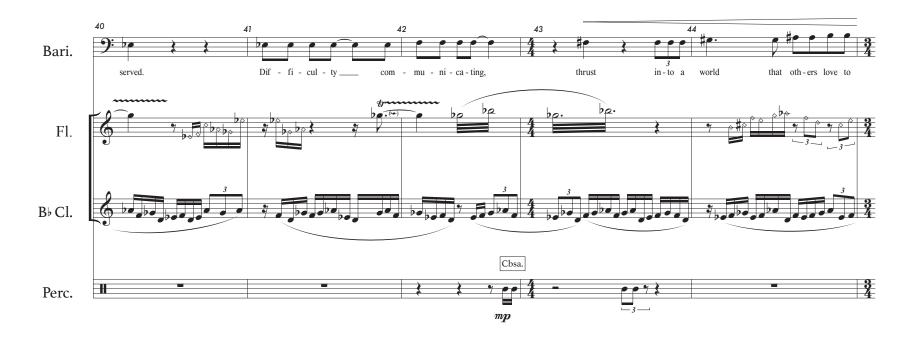








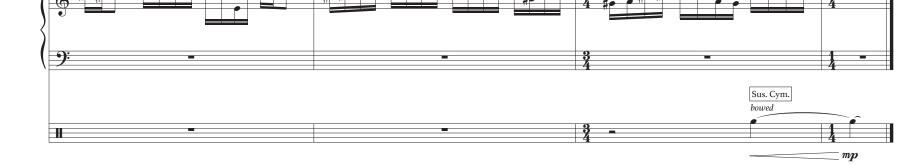




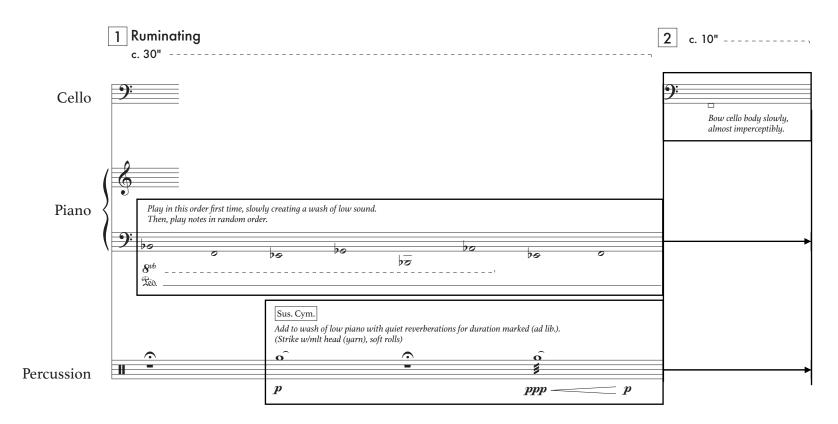




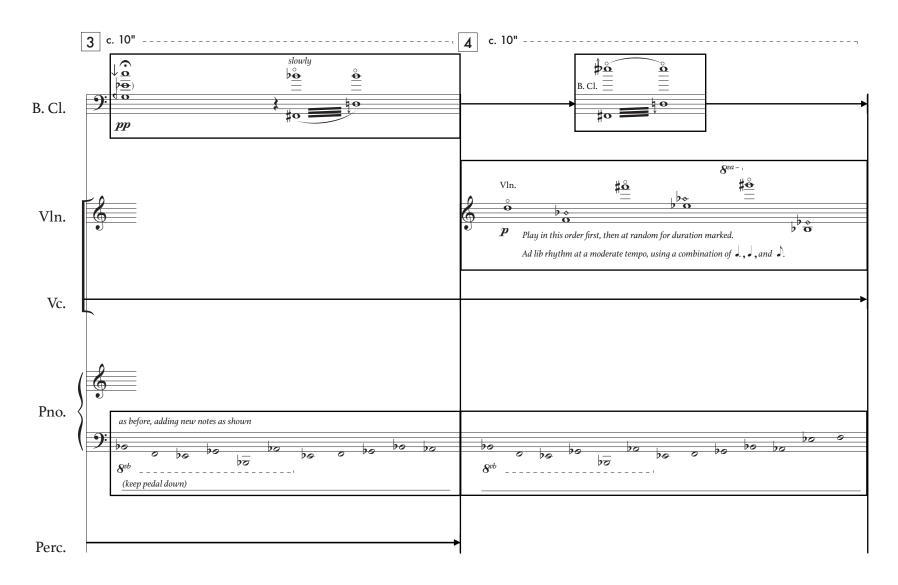


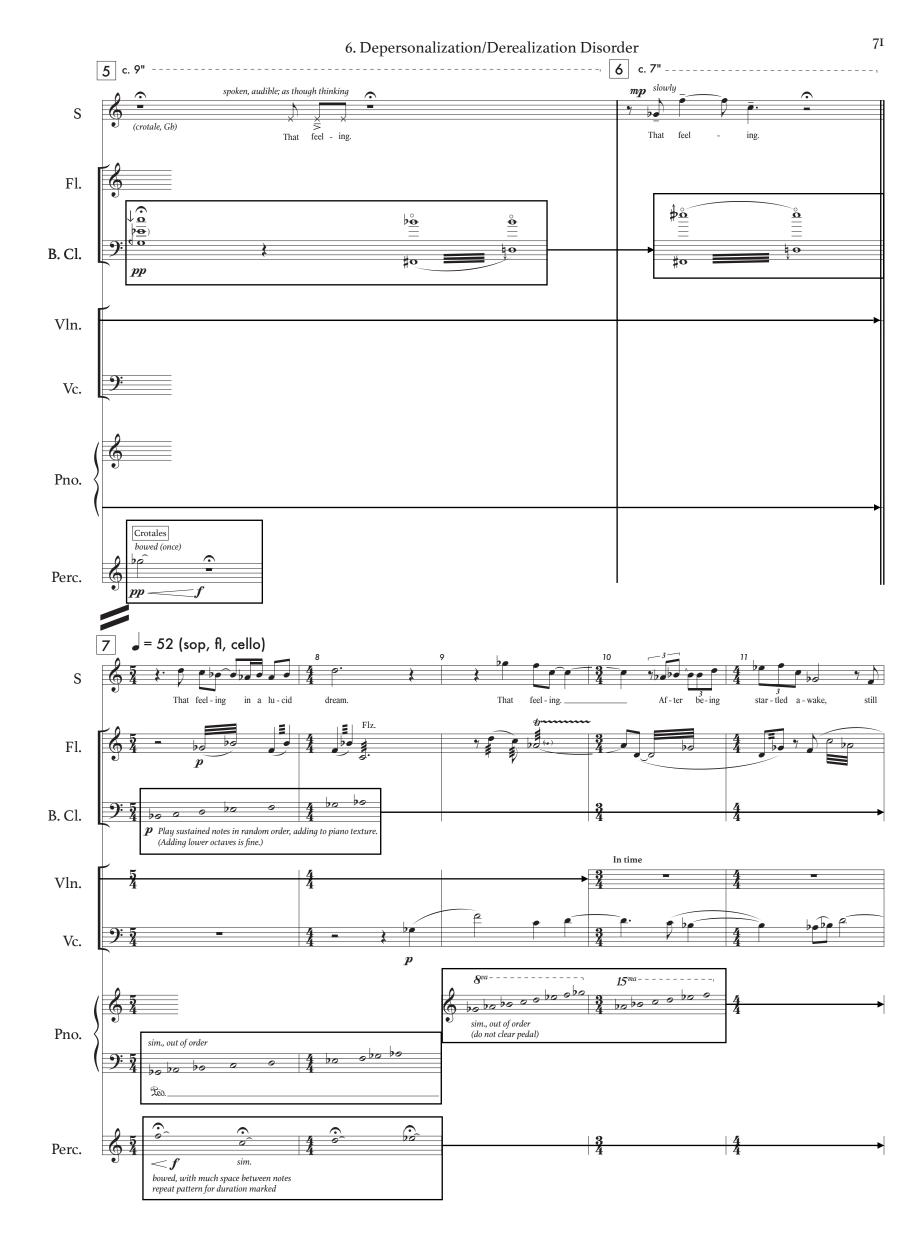


6. Depersonalization/Derealization Disorder















7. Obsessive-Compulsive Disorder











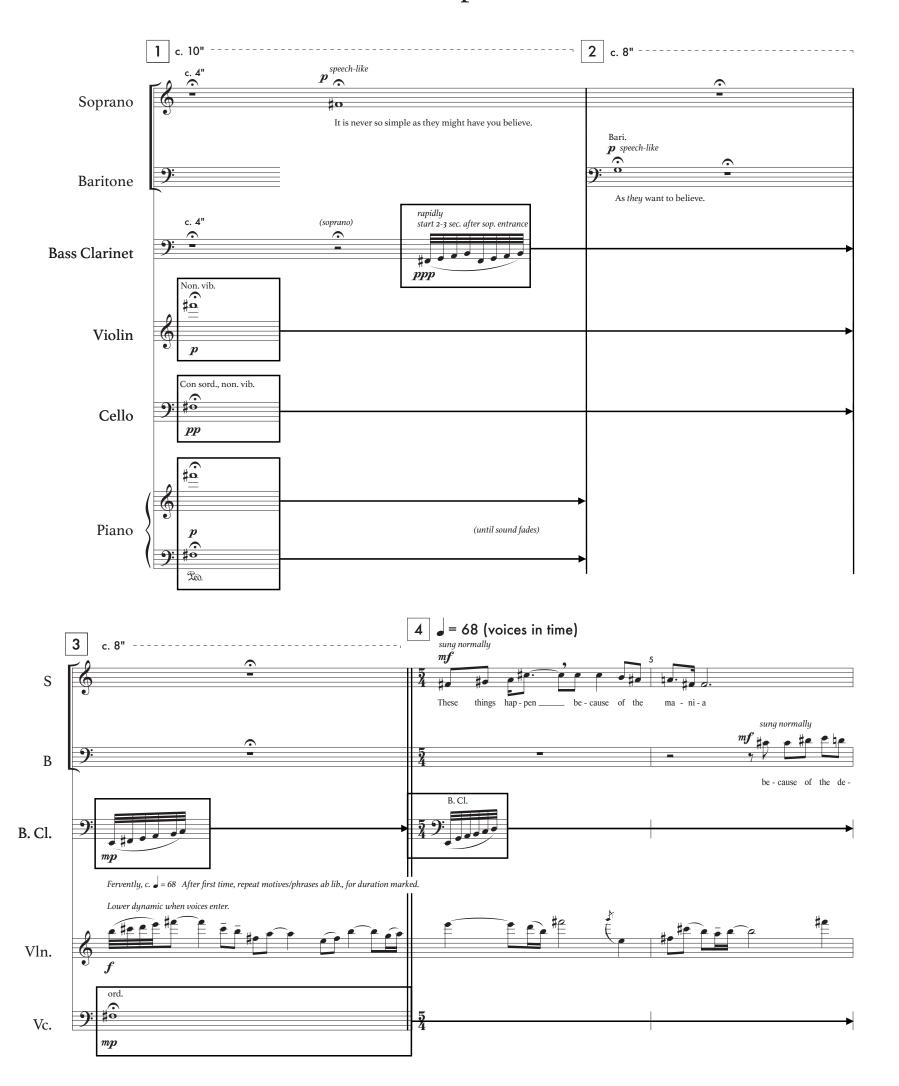








8. Bipolar 1









8. Bipolar I



9. Disinhibited Social Engagement Disorder









10. Insomnia







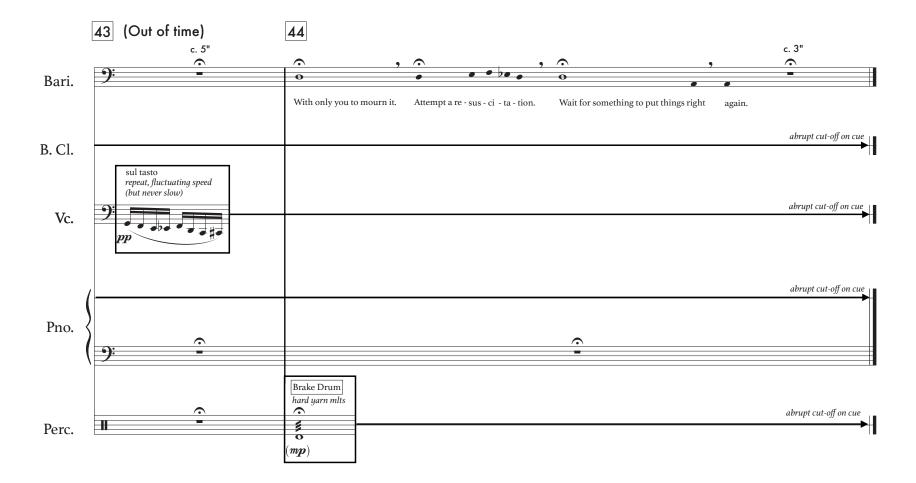












11. Social (Pragmatic) Communication Disorder



Teo.

Sus. Cym.

Ted.











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APPENDIX A: SELECTED POEMS FROM DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL HEALTH DISORDERS - POETRY

I. Persistent Depressive Disorder

We forget what it means to be well. To live. So many days spent with heads down—eyes shuffling along floor tiles tracking the way to the next event, and then the next, and then the next. An endless line of the mundane, of little pieces of guilt and fear that stick to our clothing, curl up and into our back, tighten our muscles. We lose the comparison, the knowledge of experience. . We call this life because we have forgotten what life really is.

2. Attention Deficit/Hyperactivity Disorder

Aaron Bruno would like me to blame his desire to flee on his AD(H)D. I rather blame it on his humanity, a fragile thing that has no explanation for "where these things come from or why they [are] here" and is asked to instead be a thing that knows where everything comes from, why everything is here. Do attention deficits and hyperactivity exist because we dreamed them, created a system of rules and regulations, expectations perfectly crafted for that certain kind of child and certain kind of person. The one who enjoys the stillness and the silence and does not have ideas that come and go so quickly that if they are not seized and pushed into the light they will just recede into never being. They are real. Real in the way all differences

They are real. Real in the way all differences are real. No two people even somewhat the same despite sharing more than 99.9% of their DNA. Someone took chalk, drew lines between what was normal and strange, strange

and disordered. It's all a problem, in the right situation. The right context. Maybe in an alternative to us, in one of the dimensions wound up tightly in a string, those children sitting in stillness and silence are labelled as over controlled/uncreative. Maybe.

3. Cluster C (Personality Disorder)

Was Nancy Negative or was she perhaps just afraid. Afraid of rejection afraid of loss afraid of the dirt and scum that darken the surfaces of our lives. Afraid of all the things we close our eyes too. And try to ignore, while she, with eyes open tries to warn us of the coming storm.

4. Cluster A (Personality Disorder)

Here is the niche for the unpleasant. the odd, the awkward. The ones who make us uncomfortable. Whose thoughts are wrapped in a dimension we cannot see and leave us feeling as if time and space has warped a little. Forces us to realize there is more than one way to be. Whole worlds we will never understand. No matter how far into space we travel.

5. Schizophrenia

There is a headline on a website. "17 Creepy Drawings By Schizophrenics." click-bait only. there is nothing creepy here for the viewer, only for the experiencer. People have the audacity to turn others into punch lines. Stories about the homeless man talking to himself, the odd co-worker who was terrified of government listening devices, the people who think they are god. But there is nothing funny here. And nothing dangerous for those blessed enough to be on the outside looking in, it's the in where danger lies. Being observed. Difficulty communicating, thrust into a world that others love to watch as "sci-fi" or "thriller" movies, but hate to see playing out in you. Because you are, disconnected out of touch with reality. As if they know what reality is. Something the best philosophers have been unable to define.

6. Depersonalization/Derealization Disorder

That feeling.
That feeling in a lucid dream. After being startled awake, still groggy from a nap. That feeling of pulling oneself out of a movie, out of a book. That question of what is real. That feeling always. Of watching oneself while somehow being oneself. That's what this is. That empty feeling he left you with when he said the love was a lie.

7. Obsessive-Compulsive Disorder

They're the awkward kids who met on the school bus on the way to kindergarten, the White Stripes playing in the background. I can tell that we are gonna be friends. They exist independent. One is here, the other there. But people forget that, so often are they found together. Playing games at the bottom of the stairs. Obsessions. Compulsions. Uncontrollable, unruly children. The kind parents are afraid to take to the store. The kind that steal precious items and stuff them into their mothers' purse before calling over a security guard. The kind that turn their homes into prisons, are the wardens of their families. The kind who meet on the school bus, and on the ride home determine how to destroy their hosts.

8. Bipolar I

It is never so simple as they might have you believe. as they want to believe. These things happen because of the mania, because of the depression, because you forgot your medication. This thing standing here, naked and raving, is not really you. But then what is it? What else could it be – this thing that foreign chemicals patrol, keep locked up tight. The thing that is always here even when it cannot speak and act. What could hold more youness than something that must always be suppressed? And what is the youness?

Let me into you. The child asks the stranger. Let me crawl into your lap, lay my head on your chest. Experience what life was supposed to be. Something is missing in me, a love I never felt. A key component of these things called humans that surround me on all sides. And I want to be like them, and no one has taught me how. But maybe you can, stranger. Maybe you will let me love you. Maybe you will love me.

10. Insomnia Disorder

These late night hours were never meant to be the realm of humans. In their folds lies the world's regrets, and mistakes. As all else abandon the earth for dreams you are stuck here in the nightmares. When time bends, clocks ticking slower, their hands moving through muddy water until the dirt becomes too heavy and time stops, dead. With only you to mourn it. attempt a resuscitation. wait for something to put things right again.

II. Social (Pragmatic) Language Disorder

Human and humans. The singular and the plural form are mis leading. There is no human without an "s." By definition social creatures, the few born into humanity who find their way out are still defined by how they relate when back in the sea of consciousness—

what kind of story they can tell.

Human is a story, a constant exchange of information, the savoring and sharing of complex narrative. Cut human off from that narrative, and there is death. Death and a loss of humanity, and it is difficult to discern which of these is worse. So what does it mean if the human is unable to greet. to share, to interact—connect.

What use are the tools of language if they cannot be used. What does it mean to be human, without telling a story? An open question.