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Andrew Culler
Substance Abuse and Music Use: Exploring
Relationships Through Recovery

ABSTRACT

This exploratory study considered the questions ‘what is the relationship between music and substance abuse?’, and 2) ‘what is the role of music in treatment for/recovery from substance abuse?’, through analysis of spoken interviews with 11 people in recovery from substance abuse—how they describe music’s functioning in their lives and how they experience substance use/abuse, and recovery, as connected to music.

The findings of this non-generalizable study suggest people seek out music as an outside object to alter, augment, or otherwise regulate self-states within changing environmental contexts, and that such a relationship becomes a continuity across descriptions of relationships between music and substance use/abuse, between music and processes of recovery, and in how people talk about their relating to music currently—outside of a substance abuse/recovery context. Music’s adaptive functionality, in this way, seems made available through its personal and cultural significance in people’s lives—its impact in identity formation. Music appears able to function—like substance—as an external phenomenon, to soothe, to excite, to distract, etc., but that the continuity of its use in people’s lives creates the possibility for its becoming a support for recovery.

This study considers a theoretical understanding of music as alike Winnicott’s (1954) transitional phenomena, offering an implication for substance abuse treatment: that clinicians may seek to explore clients’ individual relationships with music in therapy in order to bring greater attention and awareness to how music functions as a site for validating and regulating self-states.

**SUBSTANCE ABUSE AND MUSIC USE:
EXPLORING RELATIONSHIPS THROUGH RECOVERY**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2015

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ACKNOWLEDGEMENTS

First, I send my thanks to all participants of this study. I feel honored and privileged by your sharing your experiences with me. I appreciate the trust you extended to me, and have so valued the thoughtfulness that each of you brought to the interviews.

To my love, Hannah—thank you for your continuous love and support in this writing process and in so many other realms. I could not have done this without you. Thanks also to Dan, Mom, Dad, and Matt—for your inspiration, love and guidance.

Many thanks to my advisor, Stacey Novack, for your time, energy, insights, and your patience along the way.

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CHAPTER I

Introduction

This exploratory research study examines the relationships between music use and substance use, in the lives of people who struggle with substance abuse, and the role of music in the treatment for/recovery from substance abuse. Accordingly, the central questions addressed in this study are: 1) ‘what is the relationship between music and substance abuse?’, and 2) ‘what is the role of music in treatment for/recovery from substance abuse?’. The hope of the study is that such an exploration will provide implications for how music might be utilized in substance abuse treatment, and the values and risks of treatment’s incorporating music taken from the lives of the clients. Treatment practices that include music are most-commonly referred to as music therapy, defined, by the American Music Therapy Association (AMTA), as “clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (AMTA, 2014). Music therapy (MT) describes a broad range of treatment interventions that include a variety of performance-based, analytic, presentation-based, introspective, and/or collaborative tasks, participated by individuals or groups towards various treatment goals. Baker, Gleadhill, and Dingle (2007) provide what is essentially the popular understanding of how MT interventions are effective in substance abuse treatment: by “essentially deal[ing] with enhancing insight into clients’ thoughts, emotions, and behaviors, as well as promoting emotional expression through the medium of music,” — facilitated through MT’s having the ability to

“motivate and engage, counteract isolation, elicit surfacing of emotions and positive mood changes, decrease stress and anxiety and decrease impulsivity” (p. 322).

Music has the potential to engage people on a multitude of levels, which has made MT capable of targeting a variety of treatment goals. The literature provides substantial explanations for how the cognitive, emotional and behavioral goals described above are approached through different MT interventions, often ones centering on group dynamics within improvising/songwriting, lyrical analysis (of therapist-provided songs), and/or relaxation training. Little has been written, however, about how MT interventions may incorporate music from clients’ lives into treatment interventions. This seems a significant gap in existing research (and perhaps within MT practice). Especially given recent neuroscience’s examination of how music may interact with the brain—engaging similar dopamine-driven, mesolimbic reward systems as addictive substances)—research exploring how music functions in the lives of those struggling with substance abuse has the potential to offer implications for therapeutic action. Such action might work toward clients guarding against music as a trigger for substance use, toward clients employing music as a diversion from cravings, toward clients using music to build community outside of cultures that support their addiction, and/or other possibilities.

A few writers have touched on the importance of bringing music from clients’ lives into the therapy room, drawing on theory that examines music’s power in identity formation (Bensimon & Amir, 2010; DeNora, 2006; Horesh, 2003, 2006; Tsiris, 2008). (“Identity” will be defined for the purpose of this study as “the means a person employs for the discursive presentation of oneself as a self, a unique person,” a definition to be explored further below (Harré & Gillett, 1994, p. 103).) A consideration of the complexity and variability with which aspects of one’s identity interact with their music choices/uses informs the questions that guide

the present study, pertaining to what music evokes for people related to their substance use/abuse. One example providing inspiration for this research is music therapist Horesh's (2003) concept of "dangerous music": music that can function as an "emotional [or] environmental cue [or] trigger which bringing about memories of use or weaken[s] one's self efficacy, which may bring about relapse to substance abuse" (p. 310). Horesh (2006) writes of the risks inherent in not addressing such "dangerous music" in therapy, but also points to music's "potential to heal," and urges music therapists to explore both capacities in their work with music from clients' daily lives (p. 315). Scholar Tia DeNora (2012) points to music's power and non-neutrality when she writes:

music is not...always beneficial and...even when music does bring or make possible 'good things', these may not be equally good or equally available to all participants. If music is of benefit (how and for whom being by no means self-evident), that 'benefit' may take many forms, some of which may not necessarily look 'nice' (for example, music may be used in ways that actually enhance 'negative' emotions, but which then allow for incremental coming to terms with the inevitable)...Music is by no means a controlled or controllable substance (p. 99).

Though in this quotation, DeNora is writing about music within the context of end-of-life care, her words point to the great potential and complexity in music's ability to influence people's experience.

This study seeks to explore relationships with music, as described in interviews by people in recovery from substance abuse—how they describe their using music and/or music's functioning in their lives and how they experience substance use/abuse, and recovery, as connected to music. The study examines how people describe their pursuit of musical experiences, what music evokes in them, and how such relationships potentially interact with people's using and seeking substance, as well as their processes of recovery—including experience of treatment. For this study, treatment experiences have been broadly considered to include any formalized activity designed to assist people in reducing their suffering from

substance abuse, including twelve-step groups, residential and outpatient treatment programs, and any form of counseling in which cessation or reduction of substance abuse is a treatment goal. And, while all participants interviewed for this study have been clean/sober for at least one year, the study adopts The Substance Abuse and Mental Health Services Administration (SAMHSA)'s definition of recovery as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (SAMHSA, 2011). Such a process-oriented definition indicates that one's journey of recovery may not be linear, and that one may describe experiences of change, growth, or learning as related to recovery, even though such experiences may not take place during a clean/sober period.

In their examination of participants' subjective experience—of how music use interacts with substance use/abuse, and of how these potential relationships have or have not been addressed in treatment—the findings of this study have the potential to recommend further research into this and related topics, and to point toward MT treatment intervention strategies that more effectively engage client strengths and better address client vulnerabilities.

CHAPTER II

Literature Review

The following literature review researches the use of music in substance abuse treatment to date, exploring the ways in which clinicians and theorists have connected music listening and substance abuse and how such associations have informed treatment interventions. The review

locates potential gaps in treatment interventions' addressing clients' relationships with music and how such relationships might be involved in clients' substance abuse. Referencing literature which comments on the power of music in the lives of its listeners, this review locates a few examples of writing in which the complex relationships between people's preferred music and their struggles with substance abuse are explored. The present research project seeks to continue this work: looking at the meanings and uses music takes on, in relation to one's substance dependence, and thinking about what these observations might suggest for music's use in the treatment of substance abuse.

This literature review first examines music therapy's application in substance abuse treatment, surveying theories for the effectiveness of the practice as a whole, looking at analyses of particular treatment interventions, and considering writing from a few clinicians whose work points to significant gaps in treatment practices, particularly related to addressing how clients' relationships to their preferred music enter--or do not enter--their experiences of treatment. This review locates the need for further research into clients' relationships with music, how clients describe these relationships interacting with their struggle with substance abuse, and how the relationships might be best involved in treatment. Next, this literature review considers some theoretical writing concerning music's function in identity formation: how musical experiences and choices interact with concepts of belonging, accountability, self-esteem, and self-efficacy. This section highlights the complexity that typifies our relating to music--music's non-neutrality, its power in shaping identity—in the interest of justifying the need for greater exploration of how people characterize their relationships with music within MT treatment. Lastly, this literature review locates examples of MT theorists—and clinicians—that have recognized the importance of MT's working with aspects of music's power in identity formation, within substance abuse

treatment and elsewhere. The purpose of this final survey is to point to the scarcity of research into how people see their relationships with music interacting with their substance abuse, and how lack of awareness in this area suggests a deficit in knowledge about how MT interventions in substance abuse treatment might be most effective.

Music Therapy in Substance Abuse Treatment

The value of music therapy in substance abuse treatment is described in a variety of ways within the literature. Several authors point to the power of music therapy interventions in engaging clients, gaining clients' attention and interest in the therapy, which has been described as one of the more challenging aspects of substance abuse treatment (Erkkila, 2003; Silverman, 2003). To this point, Ghetti (2004) highlights music's accessibility and adaptability to various levels of physical and mental functioning, and emphasizes music therapy's usefulness as a gateway treatment, allowing clients to build the trust and confidence needed to fully engage in other treatment types.

Many authors writing about music therapy in addiction treatment have focused on music's ability to offer a compensatory pleasure experience to clients for whose struggles with substance use have made pleasure-seeking inseparable from substance-seeking, resulting in steadily-decreasing enjoyment of many formerly-pleasurable experiences (Erkkila, 2003; Silverman, 2003; Winkelman, 2002). Blum's (2010) research into the relationship between neuroscience and music suggests that music activates the primitive brain structures associated with emotion, motivation and reward—the dopamine-driven, mesolimbic system similarly activated by substance use and abuse. Some of the earliest studies examining the effectiveness of MT in addiction treatment pointed to the experience of being part of group music-making as producing “turned on” feelings similar to some drugs (Silverman, 2003, p. 275). Horesh (2003,

2006) has additionally observed the ways addicts often talk about music and drugs together, that they may use music as a surrogate for substance use when drugs are not available, and/or music may serve as a “transitional phenomena” (Winnicott, 1954) into or out of environmental/cultural contexts that promote substance abuse. The relationship between the ways music and substance use provide pleasure seems, for these authors, to be part of why MT has been effective in substance abuse treatment; though few studies—within the scope of the present research—have looked at MT interventions’ addressing ways in which a client’s substance use prior to treatment may have entered into the client’s relationship with music.

In her writing on MT’s accessibility to substance abuse treatment, Gheti (2004) describes ways in which music therapy can be perceived as a humanizing treatment method—through its usefulness to clients across motivational stages of change (‘meeting clients where they are) and its allowing clinicians to attend to cultural factors in their customization of group structure and content (adjusting musical styles to align with the populations in treatment). A study by Dingle, Gleadhill, and Baker (2008) highlights such functionality, observing that MT (in substance abuse treatment) engaged clients regardless of age or addictive substance of choice. Gheti (2004) further indicates the “social neutrality” in MT as essential to removing stigma: that music functions in the treatment as an “objective” conduit of social beliefs and values that can then be examined and challenged without participants needing to “own” them (p. 87). The current research project hopes to further explore these of concepts of neutrality and objectivity with respect to music and music therapy—to consider ways in which music might *not* exist neutrally or objectively within the lives of clients (*or* within MT treatment) and how more robust consideration of music’s role in triggering substance cravings might create more effective MT treatments for substance abuse. I am additionally curious about how successfully clients see MT

“address[ing] the[ir] musical and cultural values” in situations in which much cultural diversity exists, among the backgrounds and identities in a client group, and/or music-related triggers are present for clients (Ghetti, 2004, p.87).

Much of the scholarship surrounding MT treatment of substance abuse focuses on the potential for the therapy’s assisting clients in developing skills for emotional regulation. Theories for the effectiveness of emotional regulation-centered interventions hold that those struggling with substance abuse have lacked models and opportunities for examining their emotions (Dingle et al., 2008; Ghetti, 2004; Murphy, 1983; Solli, Rolvsjord & Borg, 2013). Faced with undesirable emotions, people who abuse substances bypass any recognition or interpretation of their emotional reactions through substance use—a concept labeled experiential avoidance (Baker et al., 2007; Horesh, 2006; Silverman, 2003). In this way, substance abuse can be understood as an adaptive, rigid coping behavior (Dijkstra & Hakvoort, 2004).

Baker et al. (2007) describe the treatment implications of this theoretical understanding as exposure therapy with the goal of expanding clients’ tolerance to a range of negative affective responses. However, Baker et al.’s (2007) research—a small, single-session study measuring emotional experience and mood shifts of a group of Australians in MT substance abuse treatment—overwhelmingly indicated positive emotions/moods experienced during the MT session. This study, though clearly limited by sample and cross-sectional nature, begins to point to a potential gap—or area for continued growth—in MT interventions becoming a site of participants’ ‘practicing’ emotional regulation. In Baker and colleagues’ review of the literature, they go as far as citing Treder-Wolff’s (1990) suggestion that music therapy offers “the opportunity for the client to access feelings that are both integral to the addiction and pose obstacles to recovery” (Baker et al., 2007, p. 323). However, in their conclusion, Baker et al. can

only recommend that *further* studies take up the task of more-thoroughly confronting participants with negative emotional states. Baker and colleagues' claim that—for their study's participants—"feeling positive emotions without the use of drugs may have been a novel experience" (p. 328) excuses the lack of data to support their guiding theory, but also points to a question that the present exploratory study hopes to, at least, raise: If MT (in popularly practiced forms) is particularly accessible for people who abuse substances because of its engaging, relaxing, and pleasurable qualities, how might MT be hindered in its ability to put participants in the position to practice regulating negative affective responses? Put another way: How might MT widen its scope of therapeutic action?

Dijkstra and Hakvoort (2004) similarly propose MT treatment of substance abuse as a way to confront clients with situations in which their styles for coping with different emotions become visible (and audible). The author's treatment method involves group music-making sessions in which group dynamics force participants to come into contact with stressful situations, to exhibit coping behaviors that can then be observed and discussed by the group, and to then practice new, different coping. Similar to Baker et al.'s model, Dijkstra's and Hakvoort's treatment carries the hope that, through the therapy, clients can be made aware of coping strategies that do not involve substance use, and carry them out into the world. This treatment model, though, involves exclusively group-dynamics-based stressors. The author of the present study wonders whether such treatment adequately prepares clients for situations in which a trigger or stressor exists outside the context of interpersonal dynamics—for example, situations in which music itself exists as a trigger for substance cravings.

This understanding of music as a potential trigger for substance cravings owes to neuroscience research into how music acts on the brain, as well as how memories can be

dependent on particular environmental contexts for activation. Research indicates what might seem obvious: that, in addition to activating the “pleasure centers” of the brain, music has the potential to “communicate and induce a range of powerful emotions” (Thompson & Quinto, 2011, p. 357). Juslin and Vastfjall (2008) describe the complexity of studying all that music evokes in people, and the authors map a number of “mechanisms” at work in the brain through which music might induce emotions, including “evaluative conditioning” (associating the music with positive or negative outcomes) and episodic memory (“enabling conscious recollections of previous events and binding the self to reality”) (p. 570). Juslin’s and Vastfjall’s research points to the significance of triggers of particular emotions, conditioned through one’s experience of music (Thompson & Quinto, 2011).

Other research has highlighted memory’s role in perpetuating behavioral responses activated by use of an abused substance, notably context-specific withdrawal. Context-specific withdrawal describes a situation in which one’s drug use has frequently accompanied a particular context, such that environmental cues present in that context produce a unique occurrence of withdrawal symptoms (Taubenfeld, Muravieva, Garcia-Osta, & Alberini, 2010; De Carvalho, Pamplona, Cruz, & Takahashi, 2013). In this situation, withdrawal symptoms represent conditioned responses to the pairing of conditioned stimuli of environmental cue(s) and the unconditioned stimulus of one’s drug of abuse. In a study of opiate-dependent rats, Taubenfeld et al. (2010) demonstrated that, if context-related memories were interrupted during their reactivation, context-conditioned withdrawal symptoms could be significantly reduced. Though preliminary, and not human-based, this study could suggest the potential for music therapy’s facilitating a reactivation—and subsequent disruption—of memories pairing musical experience and drug use, in order to reduce conditioned withdrawal symptoms that threaten relapse.

Many authors have analyzed music therapy's usefulness in substance abuse treatment through interventions that create goal-oriented change to participants' attitudes, beliefs, and/or self-esteem (Erkkila, 2003; Ghetti, 2004; Horesh, 2003; Silverman, 2003). Such studies have largely noted effective interventions being those focusing on group dynamics, mastery with respect to songwriting/musical technique, and/or song analysis. These are 'traditional' MT interventions involving music, essentially, as a tool: existing either as a by-product of the therapeutic group music-making, or as a text whose analysis becomes the stage for the therapeutic action. In practice, such song analysis seems, widely, to involve songs that the therapist brings to the group--based on their lyrics' adaptability to therapeutic conversations (e.g., its explicit advocating of certain values, coping methods, or decision-making styles)—rather than something with prior significance to participants. The present study begins with the assumption that most MT within substance abuse treatment might be missing an effective point of intervention in not incorporating music with which participants have a relationship—music with which participants identify.

Aigen (2007) even observes an ambivalent relationship between music therapists and aesthetic considerations in their practice. The author points to a few theorists whose writing highlights the significance of MT's "engag[ing clients] in a process of connecting to a patterned external reality," a task that seems to draw from non-Western bodies of knowledge, emerging as extraneous to traditionally-documented goals for therapy--like "expressing feelings, enhancing self-esteem, enhancing self-organization" (p. 117). Aigen (2007) looks at the work of music therapist Lisa Summer, whose Winnicott-informed theory emphasizes the need for MT's supporting client identity (their "'me' experience[s]") by offering "sympathetic musical structure", while also presenting the client with musical experiences that are unfamiliar (or "not-

me”), in order to promote client development in perceiving such uncomfortable experiences as less threatening (p. 123). Summer’s theory rests on the idea that clients’ aesthetic transformations (as listeners) during the MT can promote positive change elsewhere in their lives. Aigen (2007) offers the theory that MT’s attending to the aesthetic elements in music locates music as a “medium of experience,” rather than a “means to a nonmusical end” (p. 125). For Aigen—in debt to the philosophy of John Dewey—music-as-medium allows for the therapy’s mirroring the integrative process hoped for clients. In substance abuse treatment, such an integrative process might be understood as the process of a client’s recognizing negative affect states and incorporating them into an integrated spectrum of positive and negative affect states. How might this integrative process manifest in people’s relationships with music? What might such a process suggest with respect to music that one associates with substance abuse and/or music that triggers substance cravings?

Music and Identity

Much has been written discussing music’s impact on identity. “Identity” is defined for this study as “the means a person employs for the discursive presentation of oneself as a self, a unique person”—a definition created by Harré & Gillett (1994, p. 103) and later employed by psychologist/musicologist/music therapist Even Ruud (1995). Ruud (2010) describes identity in terms of “how the self reflects upon itself in different contexts,” understanding identity as multifaceted, socially-constructed, and potentially-conflicted—with its essence being an awareness of one’s own narratives about oneself in relation to various environmental and relational contexts (p. 40). Ruud wonders why certain narratives become valued over others, and he and other theorists believe music’s producing affective (feeling) states often plays a role in

which narratives are incorporated into one's identity (DeNora, 2000, 2006; Ruud, 2010). Krueger (2011) offers a compatible theory in which he describes music as a tool by which humans learn and practice "core aspects of [their] emotional and social existence," like emotional regulation, interpersonal skills, and identity construction (p. 1).

Krueger's (2011) research seems to support these ideas, describing music as a "crucial tool for cultivating and regulating our emotional and social life" (p. 3). Krueger's thinking, about how humans—and even some nonhuman animals—engage with music from early life onward, suggests that—in large part—music's great appeal comes from its inviting an immediate contact with the resonance of sound's emotional expression, unmediated by an appreciation of the sound's source, or of the cultural and historical attributes present in the music. Krueger (2011) acknowledges that consciousness of a music's source and of its sociocultural meaning impact the experience of listening, but that one's immediate experience of music as independent of such things reveals to listeners a sense of its "efficacy in the world..[as a] technology affording emotion regulation and social coordination" (p.7). Krueger (2011) uses an analysis of neonate music therapy and the sound environments of early life to explore how music becomes a "tool for creating, organizing, and regulating our experiences, as well as our relationship to the world and others"—that from the earliest of ages, humans are able to use music to ease tensions between self and environment (p.7). The author explores how, as humans grow older, and musical experiences inevitably become more social, music's regulatory uses become joint, collective processes in which listeners engage in "observ[ing], negotiate[ing], and agree[ing] on their emotional responses" (Krueger, p. 20).

Music and music-making, through these theoretical lenses, can provide individuals, throughout their lifespan, with opportunities to construct and clarify values, develop self-esteem,

and support ego functions of self-efficacy/mastery and synthetic functioning (DeNora, 2006; Hines & McFerran, 2014; Silverman, 2003; Tsiris, 2008). DeNora (2006) further describes music's power to connect with social and cultural memory, supporting one's ability to organize coherent and "self-accountable" images of oneself; she claims people are drawn to music that echoes and reinforces how they describe themselves (p. 141). DeNora's description echoes musicologist Simon Frith's (1996) claims that "music constructs our sense of identity through the direct experiences it offers of the body, time and sociability, experiences which enable use to place ourselves in imaginative cultural narratives, [and,] such a fusion of imaginative fantasy and bodily practice marks also the integration of aesthetics and ethics" (p. 124). For these writers, musical experience is essentially involved with situating ourselves within our reality—physically and socioculturally.

Alongside the literature exploring music's interaction with identity, much has been written about the social and cultural connections between music and substance abuse. Linkages between musical genres, and music-centered communities, with substance use preferences and prevalence have been widely noted in popular writing, as well as in research (Miller & Quigley, 2012; Mulder, Ter Bogt, Raaijmakers, Gabhainn, Monshouwer, & Vollebergh, 2009; Reynolds, 1998; Vuolo, Uggen, & Lageson, 2014). Abundant stereotypes and assumptions, linking particular substances with particular music, and alarmist news stories—of drug-related deaths at concerts, substance use depictions in popular music videos and lyrics, and claims of widespread drug use hidden in underground music scenes—suggests a dominant culture that sees substance use and music use as connected in hazardous ways (Denham, 2008). In popular scenarios, substance use becomes a natural, inseparable accompaniment to the experience of music, integral to its public and private enjoyment; music is understood as drug: toxic, insidious, and corrupt

(Lee, Battle, Soller, & Brandes, 2011; Sisario & McKinley Jr., 2013; Lozon & Bensimon, 2014). One possible implication of this thinking—that to successfully overcome a substance abuse problem, a person must stop use of the music that has become synonymous with the substance—seems at risk of threatening the loss of a valuable tool for identity formation and negotiation that one might want to retain across treatment and recovery. However, to ignore, in treatment, issues of music’s interaction with one’s substance abuse might mean ignoring barriers to treatment goals—such as cases in which music emerges as a trigger for substance cravings or producer of withdrawal symptoms. The present research hopes to explore nuances of the relationships that can exist between music and substance abuse, to come to a more complex understanding of this topic that it might be more effectively addressed in the future.

Music Therapy Interventions and Identity

Apparent in this brief look at theories of music and identity formation is the idea that music is not a neutral substance—it has the power to influence identity. Interventions that explicitly explore how music and identity relate within the context of MT in substance abuse treatment (and perhaps MT in general) seem to be—in the scope of the present study—few. Ruud’s comment that “identity may serve as a bridging concept between music therapy and the role of music in everyday life for the individual” suggests a significant gap in MT’s attending to how music and identity function in the lives of clients outside of the therapy room (Ruud, 2010, chap. 3). “Music Audiobiography,” “Musical Life Panorama,” and “Music Presentation” are the primary examples of interventions in which the inter- and intra-personal processes (in which music can mold identity) become a focal point (Bensimon & Amir, 2010). Research connecting these interventions with substance abuse treatment is scarce. In one example, Hedigan (2010)

writes of MT's (in a group setting) ability to create positive change in substance dependent adults' capacity to tolerate emotional intimacy—the expression of clients' “authenticity” (one's “capacity to be genuine and honest with [oneself] and others”) (p.37). Both ‘Music Presentation’ and group improvisation created uncomfortable situations—challenging to participants' coping and defenses, their resistances to feeling emotionally engaged with each other—but which, through experience and discussion, offered opportunities for emerging capacities for honesty and intimacy.

One area of focus for treatment interventions—perhaps underutilized or underdeveloped in music therapy to date—is the relationship between music and substance use for individual participants prior to treatment. One writer, Horesh (2006), has introduced the concept of “dangerous music”: music that, for someone struggling with substance abuse, exists as one of the “emotional and environmental cues and triggers which bring about memories of use or weakens one's self-efficacy, which may bring about relapse to substance abuse” (p. 310). Horesh (2006) found that many of her inpatient substance abuse clients kept their preferred music hidden, not bringing it into the therapy; she found that by facilitating discussion around it, she could engage clients who had been previously unreachable through other interventions. She describes the ways in which—for adults with substance dependency—clients' relationships with their preferred music are involved, directly or indirectly, with the issues they bring to therapy (Horesh, 2010). Despite this, the author observes inadequate awareness of this phenomenon on the part of clinicians. She writes of residential addiction treatment programs indirectly encouraging clients to abandon their preferred music for fear that listening would be detrimental to recovery. After treatment, clients would often return to the music that had held such importance for them with

inadequate ability to distinguish or navigate the meanings the music had for them, inside and outside of their substance abuse.

Horesh's claims the potential for music therapy groups' facilitating exploration of clients' relationships with music in a safe, contained environment, as well as to discover ways for music to factor into recovery. Horesh's (2010) qualitative study of substance dependent adults in her group treatment reveals a wide variety of relationships with music. She observes ways that music functions similarly to drug use—offering similar escape, relief, and soothing from anxiety or negative affect. She finds ways in which music offers protection from negative feelings through its promoting psychic strength, and ways in which music offers opportunities for mirroring aspects of clients' identities, experiences and feeling states, and supporting their processing these towards an integrated, acceptable whole. Her observations point to music's utility, for some of her clients, as “transitional phenomenon”, allowing connection, and also distancing, to and from experience of emotions that might otherwise overwhelm (p. 61-63). For others, Horesh notices a dependence on music, suggesting either their finding escape (avoidance from threatening affect), and/or their inviting immersion into a boundary-less place with the music—lacking the distance and identifying with it completely. Horesh situates such relationships with music as particularly risky for people who struggle with substance abuse, as they might lead one to directly associate music listening with the perpetuation of substance abuse, and/or to seek substance in relief of the emotional overwhelm.

Horesh (2006) describes a frequent goal in substance abuse treatment (especially abstinence models) being clients' removal from the “culture of addiction”: the people, places, values, symbols, music, rituals, etc. that might promote their substance use (p. 300). She suggests that, in substance abuse treatment, MT's incorporating music from clients' lives can be a way to

explore how clients' identities are informed by and through music—and a way to reveal client strengths and vulnerabilities with respect to their use of music (Horesh, 2006, p. 298).

Summary

There is a growing trend towards harm reduction-based (as opposed to abstinence-based) models of substance abuse treatment (Bowen & Vieten, 2011; Gheti, 2004; Glaser, 2014). Given this trend, it seems likely that there will be a demand for more treatment interventions that do not endorse abandonment of the culture of addiction, but rather treatments that embrace the idea of a transitional space between abstinence and abuse. Horesh's (2003, 2006) idea of involving clients' "dangerous music" in the treatment seems to value a similar transitional space—a place of duality in which clients identify with particular music while also acknowledging that the music engages aspects of themselves they would like to leave behind. The preceding literature review suggests that actively incorporating clients' individual relationships with music could be central to MT interventions seeking to access clients' strengths (in areas of mastery, self-esteem, synthetic functioning, etc.) and clients' vulnerabilities (with respect to ego functions, and/or "dangerous music")--in addition to making music therapy more widely engaging. In substance abuse treatment, a focus on music that clients relate(d) to their own substance abuse seems a powerful area for intervention, but one demanding careful examination to determine best practice.

CHAPTER III

Methodology

Research Purpose and Questions

This study sought to explore potential relationships between substance use and music use for people in recovery from substance abuse, how this relationship has changed for them over time, and how the relationship may, or may not, have been addressed in treatment. The study had a qualitative, exploratory design, aimed at gaining familiarity with the underexplored relationship between individuals' substance abuse and their relationships to music (or 'use of music'), and asking the questions: 1) to what degree such a relationship may have changed as following their experience of substance abuse treatment (including MT or not)? and 2) what was the role of the particular therapeutic interventions (MT or not) in facilitating such change? The study carried several assumptions. The first assumption was that music can play a role in identity-formation for people. The second assumption was that music can relate to substance abuse in people's lives—possibly functioning as a cue for substance craving, or as a tool for re-integrating previously dissociated states and affects that had been managed with substance use and now need to be tolerated without substances, through the support of a therapeutic relationship. The hope for this study was that its findings might suggest treatment recommendations for MT in substance abuse treatment: alterations to existing—or new ideas for—treatment interventions, in order to promote client strengths and progress towards client goals.

Research Method and Design

This study was conducted through interviews at one time point. Given that the design was exploratory, the research needed to be able to capture a wealth, variety and nuance of participant

responses. In interviews participants explained complex answers to questions regarding the following themes:

- 1) ways they use music,
- 2) their motivations for engaging (or not engaging) with music,
- 3) connections between music and substance abuse in their lives,
- 4) how their relationships with music may have changed over time,
- 5) how (or how not) substance abuse treatment (including MT) engaged/involved their relationship(s) with music(s) in their lives,
- 6) how they see substance abuse treatment (including MT) as influencing any changes.

This research's interest in clients' complex, subjective experience required a qualitative, interview-based design. The variability of different people's uses of music and valuing of aesthetic experience—are much-debated, complex topics. An interview-based research design allowed for data collection across a wide-range of participant experiences—with treatment and with relationships with/between music and substance abuse. Due to the exploratory design of the study, data was not representative or generalizable.

It must be stressed that an additional underlying assumption held by the author of this study was that individuals have complex and variable relationships with music, based on personal history, a multitude of cultural backgrounds and environmental contexts. This study has made no generalizations across cultures or other diversity factors, exploring only the experience of certain people, within certain types of substance abuse treatment, and the described relationships between music and substance abuse in their lives. Additionally, given the variety of different substance abuse treatment models, the proposed study has certainly been limited in access to participants of certain interventions. Also, the inclusion criteria for this study indicates that participants must be clean/sober for at least one year, and, therefore, the study lacked access to those participating in harm reduction-based treatment programs, in which total abstinence has not been a requirement or treatment goal. Likewise, the sample's criteria excluded those who

continue to use addictive substances but are clean from the substance(s) for which they sought treatment.

Sample

The population studied was individual adult former or current participants in substance abuse treatment. The sampling frame required that participants be 18 years of age or older and speak English. Inclusion criteria maintained that participants self-identify as having a history of substance abuse, that they had participated in substance abuse treatment within the last two years, and that they be at least one year clean/sober. Accordingly, exclusion criteria prevented from participating: people under 18 years old, those whose participation in treatment was over two years ago, and those clean/sober for less than one year. The San Francisco Bay Area, where interviews took place, has a large, diverse population and many substance abuse treatment resources. Given that this exploratory study did not concern a large population, a random sample was difficult to locate, creating a nonprobability sample type. Sampling technique was snowball sampling, in which initial participants were contacted following their response to a flyer advertising the study, and further participants gathered through an expanding network. The majority of participants interviewed, however, were located through their individually responding to a posted flyer. Participants completed Informed Consent Forms in advance of being screened and interviewed. Interviewer informed participants (in advance of their participation) that anything they wish not to share should be left out of their interview, and that at their request, particular pieces of their interview may be cut from data. Confidentiality of

participant information was maintained through de-identifying all data after collection, for the purposes of data analysis and reporting findings.

Ethics and Safeguards

Participants were asked for a name with which to be addressed in our correspondence, but participant names were not included in the data collection, nor were they recorded in any way. A potential benefit for participants of this study was their possibly gaining an opportunity for reflection on an aspect of their lives (the relationship between music use and substance use) previously unexamined—an opportunity for self-inquiry; however, no data was solicited to determine if any of the study’s participants received this benefit. As all participants were adults, self-identified as having histories of substance abuse and treatment, and that interviews were performed by phone or in person at locations selected by the interviewee, I identified no risks to participants through their involvement with this study.

The researcher was the only people who had access to the survey data. All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a locked file for three years, according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. A general summary of the findings will be used for presentation among the social work community, for my MSW thesis dissemination and for archive in the Smith College library network.

Data Collection

Recruitment took place via flyers posted at multiple locations in the San Francisco bay area; all locations were meeting places or community centers created for people in recovery from substance abuse. The range of locations included some tending to serve people of middle and upper class backgrounds and others tending to serve homeless or low-income clientele. One location serving many queer-identified clients was also chosen.

Interviews were conducted in person and by phone, and covered topic categories as listed above, under *Research Method and Design*. Participants were first asked for demographic data including: 1) age, 2) self-identified gender, 3) self-identified race/ethnicity, 4) average annual income and dependents, and 5) length of time clean/sober. Qualitative data was culled from questions asking first for participant descriptions of current relationships with music—listening habits, motivations, and the identification of different uses of music. Questioning proceeded to explore potential connections participants observed between substance abuse and music in their lives—descriptions of such connections (if present) and their development through the person’s struggle with substance abuse. Lastly, questions looked into participants’ experiences in substance abuse treatment—how treatment interventions did or did not address the substance abuse/music relationship (if present) and how this relationship, and the participant’s relationship with music in general, might have changed through their experience of treatment and recovery.

The central weakness to this methodology was its inclusion of an unrepresentative sample, producing data that is not generalizable. Another limitation was the potential for participants to be only those who have had a particularly positive experience with substance abuse treatment—or those who have viewed treatment as “successful” in ending their substance abuse. Sampling necessarily excludes those for whom a treatment occurred within a non-abstinence model.

Data Analysis

The data for this exploratory study was analyzed for thematic similarities and trends using a qualitative-narrative method. The narrative method is positioned to interpret human experience through the exact words of subjects' stories about their lives. The method seeks to understand participants' experience from their perspective and to highlight the meaning-making that occurs as people construct and relate stories. Narrative theory privileges an understanding of people's identities as malleable—as being constructed and deconstructed, affirmed and adopted as well as challenged and contested—by people across the lifespan (Horesh, 2010; Riessman and Quinney, 2005). This emphasis was important for this study, for its task of asking participants to describe experiences at present and in retrospect, to explore potentially unexamined relationships, and to reflect on how such phenomena may have changed through time and treatment.

Interviews were audio-recorded, transcribed and coded thematically through analysis of descriptions and patterns. In organizing qualitative data, I extracted themes to each question, observing thematic similarities and trends within participant's narrative answers. Themed code groups included: 1) *relationship to music* (related to how people describe using music currently and how music functions within a their experience), 2) *connection between music and substance abuse and/or recovery* (gathered from interviewees' descriptions of current uses of music relate to substance abuse and/or recovery, 3) *changes in relationships* (related to participants' descriptions of changes—or consistencies—in their uses of music prior to their sobriety and across their processes of recovery), 4) *changes in attitudes and approaches* (relating to participants' descriptions of changes—or consistencies—in their attitudes towards music, and their characterizations of their pursuing musical experiences, prior to their sobriety and across

their processes of recovery. After analysis, I related data findings back to research questions, drew some theoretical considerations from the literature, and assessed findings for non-generalizable recommendations for substance abuse treatment, as well as for areas of ongoing research.

CHAPTER IV

Findings

Interview questions, were divided into four categories: 1) current relationships with music), 2) potential connections between music and substance abuse and recovery from substance abuse, 3) changes in relationships with music across recovery, and 4) experience of music in treatment situations. Each category included a number of open-ended questions that generated narrative answers from participants, describing and exploring their experiences with—and uses of—music, and reflecting on these relationships as participants have entered recovery. The same four question groupings were then used to organize the findings in this chapter. Predictably, though, participants' narrative answers were not containable within such a categorical framework. For example, many participants' answers to questions about their current uses of music often included some descriptions of past uses of music no longer present for them, as well as information about how their present use of music relates to their experience of substance abuse and of recovery. So, the data presented below includes quotations from all question categories, grouped and presented as applicable to each category.

In the following organization of findings, I have published exact quotes—excerpts from participant answers—with my only edits being ellipses, to shorten the excerpts without altering their original meaning, and bracketed words that I have added at times for clarity when the interviewee used a pronoun—or skipped over a pronoun—due to the context of the sentence. I had indicated each of the eleven participants with corresponding, randomly-assigned letter (A-K) designations and have not included any identifying information in my data collection, to assure anonymity.

Summary of Demographic Information

Eleven participants were interviewed for this study, offering a small, but diverse sample. The area of least diversity was age, the age range of the sample covering only 39 to 64 years. Six of the eleven participants were between the ages of 44 and 47; three participants were in their fifties (55, 56, 58), and participants included one 39- and one 64-year old. With respect to gender identity, five participants identified as male, five identified as female, and one participant identified their gender as intersex. Answering a question as to how they described their race and/or ethnicity: two participants identified as African American; two identified as Native American. Other participants described unique (within the sample) racial and ethnic identities: White, Korean, Filipino/Asian-Indian, White/Native American, and White/Jewish, Native American/African American/White. Interviewees reported a variety of lengths of time clean/sober: 13 months (2 participants), 5 years (2 participants), 6 years (2 participants), and 12, 16, 18, 20, and 30 years. With respect to how participants reported income, two reported annual income as lower than \$12,000, three participants fell within the \$34,000-\$40,000 annual income range, four fell within the \$50,000-\$60,000 range, one reported annual income at \$70,000, and another at \$100,000. Regarding treatment experiences, all participants had experience of 12-step recovery groups, two additionally had experience inpatient programs, and two others had experience in both inpatient and outpatient treatment.

Current Relationships With Music

The first group of questions was aimed at eliciting responses describing participants' relationships with music at present in their lives, asking how they "use music in [their] daily

li[ves] currently,” about what settings and activities involve music for them, about their “process of deciding what to listen to (or play) and when,” and whether or not, and why, participants return to—or avoid—particular music in particular time and/or space, or altogether. The narrative nature of participants’ answers allowed for a variety of data describing how music functions in their lives. Though no participants’ answers were the same, existing similarities allowed me to create four groupings within which to categorize responses.

Music As Stimulus

Participants’ answers revealed the variety of ways music functions as a stimulus, introduced at a particular time to produce a specific response. Five of the eleven interviewees described ways in which they seek music as a stimulus for energy or excitement. For several, their uses of music during the morning—“to get me going” (F), “to be on ‘go-time’” (C), “to help my day get started” (A)—were among the first uses of music they mentioned, suggesting some immediacy in this association. Some spoke of the value of music during exercise:

If I wanna exercise, I’ll listen to music to pump me up...I may listen to certain types of music to lift me energetically—[music] that’s kinda fast. (B)

I’ve kept health, so at this age I can still skate, so when I go skate, I listen to aggressive music to get me excited. (C)

Others referenced learning about music’s power to excite—to stimulate—they’ve gained through their experience of hard rock and electronic dance music communities:

Music can excite you too—like metal—if you have really fast, loud music, people move around. (D)

Recently I’ve come to realize there’s so many frequencies and levels you can’t explain—you don’t hear these sounds normally—they excite the mind—colors come, shapes come—it’s like being born again as a baby—everything’s new and you don’t have words for them and you just adapt to them—that’s why I like electronic music...I don’t get that stimulation anywhere else. (A)

Many (B, C, D, F, H, and I) observed a reciprocal method in using music to soothe, to calm.

Some used language seeming to imply a calming effect on the nervous system: “It’s part of self-care, to take care of my body, to calm myself down” (C), “certain tones and frequencies will

relax my body rhythm” (I). Five participants also described using music specifically as a stimulus they introduce in order to filter, compete with, or drown out other unwanted environmental stimuli. Most spoke to this task directly:

There’s noise in my environment I need to cover up, filter external sounds. (E)

I put it on to drone out whatever I don’t want to hear. (A)

I listen to loud music to shut out all the noise. (J)

[I use music] to basically absorb some of the outside noises that are around me and could be detrimental to serenity. (K)

Others named this use of music as an imagination or memory-based way to “escape”:

A form of escape—and that’s really what it is—it can take you to a place, it can make you cry, it can make you laugh, but it can take you to a different place. (D)

It helps me get outta myself and be in someone else’s world for a minute. (F)

I try to escape the reality that I’m at using music—that takes me to places that I remember, maybe from the past or maybe in the present. (K)

In the above examples, people describe music functioning as something they add to their environments in order to alter their experience of the world around them: to avoid whatever is uncomfortable and, for some, to all but remove themselves from that reality.

Music As Tool For Emotional Regulation

Another similarity that seemed pervasive across the majority of participants’ experience was their using music to help modulate their moods. Speaking broadly about using music in this way, some said:

[I listen to music] to keep my mind in a serene place, to keep my mind in a place of good mental attitude. (K)

My motivations for listening to music usually has to do with my mood, my life circumstance—what I’m going through. (C)

Others spoke more definitively about selecting music in order to change their mood:

It actually changes your mood...if I’m in a bad mood, I’ll put on something to better my mood, something to lift my spirit. (D)

[I use music] therapeutically...I use it to change my moods. (G)

There are certain songs that are inspiring to me, so I'll listen to that if I'm feeling kinda down. (B)

It helps me be not so focused on the negative. (F)

Participants described also seeking out music that seemed to reflect their emotional experience.

Several mentioned valuing music's ability to underline their emotional state:

I look to music to reinforce emotions, especially when I have affection for somebody or a friendship or just an experience I've had that collaborates with what I'm trying to do in life...I look for music to go along with what I'm doing or where I'm at. (F)

I put on whatever, according to how I feel...music's terribly important in my life...it enhances my mood—a catalyst to bring forth more emotion. (A)

Others talked about music's serving to validate their emotions:

I like the fact that it validates my feelings...of pain, fear, love, joy, happiness...it sings about all that kinda stuff. (J)

I find something that identifies with my stress...to reflect it in some way—I'm not alone, these people went through it—I'm not as bad an egg as I think I am. (C)

Some participants described ways in which they experience music as supporting their identifying and processing emotions, saying:

[I use music] to let my emotions out when I can't express them verbally—or share with other people...as a tool to let it out, to work through. (C)

I use it to get in touch with what I'm feeling, and expressing that, having a sense of mastery over that. (G)

[Music] puts me in the mindframe where I can direct my thinking better—processing, imagining, being creative...it's very calming and resourceful to be able to do those things in a quiet atmosphere with music playing. (J)

Sometimes if I'm emotionally in turmoil, I will seek out Beethoven because the turmoil is in the music and is treated very well in the music...I used to put on Santana when I was angry because it's very passionate. It helps me to see my emotional turmoil as less upsetting, that it's part of life. (H)

Music As Medium

Another theme that emerged from participants' answers to questions about how they use music was as a medium—a “connection” (J) or a “bridge” (I)—to their accessing something

otherwise more removed. For some, this use manifested in their experience of social contact/engagement, through or via, the music:

It's like I have a personal friend who's singing to me. I will imagine my fiancé singing it to me, a personal connection. (J)

[Re: record listening] It's like having somebody around. (E)

[Re: singing in a choir,] There's an ambience of having participated in that that gives me a sense of upliftment, creating something together. (E)

It helps me engage with kids—if I engage with them through the music, it's meeting them where they are—we build a bridge that way that we might not have otherwise. (I)

I like how music always brings people together too, which can be a little tough—lots of people drinking at concerts. (A)

For others, music appears to be a medium through which they are able to bring their awareness to the present moment:

I use music] to bring me back—it kinda grounds me...it stops my mind from racing...calms me down, gets me centered...it helps me to be present in the moment. (F)

It helps me so much to set the moment right, whatever it may be, whenever time. (J)

There's a constant beat, keeping me aware of my surroundings (I)

Several participants seemed to connect music with their experience of mindfulness practices, with music as an object of focus.

Music As Means of Self-expression and Self-identification

Lastly, participants' descriptions of their current uses of music included much to indicate that their listening to, and playing, music served as sites of self-expression and self-identification: a means of both affirming and communicating aspects of their identities. One participant who is a musician described making music as a “creative outlet, [where] I get to express myself” (G). Another musician told of using music to “inspire myself” and to “uplift,

[and] inform” others; the participant spoke of using music to communicate certain belief systems to listeners:

spiritual matters, things about history—popular subjects—anything from learning about the constitution to learning that our history is just the record of the winner of the war. (D)

In other answers—the few responses in which participants described their avoiding music for reasons that did not relate to substance abuse—music’s violating aspects of one’s core beliefs were listed as particularly off-putting. In fact, only one of the eleven participants talked about avoiding certain music for reasons like finding them annoying or boring. Interviewees were more vocal about music’s power to violate:

[Music I avoid] scrambles my mind because what they’re saying is not necessarily positive—it’s not good—it gets me in a disarray; It’s like ‘why am I listening to this?’ It doesn’t make sense or it’s negative. (F)

Music with lyrics that have a hidden agenda or idea about harm to others...music where they’re raping women or killing people...it’s uncomfortable for me and brings up old situations and defeats the purpose of hearing any music or feeling the effects of music. (J)

I don’t listen to music with subject matter that I find offensive...also, the announcers on rock stations will say things that are offensive in how they treat women and also, in the way they say things, I can tell that they’re talking to white people, and they assume they’re talking to white people, and, while I enjoy the music, I don’t feel like they’re talking to me. (B)

Others talked about music as a necessary contributor to their senses of themselves and their capabilities:

I go dancing too—I have fun with music...I’m able to just do whatever comes to me—I just move to the music—It brings something out of me, a different part of me...I like to dance and without that it’s like I lose a piece of who I am. (F)

I tend to be a loner kind of person, so I use music to compliment my self-being. (K)

In the answers of other participants, music is a way of connecting with a cultural identity:

Psychobilly is a culture of grown-up motherfuckers who evolved into adults and seemed to have cleaned up but were part of a certain culture. (C)

[The music I look for] could be like affirming a belief system, or who I am—I’m OK as I am—they’re more able to express what I can’t express—like, say, in [an affluent city], depending on where I am, I might not see many black people, but if I listen to hip-hop or Cuban music, it’s affirming...this is how I am, this is who I am. (B)

In these quotations, participants describe cultural identifications of meaning for them, accessed through music. Participants told, additionally, of using music that recall times in their lives—or people—that hold personal meaning:

Sometimes music will also remind me of a certain time or a certain place; sometimes I'll listen to country music because it reminds me of back east where I'm from. (B)

Everything I've got on [my Ipod] helps to bring back memories...My wife passed, and I'm dealing with that, and it's times I like to think about her but don't want to spend too much time on it, but on shuffle, if it comes on, it's meant to be—it's very therapeutic, helps with self-reflection. (A)

I grew up in the 80s where there was a subculture of punk rock...part of [listening to that music] is nostalgia—it brings me back to those days. (C)

I return to music of my childhood, my adolescence...My wife and I are in the process of splitting up—I think when that kinda thing came up a lot of old feelings I experienced in my adolescence and childhood came up, and when those old feelings came up I diverted to some of that music that helped soothe me in those days. (G)

Such quotations communicate participants' drawing on music to reconnect to their roots (within time and space)—and to recall relationships and cultural memberships from the past—in efforts to keep those attachments meaningful to their present experience.

Connections Between Music and Substance Abuse and Recovery from Substance Abuse

The second group of questions was aimed at eliciting answers describing how music and substance abuse might be related, for participants individually, asking “Do you see any types of music—or particular music—as connected in any way with substance abuse, for you? How?” and “How would you describe the relationship, if any, between music use and substance use in your life?” Again, the narrative nature of participants' answers allowed for a variety of data describing how they conceive of their past and present uses of music as relating to their experience substance abuse and their journeys of recovery. And, though no participants' answers were the same, existing similarities allowed me to create several groupings within which to categorize responses. In the summary below, I have presented the data showing first how

participants described uses of music as relating to experience of substance abuse, followed by their descriptions of how music relates to their experience of recovery.

Associations Between Music and Substance Use/Abuse

Several participants described associating certain music from their lives with substance abuse simply because their listening to that music corresponded with the time of their life that they were exposed to, or beginning to abuse, substances. In many cases, the association seems related to memory:

Being there, there was an association of using drugs. That music was introductions, but it wasn't until my later years that my drug use spiraled out of control. (C)

I was using it in that way and so that's how I associate it—I'm not sure that they intended that—I'm not blaming any of those bands...I do recognize that there are genres of music that I associate with that—but it's my personal thing—I think everybody does that on some level. Now to this day when I hear that, I'm reminded that I had that [depressive] state of mind. (D)

All of the stuff that I listened to when I was using [I associate with substance use] just because I was using when I listened to it, so it has that Pavlovian association—classical conditioning. (G)

It had to do with my age...it was mostly White people—they had the access to the drugs. Being around those people was probably how I started listening to rock music—I definitely associate that kind of music with that age when I really started getting into it...A lot of what I was doing when I was listening to rock music, I was getting high and a lot of the people around me were getting high. It's more of a direct association. (B)

The people that I was hanging around with when I was into marijuana, were into rock'n'roll mostly...Basically, it's the dependent to an extent, on people I was meeting, and getting to know, that influenced my marijuana addiction and coinciding with that the music that went with it. (E)

Almost half of the participants interviewed reported associations between particular music and substance abuse because of the way they described often listening to music purposefully when using substances. One interviewee spoke of the behaviors as going “hand in hand” (I), and another described music as “enhance[ing] the experience of substance use,” and that “substance use can enhance aspects of listening” (G). Similarly, one observed:

I thought you couldn't play music, without being drunk and then I thought if you did play and you weren't drunk you were just terrible...I thought 'Oh, this adds to it', but then it took me away from music. (D)

Others talked about using alcohol as a fuel to dance and/or socialize (H), one describing having “never thought of music as...anything other than to party”. Another interviewee with years of involvement in the rave scene reflected particularly on how with “substance abuse and electronic music—one could fuel the other” (A).

Participants mentioned ways in which certain music idealized substance use. Some people linked this to lyrics that directly referenced using substances:

When I hear a song when the lyrics are talking about drinking...it can make drinking shiny and glamorous to me. (J)

Heavy rap really does connect to that, because of what they're talking about, brings up that memory of using. (F)

I was enjoying the music; it spoke to activities, like getting high, that I was involved in. (E)

Drinking Cristal, 40s, there's a lot of that in hip-hop culture, and whatever the 'in' kinda liquor or alcohol was. (B)

For others, the idealization or promotion of substance use was more implicit, part of the culture surrounding particular music:

With punk and rap and rock music, there's also that rebellious part that has a getting-high part associated, like, 'We're gonna do things to be counter- or edgy or even to have a different kind of experience. It was like 'We're gonna be different, we're gonna do things different from our parents, different from mainstream culture' and I think the drugs go along with that. I think people are trying to be different, and getting high is part of that. (C)

I was doing a lot of drugs; it went with the territory—[the musicians who made the music] are junkies and I felt like I was a junkie too—the lyrics are more about doom and drugs and darkness and relationships don't really matter. They're not talking about love and joy and peace and all that, it's more about disarray, disillusionment, dissatisfaction. (I)

These narratives begin to highlight the way in which several interviewees describe seeking out music that reflected their emotional states at the time of their using substances—music that would validate feelings of anger, angst, loneliness, etc.:

Listen to the vocals of Joy Division and you'll get the message. That was the frequency I was exhibiting for a long, long time, all the time—and I didn't know I was exhibiting it—I just kinda fell in with the music, and yet it was all about the drugs. (D)

I listened to blues music a lot, before my sobriety...I relate it to my substance abuse—the content: 'I can't get out of this horrible situation so I might as well sing the blues...it comes out of a hopelessness for the most part. (H)

You're angry against the government, well, drink up—fuel the anger—the music was great for it, an anger release. (A)

One participant connects her avoidance of music with the feelings of isolation during her time using substances:

When I was using I kinda isolated—I didn't want to hear anything...I kinda separated myself from everything that was a pleasure to me. (F)

Others described music and substance use as serving similar purposes for them, as stimuli to distract, escape from negative emotions:

That's what we do in substance abuse—to not think about things and what we feel—and with music that's what you do—you use it to get your mind off of what's going on and get you out of yourself. (F)

Music [was] something I [was] always trying to escape in. (C)

That's part of why I sought out electronic music—and taking drugs—to zone out, to lose myself on the dance floor. (A)

In the above summary, interviewee's descriptions of music's relating to their substance use and abuse, seem—in several respects—similar to some ways that music holds significance for them at present: music as a substance-like (or substance-enhancing) stimulus, music as bolsterer of cultural identities, and music as reflector/validator and distractor of/from negative emotional states.”)

Music As Risk Factor

Some participants described how the associations existing for them—between music and substance use—situate music as a trigger for substance cravings. Like associations above, the triggers seem linked to a variety of origins. For some, they are lyric-related:

When I hear a song when the lyrics are talking about drinking, then I feel the craving; it can influence me—and has in the past—to drink. (J)

I'm not gonna listen to 'Life in the Fast Lane', but I might listen to 'Hotel California' or "Over the Hills and Far Away' but not 'Stairway to Heaven'. (I)

For others the triggers can seem more memory-based, recalling times in which substance use and certain music corresponded:

There's some music that pops up that might give me triggers—when I was strung out, I would be in hotel rooms...and MTV would be on and a certain song would come on and I would be like, 'Wow—this is my life'—and now when I hear those, I can feel it in my stomach—I could go use drugs. (C)

I don't avoid [listening to a particular band], it's just not my first pick...I won't change it right away but if it makes me feel nauseous I'll change it...music can have a very positive note on it or a very negative note to it—sometimes it might trigger a craving—I get nauseous. (I)

Others described the frequency with which certain music and substance use accompanied each other as basis for the trigger:

Before I had tools of recovery, when I listened to hip hop or electro or dance music, I would all of a sudden—'Let's go drink'—hear the music, automatic thought: 'Drink'. (K)

Dance music reminds me of when I would go out to bars and dance. It was hard [in early sobriety], but after I've gone to dance many times with sober people, the trigger is no longer there. (H)

As the two quotations above indicate, some participants have experienced the potential for music to trigger cravings as having lessened for them, through time, exposure, and treatment.

Music In Recovery

All of the participants in this study spoke about ways that their using music—in their current lives—supports their recovery. They explained how this works for them in a variety of ways—none exactly the same, though many similarities emerged. As observed above—in terms of music's relating or connecting with substance use and abuse--many of the ways participants described music as being specifically useful to their recovery from substance abuse seemed to parallel some of the ways in which they described using music in their lives in general, currently. For example, several participants commented on their using music as a means to regulate their moods as a function valuable to their recovery:

I used to do everything with a drink, and I don't anymore and sometimes it can get uncomfortable, and music makes it a lot easier...[it] changes the mood, the feeling, takes me away from where my head was at. I use music to alter my mood in a positive way. (I)

Music helps supplement my moods...it's definitely a supplement to my recovery. (A)

I definitely use music as a tool, because I've found that—all the stimuluses that you have—your vision, hearing, smell, touch, you can associate it with different outside influences—things that you can have control of, because, in sobriety you find that you only have control over yourself, so from what I got from that was that if I only have control of myself, I can control what I see, what I hear, what I smell, what I

touch, and trying to keep myself in a serene place throughout my life has been my sobriety, and that's very important for my sobriety is to be OK with what's going on in my life. I use all this music and the different genres of music to keep myself in a more level plane instead of really high and then all of a sudden all these lows, or vice versa. (K)

Some pointed to music's use as a means of processing emotional experience safely—without turning to substance use to distract from, or numb their feeling:

If I'm missing an ex-lover, I might listen to country music or blues to try to associate myself, my reality of what I'm thinking of, back to the time of that particular hurt, which might be a trigger otherwise. (K)

If there wasn't music in this world, I don't think I'd be here, to survive without that validation. I have people for that too, but that's not always available, like in the middle of the night...I can turn the radio on low and I can process my feelings in a very mature, sensible way and I grow from that...[it] helps me deal with feelings in a fashion that I wouldn't be able to do if there were no music. (J)

You can apply music to recovery...if I didn't have it, it would have to be something else. If I didn't have it, I wouldn't be able to—it expresses something without me having to say anything—I might have to pursue some other way to express myself, how I feel. (A)

Two of these participants spoke additionally of finding ways to use music as a tool for challenging the thoughts that they have learned might precede their using substance:

[Music] helps me direct my thinking based on my attitude or the way I'm thinking about a certain situation—if I believe a situation is one way, I might challenge me to think maybe I'm wrong...it's not always a solution, but I'm challenging myself because I'm not drinking over it anymore. I give music 90% of the credit and I give myself 10% of the credit, for being creative enough to learn from music how to deal with certain difficulties in my life. (J)

For instance, you go by a bar and you hear all the people inside there and it seems like everybody's having fun and you're thinking 'Let me go have some fun there'—and if you don't have your own music or your own stimulus from outside of that bar or that situation, you get those triggers or 'Maybe I can have that first drink' and instead of having that automatic thought, it goes into that 'No, you can't have that first drink, because if you have that you're not just gonna have one, you're gonna have all the ones you can get in.' (K)

Several participants observed their using music towards gaining a heightened awareness of the present moment as helping to support their recovery:

I've chosen a different way of life—a way of life that's one of healing. Music helps me to step away from my feeling overwhelmed, by giving me something to focus on that gives me space—a sense of psychic space. (E)

To be present in the moment, not to escape the moment. Something that I've taken a liking to in recovery is Thievery Corporation—it seems to put me in a meditative state. (C)

In my sobriety, I started to listen to a lot more classical music, so if I wanted to clear my head if I got the bad news about something, or something of that nature, I might put on the classical music so that way it leads me to a place of serenity. (K)

These people seem to describe a positioning of certain music, as a locus of control, in their seeking to remain aware and balanced in face of the inherently unpredictable emotional and environmental stressors that might otherwise lead them to use substance. One participant described the benefit that music has for mindfulness practice:

I never meditated before—I never thought of music as to ground myself or to be centered or to find any wholeness in it—anything other than the party. In my recovery, I’ve been able to use it as more of a tool, for life sustenance, to sustain my life and to live in a more positive manner. I don’t know I just have to say that in my past I remember as a kid before I ever used, I felt the same as I do now in recovery—when you’re running a mile a minute you don’t pay attention to anything going on—for 26 years I wasn’t paying attention. (I)

Several participants described also their use of music as a medium for connecting, spiritually, with a higher power. As all participants in this study are involved in 12-Step Recovery Groups, those who described this higher power connection—essential to the 2nd and 3rd Steps—associated it with supporting their recovery. Some described this simply:

[Music] bridges the relationship from myself to a higher form of life—a higher belief system—some people call it god or god consciousness—a bridge between myself and that loving force of nature out there. It’s so important to me; it means everything for my livelihood and survival. (J)

As for my sobriety, sometimes I listen to music as my constant contact with my higher power...I get thoughts and images that are supplemental to my thinking and therefore I get this imagery inside my own imagination that will give me pleasure in knowing there’s a higher power—something beyond myself that’s helping me to stay in a more perfect place. (K)

Another explained a practice:

As far as using music in recovery, I met with one of my sponsees recently and for step two—the higher power step—I was suggesting to my sponsee who has been sober for awhile and has been having trouble--she’s transitioning—MtoF—and one of the things I suggested was use music as a way you connect, if that’s something that works for you...Something that I did early in my recovery and I still do it—I’ll listen to songs and I’ll change it—it’s me singing to my higher power or it’s my higher power singing to me, rather than a lover (B).

Changes in Relationships With Music Across Recovery

The third group of questions aimed at exploring potential changes in participants’ relationships with music through their transition into recovery. The questions asked, “How—if at

all—do you see your relationship to music as having changed throughout your struggle with substance abuse?”, “How—if at all—would you say the settings or activities you typically engage in, while listening to or making music, have changed?” and “How—if at all—would you say your motivations for engaging with music have changed?”. Positioned after prior questions about current relationships with music and about possible connections to substance abuse (which invited interviewees to consider their uses of music before and after their entry into sobriety), the three questions in this section were intended to elicit reflections on how relationships with music might have changed alongside the process of recovery. Again, while no two participants described identical experience, similarities within responses allowed me to organize data in several categories.

Approaching With Awareness

Broadly, participants described approaching music—in recovery—with greater awareness. This appeared in several ways, the first being general statements about experiencing music as “richer, clearer” (I) in recovery. Where one participant described drug abuse as having “t[aken] me away from music” and locating “reconnect[i]on” (D) in recovery, another spoke of “it ha[ving, in recovery] more substance to it—I see more and I pay attention more” (I), and another finding, upon entering recovery, greater insight into music’s value:

Now that I’m clean and sober I can take time to listen to music because when I was using I actually didn’t listen to music. Once I got into the program, I started getting to know myself again—music, listening more and learning about myself—learning that this is what I really do like—I like listening to music to dance and listening to music to meditate. (F)

Others describe their expanding attention to different aspects of music, given new focus in recovery:

Now I pay a lot more attention to the lyrics—to the meaning they could have for me. (I)

Now in my sobriety, instead of listening to the vocal part, I listen to the music part, the tone. I think it’s because of where my head is at, where my mental state is, because again, for me, alcoholism is a state of mind, an expression of mind, so in order to give up that passion, you have to get a distraction, to pull some sort of stimulus in that will make you turn that obsession into a state of bliss. (K)

For some, greater awareness or attention seemed to enable different, or new, avenues of interpretation:

Now the lyrics themselves actually mean something, they reflect something I've experienced, what I've been through. I really appreciate the words now—it's like they were written for me. (A)

Before, I would interpret the lyrics to getting high, and now I related them to getting sober...now I listen with a more sober sense...now, the things that are inspirational to me, I associate them with getting sober. (B)

An area of increased awareness mentioned by several participants related specifically to their noticing when aspects of their experience of music might be threatening to their sobriety. Some noted a new appreciation for music's power to evoke thoughts and feelings connected to using substances:

Now, to this day when I hear that, I'm reminded that I had that [depressive] state of mind. It's like remembering something and it's so vivid that you could cry over it again, like it's happening right now—Now, I have that reverence for certain types of music...music has the power to do that. (D)

With harder rock, I've learned if I listen to it too much, it'll start reminding me of getting high, so I can only listen to a little bit of it, and so I just notice that's what's going on. (B)

Several participants described this awareness as taking time and practice to cultivate:

If I listened to something early in my sobriety, I would be going out for sure. I don't remember a lot of music in my early sobriety, because of memories—it's like a dream where you wake up crying, you feel pain, it disturbs you, when you come to—music's like that—it's a powerful thing...Now, if I hear dance music, it'll make a little thing go on—a little switch—'I wish I could do that', without me thinking 'I need to go to the club right now'. In the early stages of my sobriety, I couldn't do that—because I didn't have the tools. (A)

Those [pieces of music associated with substance abuse] are like pieces of American history now, so wherever you go you're gonna hear piece of that—it'd be like me trying to avoid alcohol—I really see it the same way—I had to learn to live with alcohol—not be against it or for it, but not to put it in me. It's the same with music. (D)

[At big concerts] people are getting drunk and you're in a big crowd and it can be hard to resist...I felt more sensitive to that when I was newly sober, now it doesn't bother me as much. I don't feel as vulnerable—I know what to do to take care of myself. Having sober time, it's more familiar being sober, and I know I can just leave...my sobriety is more important...it's about being more aware of what's going on around me, and then not getting so caught up in the crowd—paying more attention to what's going on with me than with other people—I think that's something I didn't know how to do. (B)

Approaching With Acceptance

Several participants described finding, in recovery, a newfound openness and acceptance with respect to music. This became manifest in several ways. One way was in participants'

becoming more open to unknown—or previously ignored or disliked—forms or styles of music.

One said, “now, I’m able to connect with different styles of music—I listen better than before”

(F) and others claimed:

This experience [of recovery] has made me more grateful for [music’s] presence in my life—even music I don’t like” (D)

Now, I listen to everything—as of late it’s been nu-country in my car, though I would never play that if I had a passenger—I seem to have an appreciation for more and more things. (C)

Three participants (I, H, G) spoke of exploring new skills as musicians in recovery, one saying:

“Part of my recovery has been developing as a musician and developing some semblance of

belief that I could do it” (G). For another interviewee, the acceptance of whatever music

appeared seemed to resonate with the capacity—in recovery—to remain balanced regardless of

whatever stimuli entered experience:

The thing that I’ve done, especially in my sobriety—like before, when I was listening to music and doing whatever that music made me feel like doing I’d actually take down who the artist was, what type of music it was, whereas now, in my sobriety, I kinda use it just the same way AA is, it’s totally anonymous, random, hap-hazard music...people do associate themselves with different types of music, and what I’ve realized about myself and my sobriety is that, if I’m going to keep my sobriety, I have to be open to every kind of music, every kind of stimulus that’s out there, so that I don’t close myself off to anything that I might get from that particular time. (K)

One participant similarly described a change in the pursuit of music that has corresponded with

sobriety:

[Before sobriety] I would pursue music because I was looking for new stuff, something to identify with other people, subcultures—and because I wanted to party and get laid—I don’t really chase that anymore. The time that I use music now is depending on my mood rather than a hobby or a skill or to get fucked up. (C)

For this interviewee, a new awareness to music’s interaction with mood seems to accompany a

shift away from using music to attach or affirm culture-based aspects of identity. Stopping the

“chase” seems aligned with acceptance of self at present.

A More Present Focus

Many participants talked about ways that—in recovery—music becomes a tool for their staying connected to present experience. This appeared first as people spoke of avoiding music that reminded them of their pasts not for risk of triggering cravings, but in order to keep focus on the present:

In sobriety, you kinda tend to try to stay in the now, and so what I found out about the now is that sometimes you need to have something to remember that particular now, and that's how I started using music, was to keep me into that place, the places of now, rather than fading back to when I would listen to 50s music with mom and dad and remembering that that's what they would listen to and that's the only memory I have that's associated with that particular type of music. Now, sometimes when I listen to 50s music I listen to it in a different way—instead of saying 'Oh that's my mom and dad's music', I listen for the words or the particular type of beat that they have in the music. (K)

The focus is on where I am today—its not that I don't wanna go back and look at the past, I just don't wanna live there—if I hear what I used to play, everything grunge and dark, that lifestyle, I know it's time to change the channel or change the radio station. (I)

I don't listen to that rock music anymore—that hard-drinking rock—if I hear it I smile, but there's no craving, because those are different days. (A)

Many participants (F, G, H, I, K) listed “meditation music” as a newfound genre in recovery; listening to this type of music, “You go into the music” (K), one said. Two others alluded to their efforts to bring a present focus to their practice of listening in general:

The focus on the music just became—I guess listening to it with my ears better and differently than what I was taught—I was taught to listen to music but to play. Now I'm listening and feeling the music and that's the difference. (F)

Listening to music is a big part of my experience of my life in recovery. I obviously no longer seek to intensify one experience by providing it with another. The process of recovery for me has been about being gentle, and taking things one day at a time and I think that translates into how I listen to music. (G)

Music In Treatment

The fourth group of questions explored participants' experience of music in treatment situations. Questions asked “Have you participated in any form(s) of substance abuse treatment? Please describe.” “Did experience of treatment involve music? Music from your life? Did that include music you might think of as connected to substance abuse? How?,” and “In what ways—if any—do you see your experience of treatment as having affected your relationship with music

and your use of music?”. This study included 12-Step Recovery Groups as a form of treatment in the data collection, and, for more than half of interviewees, these groups were the only forms of substance abuse treatment in which they had participated.

Treatment Experience Reflections

All but two described music entering their experience of either 12-Step Recovery Groups or inpatient rehab treatment in some way, though for the almost all of these participants, music was described as occupying a minor or non-formalized role. Some observed:

In AA groups, I've found that a lot of people don't talk about music—they don't share a lot about music. I know that people have the experience of people listening to music and it bringing up uncomfortable feelings for them, but they don't talk about it. (A)

As far as content, music is not what a lot of people are talking about—it's friends, family, work, socializing, relationships. (B)

Three participants (B, C, D) spoke of music's ever entering 12-Step Recovery Group meetings, through its mention as group members or speakers shared relatable experience; one said,

In meetings people might talk about it—going to clubs or getting high. Or if they're new, people talking about going out or being afraid of going out, or talking about going to a concert for the first time and it being weird...I've talked about music that reminded me of old girlfriends. (B)

The other two interviewees, who reported talk of music during groups, spoke enthusiastically about how noticing similarities between themselves and other group members—with respect to relationships with music—supported their motivation and conviction that they could stop using substances:

The group I chose to get sober with, which is the [an AA group composed entirely of musicians]—there's all these other people, and they're all musicians. And I was bitchin about my life and how am I gonna get out of this, and here are all of these other people just like me and they had all done it!...I met all these people, all with tattoos—they were way more punk than I was—and they were clean! (D)

In these rooms, there's a lot of people of different backgrounds, and there are a lot of musicians and artists in there and their presence motivates me. (C)

Conversely, the third talked about how hearing about others' experience of music, to which she did not immediately relate, was alienating at first:

When I went to lesbian meetings and heard people talking about Holly Near or Cris Williamson and getting high and drunk and things like that, and those weren't my cultural references...I don't have those cultural references so I didn't feel like it was my meeting...It was alienating. (B)

This interviewee, who identifies as Black and lesbian, spoke of the necessity of finding meetings of members with which she shared similar experience before she was able to find general discussions of music useful:

As a person of color in the room where there are mostly White people, I've felt outside of a lot in the groups. As a person of color that's what you end up having to do—to put more effort into it—they're not gonna come to me and ask me about the music I listen to, or ask me about my experiences...it's gonna be more on the person of color to do that. Getting more time sober, I start to see that the feelings are the same—the specific experience might be different but the emotional part is the same, and it took me a while and having people that I could relate to, and then going to more meetings and getting to know the people and just tolerating listening to people talk about the stuff I didn't know about. (B)

Others (I, J) spoke of the social bonding—the group cohesion—gained from having music playing during certain activities at residential treatment centers; one described:

We were supposed to do chores and we decided to turn on the radio and dance and sing while we did the chores. We had something to talk about—to agree on. It was very supportive the atmosphere and I think music had a lot to do with that. (J)

The one participant interviewed who had experience music-making in a treatment scenario spoke specifically to potential for individual focus and motivating power of such group cohesion:

Drumming was very healing, it charges you—the charge is wonderful—that's the best experience I had with music—like being part of a tribe, with people going in the same intention or same direction. (I)

Another spoke of the value that associating certain music with a particular treatment center has held for his not experiencing certain music as a potential trigger for craving:

I came to the realization that I associated whatever music they'd be listening to at that particular program...For instance, this was a mental health facility and there was hip-hop music, so that changed my perspective on hip-hop as being stimulus for drinking, to a stimulus for getting help or changing my state of mind. (K)

Three (B, H, J) participants mentioned the similar value that 12-Step-affiliated sober dance events, and going out dancing with sober people, have held for them—in becoming more conscious of, and working through, what might be triggering for them about those experiences.

Some said:

[Going out dancing] was hard, but after I've gone to dances many times with sober people, the connection is no longer there. (H)

We had dances, sober dances and the whole feeling of going to the dance—I knew that I could get from point A to point B, with my music, and I'd have that freedom feeling, that I've carried with me now that I go to other dances and I can know that I wouldn't need to drink in order to socialize. (J)

Another participant explained how aerobic dancing to music within a treatment program was useful for “getting in touch with your body—it's a different type of meditation, like yoga but in the dance field—you're stretching, moving, feeling the energy in the room” (F). The use of music as a component of meditation practice was the most widespread application of music in treatment for the participants (F, G, H, I, K) of this study. Most described the music as a focal point during the mindfulness practice:

For meditation, [music's] calming, keeps me centered—it's part of what I do in recovery—to keep me grounded and it's part of my self-care—I have to do it. (I)

I'll listen to meditation music to bring me back to, like it kinda grounds me...sitting with yourself, feeling your surroundings. It helped me get more in tune with myself, through the music. (F)

One participant spoke about strengthening the ability to challenge automatic thinking through experience with music and meditation in treatment:

When I go to some AA meetings, there's meditation meeting and they have different types of music they'll play during the meditation part, so that's exactly how I kinda formulated this idea for using music as something that I can control automatic thinking that might occur in my—for instance—trigger. That's exactly how I use all sorts of music now, because when you go to a meditation, it's usually waterfalls that you hear or birds chirping, and I carried that out—it doesn't have to be birds—depending on who you are and how you are—it could be rock'n'roll. (K)

Treatment Suggestions

Not surprisingly, after answering questions about their using music in their current life, talking about how music has related to substance abuse and recovery for them, and describing how music entered their individual experiences of treatment, several participants shared thoughts or ideas about how music might be more robustly incorporated into treatment practices, and what risks exist in music's not being included. The participant who has been involved with the AA

group formed specifically by and for musicians mused on the value of being surrounded by others sharing that identification—and the risk of feeling excluded from a treatment community that did not share it:

Music played an integral part in getting me away—the person that plugged me into [recovery] was a musician...It was hard at first because lots of people drink when they play, but after a while I didn't care if they were drinking...It had to happen—you can't go around hating everybody because you're afraid you're gonna drink. I think every musician has to do that...It might be a hindrance to some people actually, because of the correlation between drinking and music—I can see how that would be a hindrance to some people, especially if a sponsor was to say 'Don't go near alcohol or music!'—Now what're you gonna do!? (D)

Similarly, the Black- and lesbian-identifying participant, wondered about the potential value that locating a treatment setting that had included music from her life might have held:

It was alienating at gay meetings—I'm gonna go and hear a lot of people talking about crystal meth and whatever music experience that goes with that and it has taken a while and getting to know them and listening to their stories and their experience, and it felt alienating and it might have been more—I might have felt more welcome or included in the meeting if there was music I listened to before talking about that. (B)

Such quotations seem to highlight music's power to both engage and bond group members, and they raise questions about how intentional addressing—during meetings—of music from people's lives might allow for a more inclusive environment. Another participant raised the question of how treatment programs might encourage their members in a widening openness towards differing forms of music, towards expanding their awareness of themselves and where they might locate mutual understanding:

That's what we do in substance abuse—to not think about things and what we feel—and with music that's what you do—you use it to get your mind off of what's going on and get you out of yourself. If we were to use it to get more in tune with ourselves, we can identify more of what's going on with ourselves and feel, you know? I think people need to be open more to different types of music and see the positives in the music of getting something out of it—to hear yourself—to be yourself. When you're set in one type of music you're kind of closed off from the world—you don't get to hear from anybody else, who can identify with what's going on with you. (F)

Two interviewees actually offered ideas for formalized group treatment activities, some similar to ones reviewed in the literature above. They had strikingly similar thoughts about

therapeutic activities that might enable group members to access and describe their emotional experience:

One thought is a music game where everyone would pick a piece of music or an artist or a song and talk about it regarding how they feel and how they're dealing with it, based on the song. (J)

Maybe to hear something and write about how I felt—or what did that song make me feel—instead of just how the song makes me feel within my body. How do I feel about my experience and how is this helping me—how does the music help me to bring up those experiences? And how can I change it? Let me get in tune with the pain and the hurt—what got me out into my addiction or whatever—how can I identify with it in a way I can write about or whatever? [In my treatment program] we didn't look at the identifying factors in music—the recovery process or the traumas of your life that might relate...instead of using the music to get out of yourself, you're using it to get into yourself. (F)

Both participants approach music as a site of the reflecting and validating of emotional experience, and one that is containable, accessible, and shareable by/for/with others.

CHAPTER V

Discussion

The purpose of this study was to explore the following questions: 1) how are experiences of music and substance abuse related?, 2) how might relationships with music enter one's experience of recovery from substance abuse, including substance abuse treatment (including music therapy or not)?. The study collected narratives in which participants described the different ways music functions in their lives, how music connects to substance abuse and recovery for them, how participants see their relationships with music as having changed in their movements into recovery, and how music has entered (or not) their experiences of treatment. This chapter will include further summarizing of the findings from this study and several observations based on analysis of the findings, as they pertain to questions raised in the review of literature above. Next, it will present some considerations of theory, including implications for social work practice that can be inferred from this research project, and recommendations for future research.

Summary and Analysis of Findings

Relationships With Music

The ways in which participants characterized how and why they use music, what music does for them, and their motivations for seeking out ways to bring music into their lives at

present, were (predictably) various and diversely explained. Music was described as a stimulus to—at different times—excite, soothe, distract, and escape. The similarity in function, between music and substance, in these descriptions seems consistent with researchers' claiming music's potential to offer pleasure experiences that activate the same 'reward system' brain structures as substance use (Silverman, 2003; Blum, 2010). Participants' descriptions of music use and substance use going "hand in hand" (I) or "fuel[ing] each other" (A) recall Horesh's (2003, 2006) and Silverman's (2003) observations of their clients speaking about substances and music together or experiencing similarly stimulus from each.

Music was additionally described as a tool some participants used to regulate their emotional states, because of its power to improve moods, its ability to reflect and reinforce emotional experience, and as a site where emotions could be recognized, validated, expressed, and/or processed. Such uses of music echo claims—within the literature—of music's agency in therapeutic interventions aimed at developing coping styles to replace the maladaptive styles that may promote substance abuse. Some participants explained valuing their using music to connect them to others—through memory-based or otherwise imaginative associations, through its adaptability to social interactions, or through its use as a means of communication. Participants spoke about seeking out music to access, allow and/or affirm personal identifications—manifest in hobbies, belief systems, cultural affiliations and/or personal associations. Also, many described music's as medium for bringing awareness to the present moment—music as a tool for mindfulness practice.

A commonality can be observed among the different ways participants talked about their engagement with music: these people have sought out music intentionally, as an outside object to alter, augment, or otherwise regulate self-states within changing environmental contexts. Their

descriptions reveal music's agency in this pursuit, as resulting from a variety of attributes: its abilities to energize and soothe the body, to evoke and clarify and assist in processing emotions, to recall memories, to stimulate imagination, to offer site for social connection, to affirm identities and beliefs, and to become a means of present awareness. Such data speaks to the music's involvement in identity construction—in some way—for all participants in the study, supporting Krueger's (2011) observing music as a tool by which people "creat[e], organiz[e] and regulate [their] experiences, as well as [their] relationship to the world and others" and through which they "observe, negotiate and agree on emotional responses" (p. 7, 20). DeNora's (2006), Hines' and McFerran's (2014), and Tsiris' (2008) assertions, of music's use in developing self-esteem, and supporting self-efficacy and synthetic functioning, seem likewise supported by participant responses in which music appears as a means of sharing valued personal beliefs/meanings (B, D) and experience making music is explained as building confidence and validation in one's skills (E, G, H, J).

Music And Substance Abuse

Participants' responses revealed a number of associations existing for them between substance abuse and music in their lives. Some explained associations based in memory—of the times and people in their lives in which substance use and music entered. Some spoke of use-based associations, where music and substance were sought-out in conjunction with each other. Content-based associations were also described, in which: 1) music (lyrically) idealizes substance use, 2) substance use is connected to the cultural affiliations of certain music, 3) participants observed music's reflecting emotional states during periods of substance use/abuse, and/or 4) observed their using music to escape or distract from emotional experience. Several participants described striving to avoid particular music, either related to the painful memories it

brings up, or its holding associations with negative outcomes—the “evaluative conditioning” described in the literature review (Juslin and Vastfjall, 2008, p. 570).

Some participants located triggers for cravings, occurring for them when they hear certain music, and described as based in their use-based associations, as well as the music’s lyrical references to substance use. Such data seems to indicate the possibility of understanding music as a potential risk stimulus for context-specific withdrawal. The data likewise points to the possibility of there being, for some clients, certain “dangerous music”—for theorist and music therapist music Horesh (2003), music as one of the “emotional and environmental cues and triggers which bring about memories of use or weakens one’s self-efficacy, which may bring about relapse to substance abuse” (p. 310). Interestingly, no interviewees reported triggers for cravings as being related to music’s power in accessing, or affirming, personal identifications and cultural affiliations (from present or past), or in music’s ability to activate emotional experiences that might have encouraged substance use in the past. Also, several participants described how hearing music (that connected with substance use/abuse for them) existed as a trigger for cravings early in their recovery, but that these triggers lost power as participants gained what some referred to as “tools of recovery” (A, K)—widespread, 12-Step-related parlance for coping strategies, ranging from formalized activities (“90 meetings in 90 days”), to philosophical directives (“One Day At A Time”) and weighted slogans (“EGO=Easing God Out”). Curiously, many ways in which interviewees claimed to use music in service of their recovery are echoed in published versions of these “tools of sobriety”:

...be active—don’t sit around...practice control of your anger...avoid loneliness...beware of emotional extremes...keep an open mind...live today, not yesterday, not tomorrow...let go and let God...meditate...listen... (“99 Tools For Sobriety,” 2001; SoberDan, 2013).

Music In Treatment And In Recovery

The use of music to support recovery was something that all participant interviews claimed, and, though no one spoke about this in exactly the same way, many of participants' utilizations of music for recovery seemed to be involved in emotional regulation: as a substance-like stimulus to numb or distract, a method of escape from an uncomfortable or negative emotion, a tool for balancing emotional extremes, and/or a means of processing emotions. As noted in the literature, treatment interventions seeking to support clients' emotional regulation (which contain a large number of music therapy interventions) are often organized around creating group situations that offer challenges to participants' coping and defenses (such as evasiveness or denial), observing and processing these in the therapy, and practicing alternative ways of engaging. Though without any formalized experience of music therapy, one participant describes a similar process within her experience of 12-Step Recovery groups:

Probably when I was new I was always looking for a reason to not-fit-in, or not-be-a-part-of—I was always looking for a reason to not stop using. I was looking more for my experience of being excluded rather than included...Getting more time sober—I start to see that the feelings are the same but the specific experience might be different but the emotional part is the same and it took me a while and having people that I could relate to, and then going to more meetings and getting to know the people and just tolerating listening to people talk about stuff I didn't know about and then trying to find out more about it---OK, I know what they're talking about and going and listening to the music and thinking 'OK this is cool'. And they may be listening to Cris Williamson and I'm listening to Chaka Khan—after a while you learn to relate to people.”
(B)

Even though the above narrative response does not include what would popularly be described as music therapy, it is still a rarity in the data collected in this study. Participants' experiences of what could be termed “music therapy” were few: including only one participant's experience of group drumming and others' using music with meditation. These interventions—drumming and meditation—do have foundations in addressing emotional regulation goals: (respectively) through presenting participants with potentially frustrating group collaboration in order to address coping styles, and through mindfulness practices' promoting increased tolerance of negative affect (Silverman, 2003; Jimenez, Niles and Park, 2010). In these cases, though,

music's agency—as described by participants—seems largely to have been through its position as a containing medium—for directing group energy (“charge” (I)), or for focusing awareness (“to bring my state of mind back, focused” (F)). No participant spoke of explicit links between either group music-making as supporting emotional regulation or listening in meditation practice being a tool of tolerance, though one did speak of discovering an adaptation of mindful listening to the music in his life:

I kinda formulated this idea for using music as something that I can control automatic thinking that might occur in my, for instance, trigger. That's exactly how I use all sorts of music now, cuz when you go to a meditation, it's usually waterfalls that you hear or birds chirping, and I carried that out—it doesn't have to be birds, depending on who you are and how you are, it could be rock'n'roll. (K)

Having limited experience with music in treatment and describing little emphasis, in treatment—between music and these self-regulatory coping “tools”—the participants in this study seem to have located music's agency in these realms largely on their own, basing their learning in ways of using music that seem largely consistent throughout their lives.

Many participants framed their using music, in support of recovery, as a means of connecting to present awareness, replacing an escape from the moment through substance use. Interestingly, the most widely reported appearance of music in participants' experiences of treatment was its use in meditation, as a tool for “calming...center[ing]” (I) and “ground[ing]” (F)—music's offering an object that one might focus on with ease. The only other formalized uses of music in treatment activities that interviewees reported—dance classes and group drumming—seemed to function similarly, characterized as promoting the united, focused attention of mind and body. These findings are predictable given the steady appearance of mindfulness-based interventions in substance abuse treatment in recent years (Himelstein, 2011; Ostafin, Kassman, & Wessel, 2013). Research into mindfulness practices' effectiveness suggests that they have the effect of strengthening self-regulatory capacities, supporting the link between

music use and self-regulatory functions observed by participants in this study (Jimenez et al, 2010; Masicampo, 2007).

A few participants mentioned their using music as a means of connecting with their higher power—a supportive force in their recovery. Here music was described in terms of a “bridge”(I), as well as an imaginative tool—in the form of the higher power’s reminding of its presence (“constant contact” (K)), or communicating its support to people via music that has been meaningful for them in other realms:

I’ll listen to love songs and I’ll change it—it’s me singing to my higher power or it’s my higher power singing to me, rather than a lover” (B).

Other participants pointed to the personal and cultural associations with music as supporting their motivations to engage with 12-Step Recovery groups and/or their joining—in subtle or overt ways—with other residents of treatment programs. One spoke of her experience at an inpatient program, doing chores with other residents while listening to music:

We had something to talk about, to agree on. It was very supportive—the atmosphere—and I think music had a lot to do with that. (J)

Examples in the data seem to support Erkkila’s (2003) and Silverman’s (2003) observations of music’s power to engage and retain clients in substance abuse treatment. Interestingly, these researchers were writing about specific music therapy interventions, whereas the participants in this study who claimed to find such motivation and engagement located it through informal identification with others in particular treatment programs/groups. Such examples—of music serving as means for connection or identification with social or spiritual groups—point to a continuity in interviewees’ relationships with music across their journey into recovery, a malleability that exists for people in their utilizing music, due to—not despite—its personal or cultural significance for them. This flexibility is further illustrated in these interviewee responses:

My wife [who only 2 years ago died of a drug overdose] and I were doing crystal meth and listening to a lot of music that I still listen to—it hasn't changed, and I'm still getting back to it, and I'm starting to realize it wasn't the meth...A lot of music that we did listen to and that I listen to now is for memories—I cherish it more, it's not threatening—I listen to a lot of dance music now and it doesn't threaten me to use. I probably listen to more dance music now than before. (A)

In recovery, life happens and during real life issues, music comes on at that particular time and I'm not using, but I'm in pain, or I'm not happy...I'm a different person, different things mean different things, therefore music is not something I'm always trying to escape in. (C)

Relationship Changes Into Recovery

The observations in the sections above suggest a continuity, over time, in how the participants in this study relate to music, across their experience of substance abuse and into recovery. Participants talked about music—often much of the same music—being an exciting or relaxing stimulus, an affirmer of cultural identities, and as a tool in emotional regulation. Some of what participants said observed this continuity or registered some confusion about what exactly had changed for them:

[Before recovery, music] brought me out of myself—opened me up to different parts of myself—I've always had fun with music—it gave me a sense of self.

I think of how I talk about rock music when I was getting high when I was a kid—there's also certain music that I remember to when I was getting sober that's imprinted on me in the same kinda way. I probably always did that, but now the things that are inspirational to me, I associate them with getting sober. Just now I have more clean time so I have more of those experiences to relate. (B)

Participants' seeking out music as an outside object to alter, augment, or otherwise regulate self-states within changing environmental contexts emerges as a common thread across descriptions of relationships between music and substance use/abuse, between music and processes of recovery, and in how participants talk about their relating to music currently—outside of a substance abuse/recovery context.

The changes, then, that participants observed with respect to music and their journeys into recovery, had to do with a heightening of their awareness and appreciation of how music functions for them. They reported that music seemed imbued with more “substance” (I), more meaning and even greater potential to evoke memories and emotions. Some spoke of increased

awareness to how music enters their experience and how it affects them, increased acceptance of different forms and aspects of music, and new appreciations of music's capacity to support their bringing attention to the present moment. Significantly, interviewees described changes relating entirely to new or enriched experience with music in recovery; no one spoke of disavowing particular music or their ways of using it in the past. Even those who mentioned avoiding certain music described this as occasional, involving introspection related to present experience:

With harder rock, I don't [listen much]—if I listen to it too much, it'll start to remind me of getting high and using again, so I can only listen to a little bit of it, and so I just notice what's going on. (B)

I don't avoid [listening to a particular band], it's just not my first pick...I won't change it right away but if it makes me feel nauseous I'll change it...music can have a very positive note on it or a very negative note to it. (I)

The language of some participants revealed a striking admiration for the power of music's ability to evoke such emotion and memory:

It's like remembering something and it's so vivid that you could cry over it again, it's happening right now—Now, I have that reverence for certain types of music...I have a different reverence for it now. I don't think before [recovery] I saw any type of music as holy—even church music—but now I do. (D)

It's like a dream where you wake up crying, you feel pain, it disturbs you, when you come to—music's like that—it's a powerful thing. (A)

Theoretical Considerations

The review of literature above includes the research of music therapist and theorist Tsvia Horesh (2006, 2010), who found she could engage clients otherwise unreachable, through discussing their “preferred” music (music from their lives prior to treatment). (This was in an inpatient setting, presumably with clients very early in sobriety.) She describes clients' relationships with their preferred music as involved—directly or indirectly—with the issues they bring to therapy, and she explains the need to bring these relationships into therapy for threat of relapse, if the meanings/functions/uses of the music are not explored. Horesh found—like this

study did—few examples for music therapy’s addressing how people’s relationships with music might be involved with their struggles with substance abuse. Her exploration into clients’ relationships with music—via her own music therapy practice—found results strikingly similar to the findings of this study, revealing music as offering escape, relief, soothing, protection from negative feelings through its promoting psychic strength, and its ability to mirror facets of client’s experiences and feeling states that may be difficult to recognize. Data from this study suggests a consistency across uses/functions of music, for participants—across their experience of substance abuse and recovery—implying that, though they changed the behavior of substance use, their relationships with music did not have to change. That participants described an increasing awareness and attention—in recovery—to how they are using music and to how music affects them, suggests that actively addressing their relationships with music might assist people in recognizing that a life in recovery could be accessible and sustainable.

In her research, Horesh (2010) observes music’s acting like a transitional phenomenon, a term first defined by D.W. Winnicott (1954), as (in child psychology) the “designation of the intermediate area of experience”—“the use made of objects that are not part of the infant’s body yet are not fully recognized as belonging to external reality” (p. 2, 3). In Winnicott’s (1954) theory, the transitional phenomenon becomes useful in easing the development of reality testing: one’s ability to differentiate between internal and external reality, to understand one’s positioning within physical and social reality as culturally defined, and to navigate between individual and social expectations of self. For Winnicott (1954), transitional phenomena support the development of reality testing by occupying

an intermediate area of experiencing, to which inner reality and external life both contribute...an area which is not challenged, because no claim is made on its behalf except that it shall exist as a resting-place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet inter-related. (p. 90)

Horesh's (2010) writing similarly situates music as allowing both connection to—and evocation of—one's inner, emotional experience, and also the safe distancing—as an external phenomenon—to prevent overwhelm.

In this study, participants' descriptions of using music as a tool for emotional regulation, and their descriptions of using music as a means of accessing both present moment awareness, and connection to a higher power, seem related to this understanding of music as transitional phenomenon. Music appears as a place in which emotional experience can be safely accessed and understood:

“I've used it to get in touch with whatever angst I was feeling and expressing that, having a sense of mastery of that.” (G)

“I look to music to reinforce emotions, especially when I have affection for somebody or a friendship or just an experience I've had that collaborates what I'm trying to do in life...I look for music to go along with what I'm doing or where I'm at.” (F)

Some described music as a site for processing emotions that might otherwise overpower:

“[Music] identifies with my stress...to reflect it in some way—I'm not alone, these people went through it—I'm not as bad an egg as I think I am.” (C)

“I will seek out Beethoven because the turmoil is in the music and is treated very well in the music...it helps me see my emotional turmoil as less upsetting, that it's part of life.” (H)

Another's description emphasized the sense of self-control that use of music brought into view:

“If I only have control of myself, I can control what I see, what I hear, what I smell, what I touch, and trying to keep myself in a serene place throughout my life has been my sobriety, and that's very important to for my sobriety is to be OK with what's going on in my life. I use all this music and the different genres of music to keep myself in a more level plane instead of really high and then all of a sudden all these lows. (K)

With respect to bringing awareness to the present moment, music can be understood, in the data, as a point to direct focused attention that is more safely accessible to people with less experience practicing such skills. In mindfulness literature, such focal points are referred to as “safety points”—as opposed to the “sharp points,” such as small places on one's body—because to direct attention to them requires less scrutiny of one's immediate experience (Pollak, Pedulla,

and Siegel, p. 11). As something located outside of one's own body, but something that is unseen and has the potential to resonate physically, music can be understood as a transitional point of focus as people become more practiced in present awareness. One participant explains:

“Music helps me to step away from my feeling overwhelmed, by giving me something to focus on that gives me space—a sense of psychic space.” (E)

Mindfulness literature explains a process of development in one's practice, from attending to “safety points” towards the “sharp points,” and that the “safety points” can remain available, as places to return at times of heightened internal activation. One participant alludes to a moving away from the “safety point” of music in this description:

“Sometimes silence is great—I find I like it more now that I'm sober...I'm in a lot of silent meditation groups, and lately I've been finding my center that way. Those moments of conscious silence are like a behavioral shift I can't explain, but it works—like recovery, you trust the process—can't explain it, just go with it.” (C)

In locating a higher power, a practice encouraged in 12-Step programs, music appears to have aided some participants (J, K) in locating and remaining assured of the presence of their higher power. Another (B) described how using music with different past associations for her, and applying it to connection with her higher power, made this part of the 12-Steps easier for her to access. She spoke of how the task of locating a higher power can often be an obstacle in people's engaging with 12-Step programs, and described recommending this practice to a sponsee who was having trouble.

In many of the examples above, participants' relationships with music appear to be a consistent connection to it, as outside object—less a tool than a site of action—in their altering, augmenting, or otherwise regulating self-states within changing environmental contexts. In the lives of the participants, substances had once functioned in a similarly self-regulatory way, and these experiences have allowed music to function as transitional phenomena for them. Music is able to function as an external phenomenon—like substance—in its being accessed to soothe, to

excite, to distract, etc., but music also carries the continuity of its use in people's lives before they began abusing substances—a link to something enduring in participants outside of their attachment to substance use. In its usefulness as a transitional phenomenon, music differs from substances, in that its experience involves more of the character of “me;” as Winnicott (1954) might say, one's “inner reality...contribute[s]” more to one's experience of music than one's experience of substance (p. 90). Such an observation might be a useful one for clients to consider as they approach futures without substance use. One participant observes the distance—or difference—in his experiences of music and substance abuse when he says:

I was your weekend warrior, party boy, everything was normal, and then something happened around drugs and alcohol—the excess thing—and that led me down the rabbit hole of depravity type thing and a lot of that was around music cuz I thought ‘oh this adds to it’ but then it took me away from music. (D)

This study observed a flexibility with which participants were able to utilize music, allowing them to place social and spiritual meanings on music from their lives, in support of their recovery, that would be unavailable had such music not occupied a similar function in another personal or cultural realm for them. Such an observation suggests music's availability for redefinition—a transition in its meaning and value for people—by way of its familiar functioning. The relationships—the personal meanings and associations—people have with music, allow for its functioning as something internally-experienced (felt), but also safely located outside the self.

Horesh (2010) describes how, for some she observed in her research, there is a risk of a “complete identification” with the music—in which the safe distance is unavailable and music's association with substance use might make abuse irresistible, or threaten emotional dysregulation and overwhelm (p. 63). Some responses from participants in this study seem to speak to a similar process happening for them:

Listen to the vocals of Joy Division and you'll get the message. That was the frequency I was exhibiting for a long, long time—and I didn't know I was exhibiting it—I just kinda fell in with the music, and yet it was all about the drugs. It was reflecting my own state at that time—I meet other people now and they hear joy and happiness in that music, but when I hear it I think of sticking needles in my arm and, like, death...Now, to this day when I hear that, I'm reminded that I had that [depressive] state of mind. It's like remembering something that's so vivid you could cry over it again, like it's happening right now—Now, I have that reverence for certain types of music—and that reverence, like, if I'm trying to do something positive, I'm not gonna listen to anything that's gonna make me go back to those bitter morass of self-pity days, but I do realize music has the power to do that—it certainly does. (D)

“Drugs and alcohol was a part of my whole youth...I don't think I necessarily knew what I was signing up for at the time but it was the socially acceptable thing to do until it became a problem—every band that I listened to had some part to play in drugs and alcohol—even Bert Bacharach...there's lotsa music I listened to—I still love it. I was doing a lot of drugs; it went with the territory—[the musicians who made the music] are junkies and I felt like I was a junkie too—the lyrics are more about doom and drugs and darkness and relationships don't really matter. They're not talking about love and joy and peace and all that, it's more about disarray, disillusionment, dissatisfaction...it was more an accurate mirror of my reality at the time...[Listening now—]it doesn't make me want to relapse but it does make me queasy, depending on where I'm at emotionally. Because in my head, I'm always drinking, that's the problem—so if I'm not in a good mood...sometimes it might trigger a feeling—it's something I go through and I ride it through...for me it's what am I getting out of the music...if I'm getting positive reinforcement for my existence, then so be it, but if it's something that triggers something, I don't wanna necessarily hear that at a time when I'm not feeling good about life. It depends—it really is a trip—we could have this conversation again tomorrow and it might be different. (I)

These participants look back on experiences with music in which the instability of the emotions evoked in the music reflected their own emotional dysregulation, such that they became consumed. Their descriptions of their own experience, and those contained in the music, seem inseparable. Yet, neither interviewee claims an entirely avoidant relationship with respect to music in their lives currently, nor to the particular music described as bringing up memories of their substance use. Both seem to have experienced a transformation with respect to the music so aligned with substance abuse for them—one even says she “still love[s] it” and both recognize the music as a powerful external entity.

Interestingly, neither of these interviewees reported experiencing triggers for cravings through interactions with music. In fact—as noted above—no participants in the study reported cravings related to music's power in accessing, or affirming, personal identifications and cultural affiliations (from present or past), or in music's ability to activate emotional experiences that might have encouraged substance use in the past. The craving triggers interviewees described

seem based in time/memory of substance use/abuse, or in lyric-based associations—in music’s calling back a particular time in their lives or in a song’s idealizing substance use, separate from the personal and cultural identifications music may hold, and from its agency in supporting emotional regulation. Data from this study suggests that these aspects of people’s relationships with music may be consistent in function—in their supporting self-regulation—but that they do not promote dependence (as substance use does). Brought to greater attention and awareness, the flexibility in how music can affirm and access personal and cultural identifications, and the agency music holds in safely evoking emotion and memory, may empower clients in their process of recovery from substance abuse.

Implications for Social Work Practice

The discussion above highlights a continuity in how music relates for people over time—as an outside object to alter, augment, or otherwise regulate self-states within changing environmental contexts. Music has the potential to function as something external while containing an internal aspect—in its abilities to evoke and clarify emotions, to recall memories, to stimulate imagination, to offer site for social connection, to affirm identities and beliefs, and to become a means of present awareness. In this functionality, music may be understood as like a transitional phenomenon (Winnicott, 1954), something that has presence both internally and externally and, as such, can facilitate the mediating of environmental and emotional stress in a way that moves towards making self-regulatory processes internal. One participant seems to describe such movement:

Before I had tools of recovery, like when I listened to hip hop or electro or dance music, I would all of sudden ‘Let’s go drink’—hear the music, automatic thought ‘Drink.’ Whereas now I use it as, instead of hear the music, automatic thought ‘Drink’, it’s ‘Listen...OK, you don’t have to drink, you can remember those times and know that that’s not a good place for you...remembering the tools that I have so I don’t have to go out and drink. I really use music as a pneumonic system of, for my thinking, my train of thought, my imagination—that’s what I found out in sobriety too. (K)

Understanding music as like transitional phenomenon has implications for social work practice, specifically within music therapy in substance abuse treatment. Clinicians may seek to explore client's relationships with music in the therapy in order to bring greater attention and awareness to how music functions, for them, as sites for validating and regulating self-states. Bringing music that is preferred by clients—or otherwise meaningful to clients—into the therapy may help clients more quickly tap into how music functions in their self-regulation and exploring examples in which music allows them to experience powerful, threatening, and uncomfortable emotions and memories, while containing such experience at a safe distance. Such a use of music in therapy recalls Philip Bromberg's (2000) writing of effective psychotherapy as requiring the “symbolic representation” of traumatic experience, such that clients can experience pain in an embodied way, while not being overwhelmed or re-traumatized (p. 11). Bromberg (2011) describes the necessity of the therapeutic environment being

safe but not too safe[,that]...the coexistence of safety and risk becomes the essential element of therapeutic action that makes the reliving part of a psychoanalytic growth process rather than a blind repetition of the past” (p. 330)

Data from this study suggests that music from client's lives might carry the potential to symbolize painful emotions, memories and identifications, keeping them at a safe enough distance that clients might be able to engage with and process them, without the overwhelm that might promote their seeking substance. The attachments and associations that people have with music (or, the symbolism music carries for them)—especially those related to substance abuse—might be necessary to this process, in their allowing music's internal resonance.

While this study, like that of Horesh (2010) and others, continues an exploration into people's relationships with music—and how those might interact with experiences of substance abuse and treatment—this study is far from generalizable. The small, and small-region-based, sample was inherently limiting, as was the choice of interviewing only those with at least one-

year sober time. Surely this study's findings would have been made more complex by incorporating participants with less sober time, or participants engaged in substance abuse treatment that is not abstinence-based, as 12-Step programs are. Additionally, interview questions designed to explore differences and similarities in the ways people relate to specific styles or genres of music—or settings of engaging with music—might have the potential to reveal therapeutic interventions tailored to those experiences of engagement. Further research into these and other limitations of this study are recommended.

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APPENDIX A: Informed Consent Form

Informed Consent Form

Full title of Project: Substance Abuse and Music Use: Exploring Relationships Through Recovery

Name, position and contact address of Researcher:

Andrew Culler
MSW Candidate ~ Smith College School for Social Work
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX

The present study is a qualitative exploration of the relationship between music and substance abuse and the role of music in the treatment for—or recovery from—substance abuse. The study is intended as partial requirement of a Masters in Social Work graduate degree of the researcher, Andrew Culler.

Data for this study will be collected through recorded interviews. The data will be made confidential: no names or identifying information will be included.

By signing below:

I confirm that I have read and understand the information above and have had the opportunity to ask questions and have those questions satisfactorily answered;

I understand that my participation is voluntary and that I am free to revoke my consent at any time, without giving reason;

I agree to take part in the above study;

I agree to the interview being audio recorded;

I agree to the use of anonymised quotes in publications.

(printed) Name of participant

Date

Signature

APPENDIX B: Human Subjects Review Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

December 10, 2014

Andrew Culler

Dear Andrew,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elaine Kersten'.

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Stacey Novack, Research Advisor

APPENDIX C: Interview Questions

Interview Questions

1. What is your age?
2. How do you describe your gender identity?
3. How do you define your race/ethnicity?
4. What is your average annual income?
5. How many dependents (if any) do you have?
6. How do you use music in your daily life currently?
7. What are the settings in which you listen to or make music?
8. What activities (if any) do you typically engage in while listening?
9. What do you see as motivation(s) for your engagement with music?
10. How would you describe your process of deciding what to listen to (or play) and when?
11. Are there pieces of music/artists/types of music that you return to during particular times? Which? When? Why?
12. Are there pieces of music/artists/types of music that you avoid at certain times or altogether? Which? When? Why?
13. Do you see any types of music,--or particular music—as connected with substance abuse, for you? How?
14. How would you describe the relationship between music use and substance use in your life?
15. How (if at all) do you see your relationship to music as having changed throughout your struggle with substance abuse?
16. How would you say the settings—or activities you typically engage in--while listening to or making music have changed (if at all)?
17. How would you say your motivation(s) for engaging with music has changed (if at all)?
18. Have you participated in any form(s) substance abuse treatment? Please describe.

Listen to music ?

Play music ?

19. How did your experience of

treatment involve

music from your life? Did that include music you might

Have some history with substance abuse?

think of as connected to substance abuse? How?

20. In what ways (if any) do you see your experience of treatment as having affected your

Been clean/sober for 1 year or more ?



YOU MIGHT QUALIFY TO PARTICIPATE IN A RESEARCH STUDY !

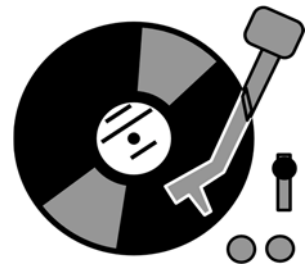
relationship with music and your use of music?



One time, One hour

Commitment

Confidential



Interview-Based

Research Study: XXX. XXX. XXXX	Research Study: XXX. XXX. XXXX	Research Study: XXX. XXX. XXXX	Research Study: XXX. XXX. XXXX	Research Study: XXX. XXX. XXXX	Research Study: XXX. XXX. XXXX	Research Study: XXX. XXX. XXXX	Research Study: XXX. XXX. XXXX
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