Stage Two Recovery for Substance Use Disorders: Considerations and Strategies for Music Therapists
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Abstract
While addiction, or substance use disorder, can be viewed as a chronic condition, it need not be life threatening. Through careful consideration of recovery processes inclusive of social, emotional, cognitive, and spiritual issues, the capacity to regain a fulfilling and meaningful life involving a well-defined manner of living in sobriety is possible. Music therapy can engage toward a level well beyond the bio-physical stage of recovery (stage one). Addressing psycho-emotional and psycho-spiritual growth (stage two) through music therapy engagement motivates the client to grow along lines that are life-affirming. This attention to what is often referred to as ‘stage two recovery’ allows for the adoption of a value and ethic driven life for those with this disorder; a disorder that is currently identified primarily as a medical disease.

Keywords: music therapy, recover, substance use disorders

Introduction
Treatment for substance use disorders (SUD) can be quite varied and diverse. The settings for the treatment of SUD may include anything from long-term residential therapeutic communities, intensive outpatient programs, traditional 28-day inpatient facilities, or short-term detoxification units within a designated facility. Regardless of the particular setting clinical setting, a question that often surfaces within the treatment environment for SUD is this; what does authentic sobriety really look like? Abstinence, or ‘not using’ one’s drug of choice, is only one aspect of the recovery process. Abstinence can clearly lead to a bio-physical healing; diminished dependence upon one’s drug of choice. This primary level of the recovery process may be viewed as the necessary first stage of a life of sobriety (stage one recovery).

Abstinence does not, however, speak to the more general need for improved overall health and deep healing that has the potential to sustain sobriety past the initial abstinence phase. It is essential that the understanding of sobriety include a much broader and more inclusive view of the recovery process if a client is to enter a life of significantly improved health on all levels.

Stages of Recovery
Addiction is often considered to be a chronic disorder involving a compulsive use of one’s drug of choice. This would suggest that the user has no effective option other than to use this drug of choice. While this “physiological state of neuro-adaptation” as described by Stahl [1] may, in fact, be an essential component of the disease, recovery should include aspects that go beyond the physical (stage one recovery) to include psychological, psychosocial, and spiritual levels of growth, insight, and recovery as well (stage two recovery).

Recovery as a process can occur on several levels for the client engaged in early treatment for SUD. It is critical that the music therapist working with these clients have a comprehensive view of what the continuum of recovery requires. With direct reference to stage one recovery needs, Borling [2] justifies the need for bio-physical recovery as an essential part of the journey toward long-term sobriety. This level of recovery can include management of withdrawal symptoms and stress, as well as reconnecting with body sensations that may trigger a desire to engage in addictive actions. Deeper into the overall recovery process, however, and beyond this fundamental level of treatment is what Larsen [3] refers to as ‘stage two’ recovery. Stage two recovery includes specific needs that are more psychological in nature and more complex to identify. These stage two recovery needs are considered essential, however, for a sustained life of sobriety.

Mueller and Ketcham [4] discuss a model for recovery that is based on an “invisible but essential structure that will protect your sobriety for the rest of your life” [p. 154]. This structure, dubbed the ‘House of Sobriety’ [p. 154], is built on a foundation of abstinence and physical recovery (stage one).
However, the next levels of this ‘house’ include both mental and emotional aspects of the on-going recovery process. The final and perhaps the most essential level of this model is the spiritual ‘roof’, without which sobriety at any level is dangerously exposed. These mental, emotional, and spiritual aspects of the recovery process are what define the stage two level of recovery.

The medical profession clearly recognizes alcoholism, and addiction in general, as a medical disease. While abstinence is a vital part of the recovery process, abstinence is sometimes mistaken for true recovery itself. All of this is clearly important and must be addressed, but the long-term dynamics of the recovery process are highly complex and will extend well beyond the need to identify only the downward spiral of the addictive process for the designated client. What is needed is a comprehensive understanding of the recovery process not only from the initial stages of treatment but from the on-going and long-term point of view as well. After the initial addictive process has been broken a new wave of challenges can become evident for the client. The human characteristics that are sometimes perplexing to the person in early recovery include relationship problems and self-defeating behaviors that ‘could’ lead one back to the drug of choice [3].

It is here that the importance of stage two recovery comes into play. There often comes a time in the journey to long-term sobriety when the addict feels that ‘enough is enough’ or that they are ‘sick and tired of being sick and tired’; phrases often heard in the fellowship of the 12-step communities. It is a time when there is an increased need for serenity, joy, and peace of mind; a time when recovery may be more psycho-emotional and psycho-spiritual than bio-physical. Borling [5] discusses the need to alleviate feelings of distress (fear, anxiety, guilt, shame, sadness, anger, loneliness, regret, grief etc.) as a critical part of the pursuit of stage two recovery. He believes that the pursuit of what Maslow [6] refers to as core meta-needs is fundamental to the stability of one’s sobriety.

**Meta-needs and Stage Two Recovery**

Maslow [6], when discussing meta-motivation and spirituality, identified a grouping of meta-needs that all humans possess. These needs include qualities such as wholeness, justice, simplicity, and beauty; playfulness, truth, and autonomy, to name a few. It could be suggested that addiction, and all SUD’s, may be linked to a frustrated striving toward the satisfaction of these meta-needs. If these needs remain unfulfilled or unsatisfied, Maslow suggests that meta-pathology may emerge in its place. A reconnection with the core drive or motivation toward these meta-needs may be central in combatting these meta-pathologies and to the overall long-term recovery process. Wolf [7] describes this as a soul sickness where the addict has lost contact with a core substrate fundamental to the human experience. This soul sickness leads to conditions of emotional remoteness, chronic negativity, despair, depression, or a sense of being fragmented. A key here related to treatment needs, then, is to catch the emergence of those soul moments, or the expression of meta-needs, in the music therapy session where flashes of joy, spontaneity, or beauty are expressed.

Sparks [8] describes addiction as “the ultimate condition of separation” [p. 199]. He suggests that addiction separates us from core goals, desires, and pursuits of happiness. A view of stage two recovery through this lens suggests that the road to recovery includes an exploration of a client’s values, ideals, and basic tenets by which one is living life. An understanding of the emotional posture of a client along with a view of the spiritual foundations must be included and not only through a traditional recovery model but also through the consideration that alcoholism (and addiction, in general) may be a spiritual disease [9] [10]. However one defines that sense of psycho-emotional or psycho-spiritual growth for each person, these concepts appear to be key to re-connecting with this vital principle central to stage two recovery and long-term sobriety.

**Alcoholics Anonymous and Stage Two Recovery**

Alcoholics Anonymous (AA) [10] adopted the 12-step model not only as a way to stop drinking but also as a way to address the psycho-emotional and psycho-spiritual sides of the disease, though AA does not make use of this terminology. Bill W., co-founder of Alcoholics Anonymous (AA), discusses the spiritual dimension of the recovery process when stating that quality sobriety is built upon a ‘deep and effective spiritual experience which has revolutionized our whole attitude toward life’ [10, p. 25]. Principles like ‘surrender’ (steps 1-3) and ‘honesty’ (steps 4-7) are qualities that have less to do with the physical dependence on a substance and more to do with qualities of life. These qualities of life are consistent with Maslow’s [6] idea of ‘being values’ or B-values. Further, the making of amendments (steps 8-9) and the practice of prayer and meditation (steps 10-12) speak to growth on the humanistic plane rather than a simple shift in actions and behaviors.

AA encourages movement toward a spiritual experience with a higher power and clearly considers the spiritual journey a necessary element of the recovery process. With that principle identified, it is equally notable that AA allows for this spiritual experience to be self-defined and non-dogmatic. For many AA members, that higher power is nothing more than the reconnection with a group of like-minded people rather than the more traditional “God of the Churches” [2, p. 345].

Griffin [11] believes that the value-based investigation and responsibility that occurs as a result of steps 4-9 leads to a more compassionate life. AA literature affirms that an adherence to the principles offered by the 12 steps will lead to qualities like hope, humility, integrity, increased awareness, faith, and courage, to name a few. Levine [12] refers to recovery within the 12-step model as a process of healing that
allows us “to inhabit the conditions of our present reality” [p. 22].

**Music Therapy Processes for Stage Two Recovery**

Music therapy literature does address the needs of people being treated for addiction, substance abuse, alcoholism, and/or drug dependence (all terms often used interchangeably). Little evidence, however, is available that directly addresses this idea of stage two recovery. Murphy [13] states that individuals who enter substance abuse treatment are often broken—physically, mentally, emotionally, and spiritually. Every aspect of their lives has been affected (p. 354). Clearly, she is suggesting that an integrative and holistic understanding of treatment is vital for quality recovery. Murphy goes on to state that:

> Music therapy as an experiential therapy, offers individuals with substance use disorders a means to reconnect with their body, mind, and spirit. In order to do this, music therapists must be prepared to address treatment needs in each of the areas based on the presenting needs of the clients, understanding that each person’s recovery journey will be different. [p. 365]

Gardstrom, Carlini, Josefczyk, and Love [14] identify musical rituals, therapeutic singing, drumming, clinical improvisation, song discussion and/or composition, and music-supported movement as effective and impactful avenues to emotional access and affective growth. Music imagery may assist in the healing of trauma and emotional wounding leading to a sense of self-empowerment and growth toward wholeness. Borling [2] discusses one style of music imagery as being adapted from the core principles of the Bonny Method of Guided Imagery and Music (BMGIM) that can be central in the area of psycho-spiritual growth and healing. On a rudimentary level, working with music and imagery strategies in this manner may be little more than an exploration and “adoption of spiritual principles in one’s daily activity” [2, p. 5]. For stage two recovery, this can represent a fundamental yet critical shift in awareness and practice upon which a sustained, long-term recovery process can be built.

Gardstrom et al. [14], when discussing women with addictions, note the importance of understanding that “certain issues and conflicts differ notably between women and men” (p. 96) and a sensitivity to this difference is critical in terms of relapse prevention and the manner in which the addiction and recovery process can give shape to women as they enter recovery. With reference to both women and men they further state that “recovery is a search for identity—a striving for wholeness” [p. 103], an opportunity to “identify who they are at the core of their being, and connect with their intrinsic spiritual life forces” [p. 103].

Therapeutic sing-alongs that are specifically goal-directed or theme related are particularly effective in early recovery when working toward group cohesion and tolerance of others. Deeper into the treatment process, these sing-alongs may effectively provide a means for identification and communication of emotion. Additionally, Murphy [13] suggests that song-writing may directly address specific psycho-emotional and psycho-spiritual goals. “These goals may include creative self-expression, identification and exploration of therapeutic issues, collaboration and cooperation, frustration tolerance, and perseverance” [p. 363].

Music reflects the complexities of our lives. Recovery from a substance use disorder may be considered complex as well when viewed as a multi-stage process. Music may be the tool that honors that core drive to feel alive again once a recovery process has begun. Campbell [15] suggests that the search for ‘meaning’ in life is not an individual’s primary aim; rather, he feels that what we are truly seeking is an experience of ‘being alive’. Music, in its many forms, and music therapy as a reflexive process [16], has the ability to engage the client new to recovery on these important levels. In fact, the psycho-spiritual side of recovery may be simply stated as a search for meaning, purpose, and values in one’s life. This search may and probably should include some manner of interpersonal connectedness that is often found in the fellowship of the recovering community. Music therapy as a group process can mimic that sense of the recovery community. Underhill [17] states that “an uplifting sense of genuine spiritual union with something larger than the self” [p. 64] is at the core of a mystical experience. This notion is consistent with potential outcomes of music-centered music therapy as well as the more dynamic models of music therapy interventions.

The potential for value-based therapeutic growth may come through active music making experiences as well as more traditional approaches to music therapy for groups. May [18] suggests that addiction may, in fact, be a reflection of a blessed pain. Music therapy has the potential to dynamically engage a client through song writing, imagery work, drumming, and more. In a paradoxical manner this dynamic engagement introduces the client to both the challenge (emotional or spiritual) and the resolution (again, emotional or spiritual) on this journey to a sober life. With specific reference to the psycho-spiritual dimension of recovery, music therapy is uniquely situated to assist the client in the exploration of emotional and spiritual growth, whether it be through connecting with a higher power or through a broader understanding of the arts, humanism, or one’s place within a social context.

Consistent goals that address the needs for psycho-emotional and psycho-spiritual growth will include enhancement of relationships, reliance on a support system, increased emotional maturity and honesty, increased emotional expression in a group setting, and decreased isolation [2] as well as a sense of what surrender and connection with a higher power may mean to the client.
Exploration of these potential goal areas through active music making and receptive music processes will lead the client to a more sustained life of recovery. This exploration will potentially lead to what Corey [19] identifies as capacities that are unique to all humans. These capacities include open mindedness, freedom, creativity, meaning, purpose, and ego-transcendence.

Discussion

The profession of music therapy is positioned to contribute clinical expertise in substantial ways when treating substance use disorders. Through evidence-based practice (EBP) as well as an attention to the more challenging and elusive aspects of recovery, music therapists can meet clients’ needs in ways that will contribute to a lifetime of sobriety. It is recommended that music therapy research look closely at the impact of services on all levels of treatment and recovery. Further, those methods of investigation and analysis should allow for an understanding of the more subtle, yet deeply important, presentations of emerging sobriety.

It is strongly suggested that the music therapist working within this clinical arena be well versed in recovery processes from a variety of paradigms. This includes the current medical model of understanding for the disease as well as knowledge of the 12-step process and principles as originally presented through Alcoholics Anonymous. Further, it is recommended that an understanding of one’s personal position with regard to emotional and spiritual growth is necessary for effective work with this client group. Gardstrom et al. [14] emphasize competent practice when they state that “personal and professional health and maturity” [p. 98], self-awareness, and ethical practice are core to assisting with emotional and spiritual growth from a person-centered perspective.

It is the nature of addiction to disrupt the fabric of social, emotional, and spiritual bonds that have been part of the human experience throughout time. The real issue, then, seems to be one of re-entry into a cultural structure that embraces social, emotional, and spiritual growth that will be life-affirming, not life-defeating. As addiction progresses, there is a natural tendency to narrow one’s contact with life; to diminish interactions with life in a manner that begins to alienate and isolate.

May [18] offers this when referring to the passage into a life of sobriety:
Addiction cannot be defeated by the human will acting on its own, nor by the human will opting out and turning everything over to divine will. Instead, the power of grace flows most fully when human will chooses to act in harmony with divine will… Here, in the condition of human dignity, the power of addiction can be overcome. [p.139]

It is here that true change and stage two recovery can be embraced. It is here that true freedom of body, mind, and spirit may be integrated into daily life. This is what members of the 12-step recovery community mean when they say: "we will know a new freedom and a new happiness" and "we will comprehend the word serenity and we will know peace". "our whole attitude and outlook on life will change" [20, p. 83-84].

Through meaningful and expressive music therapy engagement, and careful attention to the stage two recovery process, the client can experience a return to a contributory and useful manner of living. The psychological maturity that results from this careful attention leads to an openness, creativity, and responsibility in all areas of one’s life. This journey toward psychological maturity can be awakened through the music therapy process.

References


Biographical Statements

Jim Borling M.M., MT-BC is Professor of Music and Director of the Music Therapy Program at Radford University in Radford, Virginia. He is a Board Certified Music Therapist and Fellow of the Association for Music and Imagery. He makes use of the Bonny Method of Guided Imagery and Music in his private practice in Roanoke, Virginia, and also serves as staff music therapist for Avenues to Recovery, an Intensive Outpatient Program for adult and adolescent substance abuse treatment.