Music Therapy and Mindfulness: Treating Women with Addiction in a Therapeutic Community
Stephanie Miller

1 Palm Beach Music Therapy Institute serving Joe DiMaggio Children’s Hospital in Hollywood, FL. United States of America

Abstract
This paper describes a 12-week music therapy group for women residing in a therapeutic community. The group combined music experiences with elements of mindfulness as a means of helping participants learn how to stay focused in the moment as well as gain a deeper understanding of the principles and how to use the traditional AA slogans in the maintenance of their sobriety. Goals and objectives with corresponding music experiences and mindfulness exercises are described. Recommendations for future research are included.

Keywords: music therapy, mindfulness, substance use, recovery

Introduction
Men and women often receive treatment for addictions in a mixed gender setting. While this can be effective, there are specific issues for women in addiction that support their need for gender-based treatment. Typical areas that might not be met in a mixed gender environment include safety, emotional exploration and support, and empowerment. Additionally, women in recovery often have a history of trauma, which may have led to their substance use, or have had the potential to trigger a relapse. While there is a limited body of research that supports the use of music therapy in addictions recovery, the research focusing on gender-specific treatment is extremely limited. The published research suggests that music therapy interventions may help those in treatment explore their emotions, decrease negative affect, decrease stress and anxiety, and improve mood. Meeting these goals through the use of music therapy will allow clients to take control of their lives while, at the same time, facilitate the development of a supportive network among group members.

Mindfulness, the basic ability to be fully present and aware without judgement, also has been incorporated into addictions treatment. Principles of mindfulness compliment one of the main tenets of AA philosophy—“one day at a time” which is often reworded as “one minute at a time.” Mindfulness is used to address many of the same issues as music therapy, namely stress, anxiety and mood by bringing awareness to the breath and focusing on the present moment. Music can be used in addition as a therapeutic tool to bring clients into the moment, and bring further awareness and attention to the mindfulness experience.

The purpose of this clinical project was to explore the effects of a music therapy protocol that incorporated elements of mindfulness on women residing in a therapeutic community as there is congruence between the principles of music therapy and mindfulness.

Review of Literature
Addictive behaviors, which are persistent, repetitive, and self-destructive, can interfere with living a healthy life. These behaviors can affect the family, workplace, and community, and can lead to unemployment, homelessness, and crime as the focus from family and work obligations turn towards satisfying cravings and recovering from the ingestion of substances. Effects of prolonged misuse of substances include major depression, and generalized anxiety disorder which can lead to a loss of interest in social activities and other areas of life where those at risk, seem to care only about their cravings for, comfort with, drugs and many in turn, suffer from using and abusing. Moreover, those with substance abuse disorder die on average 22.5 years earlier than those without a substance use diagnosis. Additionally, arrests, convictions, and incarceration, and probation or parole status are common.
Emotional dysregulation and experiential avoidance are often the result of prolonged substance use. Experiential avoidance occurs when individuals are reluctant to experience emotions, thoughts, images, or memories. People also tend to use drugs as an attempt to reduce the intensity of negative feelings and/or to escape and avoid these feelings.

Music therapy allows for the strengthening of interpersonal bonds and the ability to communicate and connect with others. Clients can be validated through music experiences and can be given the chance to feel in control, making choices, and having opportunities to tell their stories. Music therapy can also provide clients with a means to connect with their inner selves and to let go of the old ideas of the addicted self, providing greater awareness and strength. As clients move towards recovery, music therapy can provide for deeper work that is necessary for self-discovery, self-understanding, and growth along spiritual lines.

**Mindfulness and Music**

Mindfulness is defined as paying attention in a particular way; on purpose, in the present moment, and nonjudgmentally. So often in life, individuals risk falling into a static or seemingly robotic way of seeing, thinking, and doing. Often, especially in addiction, people are preoccupied with the past or the future. This leads to feelings of guilt, shame, and anxiety. During these moments, there is often an inner tension within each person that he or she is unaware of that affects thoughts and actions. These reactions can include ‘numbing out’ with drugs or alcohol, blaming oneself or others, and/or trying to manage and control other people. Mindfulness can help those in recovery to focus on the present, rather than concentrating on what might happen next and/or the “next fix.” In this way it allows for acknowledging, feeling, and accepting discomfort as it arises, and enhances one to be with the experience, rather than trying to run away from it.

Mindfulness practices can provide a means of coping with urges and cravings, rather than being consumed with them and giving in. These practices allow an individual to see the “big picture”, instead of giving in to one’s usual conditioned, habitual behavior. When one is faced with a trigger that leads to a craving, there can be opportunities to make mindful choices, decreasing the likelihood of relapse. Mindful practices help individuals to see more clearly, and can assist their coming to understand more deeply, those areas within their lives that were out of touch or that they were unwilling to look at.

Mindfulness is also congruent with the therapeutic community philosophy. The therapeutic community teaches being in the personal present, the here and now, and mindfulness involves being aware and in the present moment. Results in 2 studies have shown that mindfulness treatment in a therapeutic community demonstrated positive changes in self-reported coping styles and psychological symptoms, and statistically significant decreased in awakening salivary cortisol in a pre-post design trial.

**Gender Specific Treatment and Music Therapy**

Research suggests that a gender specific treatment approach centered towards women may be most effective in treating substance use disorders. Women experience unique problems related to addiction including low self-esteem, problems in relationships with family members and significant others, interpersonal violence and trauma, eating disorders, child care and custody problems, grief related to loss, isolation, and gender discrimination and harassment. Using substances often conflicts with society’s view on femininity and the role of women as wife and mother, often causing women to internalize this stigma and feel guilt, shame, despair, and fear. Women also often have a diminished sense of self because they have neglected their true selves in favor of other people and lean toward seeking their drug of choice. Also, notably, women will use drugs in order to make or keep connections, particularly in relation to male partners. Male partners often introduce women to drugs or alcohol, supply for the women, are abusive, and can be lacking of support to their partners as they enter treatment.

Women who experience trauma, often use substances as coping mechanism to avoid feelings related to their trauma. Studies show that 74% of addicted women reported sexual abuse, 52% reported physical abuse, and 72% reported emotional abuse. This data compares to women who were not addicts where 50% reported sexual abuse, 34% reported physical abuse, and 44% reported emotional abuse. Therefore, it is important to learn a women’s trauma history in order to provide a safe and affirming environment while they are in treatment.

Gardstrom et al were among the first to outline the needs of women in substance abuse treatment with music experiences they found to be successful. These interventions included music rituals, therapeutic singing, song communication, drumming, improvisation, song discussion, composition, music and imagery, and music and movement. These interventions provided a safe space for clients to express difficult feelings. Additionally, they allowed for a sense of belonging and community, which is paramount to the healing process in addiction.

**Rationale for Clinical Project**

The impetus for this project grew out of practicum experience working with women in addictions treatment. In reflecting on the women’s participation, the clinician noted that many of the music experiences brought up past failures that elicited their experiencing of a range of emotions as well as increased
concern with the future. This focus on the past and the future,
seemed to create a sense of “stuckness.” This led to the
question—would combining music therapy with mindfulness
help women in recovery learn to ‘in the moment’ and help
them to develop healthy coping skills?

Healing through meditative and altered states with music
has been used for centuries. It has been effective throughout
varying cultures for aligning the mind and the body. The
aesthetic quality of music has the ability to create a rarified,
altered state of consciousness, whether meditative, trance-like,
or prayerful. Certain types of music have been shown to
create a specific effect in the listener, and have demonstrated
positive effects on relaxation, mental clarity, and vigor, as well
as several health-enhancing physiological changes. The
healing power of music has also been seen in shamanic rituals,
where there is a driving rhythmic field that functions to
facilitate the loosening of one’s present state of consciousness,
alternating between these states, ultimately leading to
healing. Music listening can be used to promote self-healing,
develop greater self-awareness, and reach clients who struggle
to communicate verbally.

Kabat-Zinn suggests noticing the sounds and silences in
music as means of mindful music listening: “You can practice
this with music, too, hearing each note as it comes and the
spaces between notes. Try breathing the sounds into your
body and letting them flow out again on the outbreath.”

Based on the previous principles, mindful music listening may
be considered as an effective way to combine the two
techniques as a clinically meaningful therapeutic intervention.
While each can stand on their own, the purpose of this clinical
project is to learn if mindful music listening is an effective
therapeutic intervention for women in addictions treatment.

Setting and Participants

This project took place in a non-profit therapeutic community
program which provided residential treatment for women 18
and older who were in recovery from addiction. Therapeutic
Communities (TC) started in the 1960’s as a self-help
alternative to existing treatments for addiction. Treatment
stages reflect increased levels of personal and social
responsibility, with the community being the key agent for
change. The TC is a treatment environment that emphasizes
clients’ responsibility for the behavior and change process for
themselves, their peers, and the emotional and physical safety
and comfort of the treatment environment. The treatment
community can hold up to 12 residents at a time, plus children
as space allows.

Women admitted to the program underwent an
assessment process by the intake counselor. Admission
criteria for this program included: 1) an acknowledgement by
each patient of her addiction to drugs and/or alcohol, 2)
medical clearance, (medical detoxification if needed must be
completed prior to admission), 3) a clear drug screen, 4) a
cognitive functioning level that would allow for participation
in the program, and 5) the ability to move independently.
Clients with mental illness or eating disorders may need to
submit a psychiatric evaluation to ensure that treatment can
address their mental health and addiction issues. Clients who
were homicidal, suicidal, or in any other way a threat to
themselves or others were not eligible for the treatment
program.

Participants

The music therapy group consisted of women who resided in
the therapeutic community. All women were required to be
present at group unless a prior commitment such as a court
appearance, doctor’s appointment, or tasks related to their
treatment program were required. The music therapy group
met once a week for one hour over a 13-week period. This
was an open group format, with anywhere from 3 to 7 clients
at a time, who were in varying stages of their treatment. Over
the course of the project, 15 women ranging from the ages of
18 to the mid 60’s participated.

Methods & Materials

Both active and receptive music experiences were included in
the program design. Music therapy interventions included
mindfulness and music practice, active music making, and
song discussion as seen in Table 1. The mindfulness and
music practice involved the use of recorded music, and
focused on the primary recovery principles as they relate to
the 12-steps and slogans of AA. Active music making was
designed to incorporate the concepts of mindfulness as well.
Song discussion also focused on the 12-steps and slogans as
well as the relation of the steps and slogans to their addiction.

Although there was no formal assessment specifically for
music therapy, the lead therapist at the therapeutic
community conveyed relevant information from the facility
assessment and client charts to the music therapy clinician for
each person who would be participating in music therapy
group. In addition to this information, the music therapy
clinician conducted a 12-step and AA slogan assessment (see
Appendix A & B) for each client entering the music therapy
group. These assessment tools were administered at the
beginning of the music therapy group, and again at the end of
the music therapy group. An informal assessment was
employed using behaviors, statements, and other information
observed in music therapy groups to re-evaluate clients on an
ongoing basis in each meeting concerning their presenting
problems and needs.
Table 1: Goals, Objectives, Music and Materials

<table>
<thead>
<tr>
<th>Session #</th>
<th>Number of Participants</th>
<th>Music &amp; Materials</th>
<th>Music Therapy Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>Laguna Indigo from Liquid Mind CD</td>
<td>Introduction/Assessment</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>Emerge from Music Within CD</td>
<td>Introduction/Assessment</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>Sound of Invisible Waters and Vollman Im Herbst from Koyasan: Reiki Sound Healing CD</td>
<td>Music and Mindfulness</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>Balance, Laguna Indigo Part 1, 2, and 3 from Liquid Mind III CD</td>
<td>Music and Mindfulness</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
<td>Just For Today by India Arie Plateaux of Mirror, First Light, and Arc of Doves from Ambient Plateaux of Mirror CD</td>
<td>Song Discussion</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>To Be Simple by Susan Herrick LUX 3 from LUX CD by Brian Eno</td>
<td>Music and Mindfulness</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
<td>Haven’t Got Time For The Pain by Carly Simon I Am Willing from Relax CD and Laguna Indigo, Pt. 2 from Liquid Mind CD</td>
<td>Song Discussion</td>
</tr>
<tr>
<td>8</td>
<td>4</td>
<td>Let It Be by The Beatles Mending Your Own Mind and Quietly Floating Home from Healing Sanctuary CD by Dean Evansen</td>
<td>Music and Mindfulness</td>
</tr>
<tr>
<td>9</td>
<td>5</td>
<td>The A Team by Ed Sherran Emerge from Music Within</td>
<td>Song Discussion</td>
</tr>
<tr>
<td>10</td>
<td>5</td>
<td>Still Standing by Monica Ione from Deep Listening CD by Pauline Oliveros, Stuart Dempster, and Panalotis</td>
<td>Music and Mindfulness</td>
</tr>
<tr>
<td>11</td>
<td>5</td>
<td>Wasted Time by The Eagles</td>
<td>Song Discussion</td>
</tr>
<tr>
<td>12</td>
<td>3</td>
<td>One Voice by The Wailin’ Jennys Laguna Indigo Pt. 2 and 3 from Liquid Mind III CD</td>
<td>Song Discussion</td>
</tr>
<tr>
<td>13</td>
<td>6</td>
<td>Song Mash Up from Previous Sessions</td>
<td>Follow Up Assessments/Closure</td>
</tr>
</tbody>
</table>

The music therapy clinician completed informal post session notes specific to music therapy after each group meeting. These notes were used for the purposes of professional growth, planning of future sessions, and for use in supervision. The structure of these notes was group narrative for the purpose of capturing group process throughout this project. These notes taken by the music therapy clinician were not included in the overall group notes for clients at the treatment center.

Implementation

Goals for Music Therapy

Based on the needs of the population, and the purposes of the music therapy program, along with the assessment information, a number of goals were established and addressed during the music therapy sessions and included 1) identification of stressors’ 2) development of stress management skills; 3) increased self-awareness 4) increased emotional exploration and expression; 5) demonstrate a functional knowledge and vocabulary of steps 1-3 and common slogans of the 12-step recovery process; 6) identification of personal qualities that contribute to the recovery process; 7) identification of the physical, emotional, mental, and spiritual impact that addiction had on the abuser.

Music Therapy Interventions

Music therapy interventions were designed to address these goals in a safe, supportive, and success-oriented way. Music therapy interventions:

1. Active Music Making: Used for clients to explore and express emotions, and to experience the concepts of mindfulness such as active attention in the present moment. Various handheld percussive instruments were used including djembes, egg shakers, tambourines, and hand drums were placed in the center of the circle. Clients were invited to choose an instrument that appealed to them. Once all participants had selected an instrument they were instructed to explore their
instruments individually, noticing feelings and sounds. Clients were then given a grounding beat and instructed to join in as they felt ready, and to pay close attention to the sounds of the group, and any accompanying thoughts and feelings, being in the moment related to mindfulness. This intervention also encourages clients to have fun without the use of drugs.

2. Song Discussion: Discussion of words and/or phrases from designated songs that clients can relate to their personal recovery or that elicited a reaction for clients. Songs were chosen that included recovery concepts, particularly as they could relate to steps 1-3 and/or the slogans of AA. Client preferred music was brought in upon request with the understanding that the songs must relate to addiction and the clients personal recovery. Songs that clients chose included “Still Standing” by Monica related to the AA Slogan Let Go and Let God, and “Wasted Time” by The Eagles related to the AA Slogan This Too Shall Pass. All other songs were chosen by the music therapist such as “To Be Simple” by Susan Herrick related to the AA Slogan Keep It Simple, “Just For Today” by India Arie related to the AA Slogan One Day At A Time, “One Voice” by the Wailin Jenny’s related to the AA Concept of Support/Community. A list of songs used in each session can be found in Table 1

3. Mindfulness and Music: Guided mindfulness practice focusing on steps 1-3 and the slogans of AA was combined with music as a therapeutic intervention. Music used in mindfulness exercises may be trance-like or have a soothing combination of harmonic tones that helps to increase and elongate the listener’s awareness of the present moment as well as including instruments that can be grounding with lower tones. Additionally, the music was selected had a stable pulse, limited shifts in dynamics and primarily step-wise melodic movement. Music that had the potential to be evocative, stimulate imagery or bring up emotional content was not used. The music was chosen from the traditional meditation music genre, relaxation music, as well as some classical music. Selections of music included Laguna Indigo parts 1, 2, and 3 from Liquid Mind, Emerge From Music From Within by John Eidsvoog, Mending Your Own Mind and Quietly Floating Home from Healing Sanctuary by Dean Evenson. The musical selections were chosen by the music therapist, and were between ten and twenty minutes in length. Table 1 has a list of all the music used in each session.

Results

Client responses were captured for a total of 13 sessions. Participants completed a pre/post assessment of their knowledge of the 12-Steps and Slogans of AA at the beginning of the clinical project in week 1, and again at the end in week 13. Each woman in the group was able to contribute as much or as little as desired after each session. At the beginning of treatment, women indicated that they were most familiar with the early stages of the 12 Steps, with the majority of responses indicating Step 1 or 2. The AA Slogan Assessment generally showed clients being very personally familiar with the following slogans: “Easy Does It”, “One Day at a Time”. The following responses were given to sessions:

<table>
<thead>
<tr>
<th>Session #</th>
<th>Theme/Therapeutic Area</th>
<th>AA Content</th>
<th>Music Experience</th>
<th>Participant Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introductions/Safety</td>
<td>12 Steps</td>
<td>Mindfulness and Music</td>
<td>• Understanding of Mindfulness, but not how to do it</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Hard because we couldn’t numb out</td>
</tr>
<tr>
<td>2</td>
<td>Being In The Moment/Coping</td>
<td>AA Slogans</td>
<td>Mindfulness and Music</td>
<td>• Saw various family members.</td>
</tr>
<tr>
<td>3</td>
<td>Being In The Moment/Coping</td>
<td>Step 1</td>
<td>Mindfulness and Music</td>
<td>• Feeling happy, safe, and sad.</td>
</tr>
<tr>
<td>4</td>
<td>Coping/Increasing Self Awareness Being Mindful</td>
<td>Step 2</td>
<td>Mindfulness and Music</td>
<td>• Difficulty but able to be in the moment</td>
</tr>
<tr>
<td>5</td>
<td>Coping/Increasing Self Awareness Being Mindful</td>
<td>One Day At A Time</td>
<td>Song Discussion Mindfulness and Music</td>
<td>• Difficulty being in the moment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Focusing on breathing and music helped keep us in the moment</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Overall relaxation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Easier to be in the moment than previous sessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Feeling relaxed and present</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Discussed past trauma related to addiction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Feelings of fear for uncertainty of future</td>
</tr>
</tbody>
</table>
The 12-step assessment at week 13 showed the majority of clients being at steps: 3 and 4. The AA slogan assessment at week 13 generally showed clients being very personally familiar with the following slogans: “Easy Does It”, “One Day at a Time”, “Let Go and Let God”, “This Too Shall Pass”, “Sobriety is a Journey… Not a Destination”, “I Came, I Came to, I Came to Believe (steps 1,2,3), and “I Can’t… He Can…. I Think I’ll Let Him” (steps 1,2,3); and, and moderately personally familiar with “KISS”, “To Thine Own Self be True”.

**Conclusion and Recommendations**

Overall, this project provided clients in a residential addiction treatment facility the opportunity to understand and work towards recovery from a holistic perspective. The goal of this project was to help clients in recovery become more familiar with, and to develop a deeper relationship with, the 12-steps and slogans of AA. This goal was addressed solely through the lens of music therapy and mindfulness. The 12-step assessment and AA slogan assessments were administered at the beginning of treatment for each new client as well as in the last session for all clients present. Overall, the assessment suggested that clients were more familiar with the AA slogans at the end of the music therapy group and showed an overall growth in where the clients were at with their personal relationship to the 12-steps. However, due to the nature of the treatment facility, and the fact that this group was open to clients entering and leaving throughout the treatment process, it is believed that these assessments would show better data and be more conclusive if done with a closed group from beginning to end of treatment.

The assessment data, and client responses support the combined use of music therapy and mindfulness in addiction treatment. It is important though, to note that many of the women shared traumatic experiences within the context of the music therapy sessions. It is impossible to state with certainty that there is a correlation between the session format and the women’s willingness to share their stories on such a deep and personal level. What is evident though, is that the women who participated benefitted, and that further research is needed to determine if there is a correlation between gender-specific treatment, music therapy and mindfulness and willingness to work through traumatic memories that are triggered. This was a clinical project, the results of which lead to questions for further research. Did the gender-specific treatment environment allow for the safe space to discuss and process trauma? Did the music allow for the expression of emotional
and traumatic content? Would the same content have come up in a mixed-gender treatment setting given the same music and treatment approaches? Additionally, further research is needed to identify the underlying neurobiological and psychological factors that may mediate change and motivation to maintain a sober lifestyle.

References


3. Gardstrom, SC, Klemm, A., & Murphy, KM. Women’s perceptions of the usefulness of music therapy in addiction recovery. Advance online publication. 2016. dx.doi.org/10.1080/0899131X.2016.1239649


Biographical Statements

Stephanie Miller is a board certified music therapist having earned her masters of science in music therapy from Radford University in VA. She has experience working with several populations including those in recovery, mental health settings, hospice and the geriatric population, currently working in the pediatric medical field.
Appendix A: 12-Step Assessment

Client’s Name: ________________________________
_____

Please identify what step you fell are at in your personal recovery

The Twelve Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.
Appendix B: Slogan Assessment

Client’s Name: ________________________________________________________________

Please identify how personally familiar you are with these AA slogans on a scale of 1-10. 1 = I have no idea what this means related to my recovery from addiction, 10 = I live this slogan every day.

Easy Does It
1 2 3 4 5 6 7 8 9 10

One Day at a Time
1 2 3 4 5 6 7 8 9 10

Let Go and Let God
1 2 3 4 5 6 7 8 9 10

KISS – Keep It Simple Sweetheart/Stupid
(I do not use stupid due to it being derogatory)
1 2 3 4 5 6 7 8 9 10

This Too Shall Pass
1 2 3 4 5 6 7 8 9 10

Sobriety is a Journey…Not a Destination
1 2 3 4 5 6 7 8 9 10

To Thine Own Self Be True
1 2 3 4 5 6 7 8 9 10

I Came, I Came to, I Came to Believe (steps 1, 2, 3)
1 2 3 4 5 6 7 8 9 10

I Can’t…He Can…I Think I’ll Let Him (steps 1, 2, 3)
1 2 3 4 5 6 7 8 9 10