Lesley University
DigitalCommons@Lesley

Expressive Therapies Capstone Theses | Graduate School of Arts and Social Sciences (GSASS)

Spring 5-21-2022

The Role of Community Music Therapy in Building Social Connections and Reducing Stigma for People with Substance Use Disorders: A Literature Review

Sarah Sacala
ssacala@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses

Part of the Social and Behavioral Sciences Commons

Recommended Citation
Sacala, Sarah, "The Role of Community Music Therapy in Building Social Connections and Reducing Stigma for People with Substance Use Disorders: A Literature Review" (2022). *Expressive Therapies Capstone Theses*. 421.
https://digitalcommons.lesley.edu/expressive_theses/421

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.

The Role of Community Music Therapy in Building Social Connections and Reducing Stigma for People with Substance Use Disorders: A Literature Review

Sarah A. Sacala

Capstone Thesis

Lesley University

Abstract

This capstone thesis investigates the benefits of Community Music Therapy (CoMT) in creating social connections and reducing stigma for people suffering from substance use disorders. For the purpose of this paper, substance use disorders (SUD), substance use, and addiction are framed as part of an umbrella construct, and they are used interchangeably. Stigma towards drug users is a social phenomenon all over the world. According to Mora-Ríos, Ortega-Ortega, and Medina-Mora (2017) social rejection is more experienced in drug users than any other diagnosable condition. This literature review is theoretically grounded in the notion that substance use disorder stems from biological processes, as suggested by McBride and Peterson (2002). This paper describes the approach of Community Music Therapy (CoMT) as a beneficial form of treatment for SUD. Knight (2018) states that CoMT aims to focus on music-making processes as a form of social inclusion as well as how to overcome boundaries that divide or exclude participants. There are six key discussion topics in this literature review: (1) diagnostic and biological factors of substance use disorders; (2) the prevalence of stigma towards people seeking addiction treatment and barriers to recovery; (3) trauma as it relates to substance use; (4) key concepts of the CoMT approach in building community and reducing stigma; (5) a neurological rationale for utilizing music therapy to address social connectivity; and (6) advocacy for people suffering from substance use disorders. Considerations for this work, which are explored through this critical review of the literature, are found to be applicable and adaptable to the field of music therapy.

Keywords: Substance Use Disorders (SUD), stigma, addiction recovery, music therapy, Community Music Therapy (CoMT), social connection, advocacy.

The Role of Community Music Therapy in Building Social Connections and Reducing Stigma for People with Substance Use Disorders: A Literature Review

Introduction

Since I began my graduate program at Lesley University and internship at a psychiatric hospital, I have developed a persistent desire to learn how to treat and understand stigmatized populations. I have explored predisposing factors, societal and systemic barriers, as well as factors of societal rejection in order to find the pieces to the incomplete puzzle. I have been researching the benefits of Community Music Therapy (CoMT) and working from that framework in order to build social connections and reduce communal stigma for my patients at the hospital suffering with substance use disorders (SUD). My experiences at the hospital have inspired me to engage in a critical review of literature in order to better understand this work.

Substance Use Disorders (SUD)

Substance-related disorders are divided in two groups: substance use disorders and substance-induced disorders. For the purpose of this paper, I am only discussing substance use disorders (SUD). According to the American Psychiatric Association (2013), SUD is defined in the DSM-5 as a change in brain circuits from a continuation of using substances with cognitive, behavioral, and physiological symptoms. The ultimate diagnosis of SUD is based on patterns of behavior related to the use of the substance. It is further researched that the main diagnostic criteria for SUD includes impaired control, risky use, pharmacological criteria, and social impairment. The criteria of social impairment within people suffering from SUD underlines the importance of the research done in this thesis.

Through review of the literature, I explore social impairment as well as the feelings of shame that come from the societal stigma towards people suffering with SUD. I then apply this research to reflect on the considerations and benefits of using the approach of Community Music Therapy (CoMT) in building social connections for people with SUD.

Blake, Pooley, and Lyons (2020) explore the ways stigma, specifically within healthcare settings, affects how people engage with people with SUD. Stigma in homes, communities, and healthcare settings additionally influences the users risk of overdose and harm to self. Risk can be influenced in instances of emergency where stigma is held by community members, family, caregivers, and healthcare workers. This influence and presence of stigmatization may harm the sufferers access to treatment.

This thesis explores the ways in which stigma and lack of social connections are barriers to treatment, and how people who suffer with SUD may build connections with each other through music therapy treatment. There are many common misconceptions about SUD, which this paper aims to put to rest. Blake, Pooley, and Lyons (2020) state that people who are working towards overcoming drug use struggle because of the stigma and marginalization. They continue on by suggesting that healthcare professionals should address their own negative projections towards SUD patients, as they can interfere with treatment and recovery. I believe it is important for all members of society to face their unconscious stereotypes about people with SUD in order to make the world a safer and more attainable place for recovery. This thesis explores how this can be done through music therapy, specifically the method referred to as Community Music Therapy (CoMT).

Trauma and Substance Use

There is a high rate of trauma present for people who suffer with SUD. Despite this, treatment in some settings neglects practicing trauma-informed interventions. Traumatic events and related symptoms are difficult to detect in clients accessing mental health services, and "only a small proportion of the clients seeking services with trauma exposure receives trauma-informed care or trauma-specific treatment in Europe" (Lotzin et al., 2019, para. 4). There is also a range of structural barriers, the largest being discomfort when asking a patient about traumatic events, as reported by healthcare professionals from a range of different settings (Lotzin et al., 2019). In addition to the benefits of using CoMT with people with SUD, this thesis discusses sexual, physical, and emotional trauma as it is evident in this population, as well as the importance of trauma-informed care.

Music Therapy Defined

Due to the dual identity of both music and counseling, the practice of music therapy can take on many different roles. A working definition for music therapy that aligns with the topic of this paper is defined by Bruscia (2014) stating that:

> Music Therapy is a reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships formed through them as an impetus for change. (p. 36)

This process of music therapy aims to build relationships, bring awareness to clients, as well as create a health-focused space. Bruscia (2014) additionally notes that a music therapist must be showing presence and making a commitment towards helping clients reach their health-related goals. This paper focuses primarily on the use of CoMT, a specific approach to music therapy

treatment, in order to build relationships, as well as address stigmatization and how to spark change for people with SUD.

Community Music Therapy (CoMT): A Music Therapy Approach

Community Music Therapy (CoMT) is a music therapy approach, termed by Gary Ansdell, which focuses on changing public health, lack of social connection, and individuals (Knight et al., 2018). CoMT is a more unique approach of treatment than other methods of music therapy. CoMT is a practice of building inclusive relationships, as well as involving and promoting social change. This specific music therapy approach is focused upon in this paper, as people who suffer from SUD struggle most in recovery when they are facing the stigma of the illness and are rejected from their society and community.

Key Limitations of this Paper

I begin my research with a bias towards community and stigma. Community looks very different across every culture. My research discusses the barriers of recovering from SUD as well as the treatment of music therapy for adults. This research does not address the topics at hand with children suffering from SUD and receiving CoMT, rather it focuses on adults ages 18+ of the U.S. context.

Literature Review

Today's modern society is being faced with a significant problem involving the misuse of both legal and illegal drugs, typically for those with a variety of disadvantages in health, social, and economic standing (Hohmann, Bradt, Stegemann, & Koelsch, 2017). These disadvantages are only the beginning of the marginalization that people with SUD face daily. There is a high need for more effective agreements of inclusion, human rights, and access to prevention and treatment, which is observed by Mora-Ríos, Ortega-Ortega, and Medina-Mora (2017).

SUD is diagnosed based on four criteria groupings. In the DSM-V, The American Psychiatric Association (2013) describes each of the following criteria. Criteria one involves impaired control over substance use. This criteria is considered for diagnosis when a person takes a substance in large amounts, takes a substance over a long period of time, undergoes unsuccessful attempts at quitting despite not wanting to use the substance, obsesses over the substance, and/ or craves the substance. Social impairment is the second criteria grouping. This diagnostic criteria involves impairment of school, work, or home life, battling social and/or interpersonal issues caused by the substance use, and withdrawal from social, occupational, recreational, or family activities. The third criteria grouping is that of risky use. This criteria includes recurring substance use during hazardous situations, as well as use of substance despite knowledge of dangers. The final grouping is pharmacological criteria. This includes increased tolerance to the substance or substances, withdrawal, and evidence of decline in blood or tissue concentration. With this criteria in mind, it is important to note that most people do not plan or try to become substance misusers. The diagnostic criteria of symptoms appear long after initial use of substances, which is often for a deeper, more logical reason than meets the eye outside of the users own (MacNicol, 2017).

As previously mentioned, this paper is theoretically ground in the notion that SUD stems and persists from biological processes. There is research to support the following notion that

> All psychoactive substances work by acting on the nervous system [...] Psychoactive drugs often have actions that mimic the effects of neurotransmitters, but may act on the production, metabolism or any other chemical process involved in these fantastically complex electrical and chemical systems. (McBride & Petersen, 2002, p. 30)

McBride and Petersen (2002) continue their analysis by stating that neurotransmitters have a connection with addiction. When using substances, norepinephrine, dopamine, and serotonin are manipulated. It is these neurotransmitters which are important in the brain's reward processing, therefore the course of addictive behavior will be impacted and dependence on substances will increase. Additionally, GABA inhibitors, which are responsible for slowing down the firing of neurons, are affected by drug use (McBride & Petersen, 2002). It is biologically, extremely likely that when using substances a person will continue using without being able to stop. MacNicol (2017) discusses how the brain's reward system is activated each time a substance is used. This activation of the reward system leads to positive feelings, thus leading to reinforced, and persistent behavior of using. Current research from MacNicol (2017) suggests that

> The problem is that these substances also produce lasting changes in brain neurochemistry that can lead to tolerance, dependence, and addiction. The cumulative effect of repeated exposure leads to persistent suppression of the reward circuit to the point that natural rewards can no longer activate it, and the individual exists in a state of discord that can only be interrupted by potent activators of the reward system, such as continued substance use. (para. 3)

The notion that substance misuse stems from biological processes is highly important to research and understand prior to treatment for people with SUD. Society looks at drug use and addiction as a behavioral issue, because of lack of knowledge of these biological processes.

In order to further understand how to treat this population, it is helpful to be aware of the barriers to recovery and general stigmatization that are faced. According to Dr. Julian Keats (2020), when someone is seeking rehabilitation and treatment for SUD, there are high financial

stakes. There is stigmatization of people with SUD who can't stop using substances. This bias does not consider the fact that treatment may be unattainable for most due to the high costs. Since the financial expenses are not considered, the stigma there remains. The cost of treatment is very high. Especially if there is a need to be in a facility for a long period of time, rehab can cost thousands of dollars. This becomes an even greater burden when the sufferer has no support system and/or faces stigma from family and is unable to return home to them after treatment. Additionally, Dr. Julian Keats (2020) describes how those suffering from SUD are refused admittance into a facility if they have not detoxified themselves. There is a criteria that all patients must be past their withdrawal symptoms in order to be admitted. This can be a set up for failure. The reason people need rehab is because they know they can not conquer this illness alone. These burdens exist for people seeking treatment for SUD, that is, if they even get into a facility. It is additionally noted by Dr. Julian Keats (2020) that between pre-admittance assessments, working one's way up the waiting list to be admitted, and successfully detoxifying oneself, admittance into a rehab facility is made systematically unattainable for most.

Recovery is not a linear process. According to Best, Vanderplasschen, and Nisic (2020), the UK Drug Policy Commission defines recovery as a "voluntarily sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society" (p. 1). Due to its difficulty to measure, progressions of recovery are explored through the development of a method known as "recovery capital". Recovery capital is split into three domains including personal, social, and community recovery. These domains explore the users skills, social networks, and access to resources in order to measure recovery progress as well as assess when that process changes (Best et al., 2020). The aim of this study is to increase inclusion, allow people to define their own recovery and, most importantly, recruit

community strength (Best et al., 2020). Research such as this is important, as inclusion and community, social, and family support is the most crucial aspect in leading someone from addiction to successful recovery. Unfortunately, many people with SUD are stigmatized as weak, sinful and dishonest. Furthermore, people with substance use disorders are frequently considered responsible for their condition, due to the lack of community education on addiction as a neurological disorder affecting biological processes (Blake et al., 2020). In order to better understand stigma for the purpose of this work, Goffman's five mechanisms that produce stigma are discussed

> Firstly, people are positioned as different based on undesirable social attributes, like drug use. Secondly, people are stereotyped based on those perceived differences, which then fosters intolerance and negative bias. Thirdly, labelling and categorising people as 'other' separates them from the group enacting the stigmata. Fourthly, discriminatory thoughts and actions can remove the social and political status of those in stigmatised groups; they become judged, marginalised and devalued based on allegedly justified rationales. Lastly, those stigmatised can find it difficult to socially, culturally and politically challenge the situation from an 'inferior' position, and can become frustrated with how they are treated. (Blake et al., 2020, p .2)

These mechanisms collectively contribute to the experiences of stigmatization that people with SUD face. It is difficult for people with SUD to find support. The barrier to support that stigma creates is a huge consideration for relapse prevention and recovery. People with SUD face stigma from their own healthcare providers, which negatively impacts not only their search for treatment, but their entire recovery process (Lanzillotta-Rangeley et al., 2020). The recent research from Blake, Pooley, and Lyons (2020) as well as the research from Lanzillotta-Rangeley

et al. (2020) shows us how evident stigma towards people with SUD is everywhere, including home, community, and treatment centers. The work of Eden Robinson and Gabor Mate, as explored by Reed (2014) discusses the following

> Donna Dickensen writes ‘the paradox of moral luck concerns the simultaneous requirements that we should be held responsible only for what we can control, and that we should realize people often cannot control very much’. The War on Drugs, on the other hand, assumes that addicts have power over the circumstances of their addictions and that strict anti-drug legislation and severe penalties will prevent individuals from selling or taking drugs. As Mate puts it, ‘a core assumption in the War on Drugs is that the addict is free to make the choice not to be addicted and that harsh social or legal measures will deter him from pursuing his habit. It is not that easy. (para. 2).

Gabor Maté’s work, which is discussed by Reed (2014), explains the hypocrisy evident in our society, as people tend to judge and demonize drug addicts, but there are other certain addictions that are acceptable to society. With the prevalence of stigmatization so high, recovery is either hard to achieve or completely unattainable. Gabor Maté (2010) states “Far more than a quest for pleasure, chronic substance use is the addict’s attempt to escape distress. From a medical point of view, addicts are self-medicating conditions like depression, anxiety, post-traumatic stress, or even attention deficit/hyperactivity disorder” (p. 92). The understanding that addictions come from pain, either seen or unseen, is important in treating people with SUD as well as addressing trauma and developing a trauma-informed practice for these conditions or emotions.

Trauma highly affects a person's likelihood of suffering from SUD. Research indicates “55% to 99% of women with co-occurring disorders have experienced trauma from abuse and that abused women tend to engage in self-destructive behaviors” (Covington et al., 2008, para.

4). Both men and women with history of traumatic events, especially those including interpersonal violence exposure, physical assault, sexual assault, and witnessed violence or injury from violence are at a higher rate for developing substance use disorders (Danielson et al., 2021). "In addition to emotional distress, trauma exposure contributes significantly to allostatic load, which is the cumulative "wear and tear" on biological stress response systems, observable through measurement of functioning and changes in physiological systems in relation to stressors" (Danielson et al., 2021, p. 30). Although trauma-informed care has shown to have a positive correlation with recovery success, people suffering from SUD are not well served by treatment programs and their communities (Covington et al., 2008). Treatment services need to be designed in a way that addresses both the person's SUD and their mental health or trauma. As explored by Covington (2008), although these hardships are universal, they are especially challenging for women due to:

- Shame and stigma
- Physical and sexual abuse

- Relationship issues:
  - fear of losing children
  - fear of losing a partner
  - needing a partner's permission to obtain treatment
- Treatment issues:
  - lack of services for women
  - not understanding women's treatment
  - long waiting lists
  - lack of childcare services

• Systemic issues:

  o lack of financial resources

  o lack of clean/sober housing

  o poorly coordinated services. (p. 378)

Communities, especially healthcare professionals and treatment teams, must acknowledge these hardships. In order to treat the symptoms of SUD, an understanding of trauma-related causes for some patients/ clients is essential. There are many professionals in healthcare settings who face barriers when faced with a person dealing with trauma-related symptoms. It has been reported that a majority of healthcare professionals in primary care settings feel uncomfortable asking about the trauma, fear offending the person or causing them to terminate treatment by addressing the trauma, fear of retraumatizing the person, and lack of knowledge in trauma-specific treatment and/or relevant legislation (Lotzin et al., 2019). All of these barriers hinder healthcare teams' ability to treat people who are suffering with SUD who have trauma. It is very important that work with people with SUD is trauma-informed in order to address trauma-related symptoms and goals.

Community Music Therapy (CoMT) is a widespread approach to music therapy. Specifically, CoMT is named by Gary Andsell (2002) and is described as an extremely diverse practice. Steele (2016) defines CoMT as

> all applications of music and music therapy where the primary focus is on promoting health within and between various layers of the sociocultural community and/or physical environment. [...] CoMT provides important understandings about the uses of music to enhance connectedness and support communities, through both individual and group work. (para. 10)

CoMT has been developed in a way that mirrors community groups that foster participation (Steele, 2016). Additionally, CoMT utilizes music as a tool for social change and to create communities that celebrate the differences within its individuals (Steele, 2016). These aspects of CoMT are highly beneficial for people suffering with SUD. When evaluating the diagnostic criteria for SUD, social impairment is evident in the groupings. CoMT is beneficial for people with SUD, as it is a practice that focuses on building a supportive community and space. The history of music therapy, and specifically CoMT, dates all the way back to the 1800's where the use of music in medicine is a recurring cultural idea. It is seen as using any kind of music for therapeutic effect. Later on, music therapists outwardly begin stating that the profession is more specific to client needs and goals (Steele, 2016).

There are many key qualities for CoMT that are necessary for successful practice. Steele (2016) continues to discuss that in order to outline the seven qualities for CoMT, music therapists follow the acronym PREPARE. The PREPARE acronym represents *Participatory, Resource-oriented, Ecological, Performative, Activist, Reflective,* and *Ethics-driven*. The *Participatory* quality of CoMT involves the therapist creating opportunities for members to participate in the music therapy session. This quality additionally challenges and prevents any power struggles that would otherwise appear within the group, especially a group for people with SUD who feel out of control and powerless. This quality allows all voices to be heard and made welcome. Especially when working with SUD, Steele (2016) states that

> The facilitator creates space to support the open and flexible sharing of (sometimes hidden) client perspectives and voices, whether expressed through verbal language or the music itself. Key to this is a focus on empowerment and enabling, or 'building on people's experience of who they are and what they can do' through music making, rather

> than pathologising or disempowering people with mental health issues and disabilities. (para. 11)

The key factor of the *Participatory* quality is that the music therapist takes a back seat and lets the group inform the session through decision-making and responsibility. The next quality within the PREPARE acronym for CoMT, as described by Steele (2016), is *Resource-Oriented.* Steele (2016) describes this quality as one which seeks to build on the resources people already have in their daily lives that they can use to problem-solve with. Resource-oriented practices additionally focus on the strengths of the people in the therapeutic experience. For people suffering with SUD, rather than stigmatizing them with societal ideologies such as drug addicts being thought of as irresponsible, their unique qualities and strengths can be emphasized. *Ecological* qualities are crucial in CoMT for people with SUD. It involves music interactions spreading to the wider community and impacting society as a whole. One of the goals of this thesis is to explore how CoMT can reduce stigma for people with SUD, and this ecological quality is key. Steele (2016) states

> This has some similarities to Bronfenbrenner's (1992) *ecological* systems theory, which popularised a way of understanding how an individual is positioned within layers of interacting social systems, from close family members, to distant community members, through to the wider culture itself. Having an understanding of the reciprocal nature of the relationships between socio-cultural environments and people is important for facilitators when engaging in community music therapy. (para. 18)

It is highly important that when working with people with SUD, music therapists understand the relationships between people and their environment in order to spread the work to society as a whole. *Performative* refers to performance done both within and outside of the music therapy

session. This is when actively making music as a way of forming relationships with others promotes the health and wellbeing of anyone involved (Steele, 2016). When working from a CoMT approach, the quality of *Activist* emphasizes "the unequal distribution of resources among people in society…there is an implicit attitude that their work is in some way contributing to a wider social change agenda, whether this is consciously intended or not" (Steele, 2016, para. 24). Activism is crucial when working with people with SUD. As previously mentioned, inclusion and community, social, and family support is the most crucial aspect in leading someone from addiction to successful recovery. This is another way how CoMT can assist in reducing stigma and creating social connections for people with SUD. *Reflective* questioning is another important feature of CoMT. This step allows the therapist to open up to possible changes in order to develop their practice. It provides a space to reflect upon awareness, context, ethical issues, and distribution of power. (Steele, 2016) It is important to reflect on these aspects when working with SUD, especially reflection of social paradigms and power differences so an imbalance does not arise during sessions. Lastly, CoMT is an *Ethics-driven* practice. It is an approach based on human rights. It is important in working towards less stigma and increased connection for people with SUD because it directly relates to social justice (Steele, 2016). All of these qualities of CoMT are important to understand and utilize in sessions. The qualities of CoMT align with the needs of the SUD community in order to maintain social justice, not be stigmatized, and to create connections in order to lead them to a successful recovery.

There are many methods of CoMT that highlight these qualities. Group drumming is used to treat SUD and reinforce recovery. Group drumming for SUD involves participation either as a leader or a follower, both of which are meant to "induce experiences that can mirror the recovery process—confidence, uncertainty, insecurity in leading, security in following, desire for change,

or novelty. Drumming activities allow spontaneous expressions of leadership skills" (Winkleman, 2003, para. 8). As additionally explored by Winkleman (2003), group drumming for SUD, which is carried out by Ed Mikenas, works towards helping people re-discover their natural selves in a safe community, as well as pushes them through the music to connect their experiences to their community. Mikenas finds that group drumming combines self-expression with problem solving, to learn leadership and discover one's own potential, and produces an altered state of consciousness and high energy. The finding is that group drumming provides a sense of community and connectedness, which as discussed, is of high importance towards someone's recovery from SUD. Other interventions which are used in community groups within mental health settings include songwriting, lyric analysis, lyric substitution, improvisation and drumming (Silverman, 2019).

Earlier studies of this work found within the literature does address the topic of providing safety, support, and connectedness for people with SUD. The research describes studies that have utilized clinical techniques and musical experiences, and how these studies have found the interrelated needs necessary for treating SUD with music therapy. The study addresses that safety, inclusion, connection, emotion, validation, and empowerment are all necessary when treating SUD (Gardstrom et al., 2017). These qualities that are present within music therapy sessions for SUD are set in order to reach goals including, but not limited to, stress management, self-awareness, emotional expression, and how addiction blended with personal qualities contributes to recovery (Gardstrom et al., 2017). The history of CoMT in treating SUD is prevalent, however it should be noted that it may not be addressed as CoMT within all literature. CoMT is music therapy with the specialized community approach of promoting connection, self-awareness within groups, validation, and social justice. The history of using CoMT with

people with SUD lacks consistency in setting, duration of treatment, session facilitator, and outcome variable, however it is noted that music therapy provides the opportunities for people to improve connection, self-expression, motivation, and social cohesion (Hohmann et al., 2017). Due to these principles there are implications for treatment protocols that are trauma-informed and address the need for social connection. There is research which utilizes music therapy for SUD, however it is limited in the consistency of studies settings, thus having low reliability.

There is research on how music therapy promotes social connection (Bourdaghs & Silverman, 2020). The study which is presented by Bourdaghs and Silverman (2020) conducts a review of literature concerning the neurology of SUD, music, and social connection. This study compares the social networks in the lives of the people who have relapsed and the people who have had successful recovery. They "found that individuals who had not relapsed tended to have more people in their social networks, particularly within the community and family categories. Participants who were married were also significantly less likely to have relapsed than participants who were not married" (Bourdaghs & Silverman, 2020, para. 7). With their method, Bourdaugh and Silverman (2020) are able to visualize the overlapping constructs between SUD, music, and social connectivity in order to inform future research and the work being done in the field. The research gathers much information on the importance of strong social networks. Additionally, the overlap between social connectivity and music therapy is supported. Tarr et al. (2014) posited that "'self-other merging' occurs as a result of coordinated movements and endorphins associated with the rhythmic aspects of music. This merging can improve social connectivity between the self and others" (Bourdaghs & Silverman, 2020, para. 11). Bourdaghs and Silverman (2020) additionally find that music can decrease cravings for substances by its

ability to increase dopamine in regions of the brain which would otherwise be fulfilled by drug use, as well as that music therapy can improve motivation and readiness to change.

In order to explore how CoMT may reduce stigma for people with SUD, the stigma which is present in society must first be addressed and discussed. The United States is currently experiencing a serious opioid epidemic. Researchers note that this epidemic is now a public health crisis, and that stigma is leading to the development and persistent tendencies of SUD, undermining treatment efforts for sufferers (Earnshaw, 2020). Clinicians are key in playing a role in reducing the stigma surrounding SUD, as they work with this population most frequently. Addressing stigma can be done through research, advocacy, and even clinical care (Earnshaw, 2020). It is noted by Blake, Pooley, and Lyons (2020) that people receiving treatment for drug use even experience stigma from healthcare professionals. Stigmatization ultimately leads to social exclusion. People who have SUD are typically faced with another form of stigma, such as homelessness. The shame that people with SUD experience due to societal standards becomes an obstacle to seeking treatment and a successful recovery (Mora-Ríos et al., 2017). CoMT can be used to promote resilience to experiences of stigma, help individuals develop insight into SUD, exposing individuals to the emotions they feel when faced with stigma, provide them resources, and promote advocacy (Earnshaw, 2020). Interventions which best address stigma while building social connections, based off of my own work, include lyric substitution, lyric analysis, psychoeducation on the neurology of SUD, and songwriting.

Discussion

My research addresses how CoMT can build social connections and reduce stigma for people with SUD. I am interested in how stigma and social exclusion affects people suffering with SUD because of the work I do at my field placement. Addressing personal biases within

healthcare settings and then putting that work towards the community is the first step to advocating for people with SUD. I work at Fuller Psychiatric Hospital in Attleboro Massachusetts, both as a music therapy intern in field placement, then as an employed mental health specialist. I use CoMT to address all of the key issues previously mentioned in the literature review. The PREPARE qualities of CoMT, which were previously mentioned, are highly important during music therapy groups for SUD. At the hospital, the CoMT intervention with the most success in building social connections and reducing stigma are lyric substitutions. Lyric substitutions are interventions where clients replace the words to an already-existing song with their own words. For my groups, I make it a group lyric substitution and make sure to use a song that people with SUD all may be able to relate to, such as "Try" by Caillat (2014). With this intervention musicking, or the making of music together, is present and shows to be helpful as well as builds on the experiences of what the group can achieve together (Knight et al., 2018). This also increases the level of participation which each client is contributing. In addition to this, a song which will relate to their experiences of living with SUD and stigma is purposely chosen in order to focus on strengths and resource-oriented work. Knight, LaGasse, and Clair (2018) state that:

> Resources include various personal strengths as well as material, social, and cultural assets in a community. For instance, social support is extremely important to engagement within the community, and musical activities can build or reduce access to other resources according to how and to what degree practices are inclusive. (p. 416)

Resource-oriented lyric substitutions are especially important with SUD. With a song such as "Try" by Caillat (2014), clients are urged to look towards all of the things they are working towards in their treatment. It takes the focus away from the shame their addiction and diagnosis

makes them feel. The performative quality of CoMT can also be used to build social connections. Once the song is complete and new lyrics are filled in, instruments of choice are handed out and someone may choose to lead the group. Not only does this provide an opportunity for leadership, but it brings the words that the clients so deeply felt out into the atmosphere. This additionally demonstrates to the community, and health professionals outside of the group experience who hold their own stigma, that they are humans with resources and aspirations who have the ability to take charge of their lives (Knight et al., 2018). Social change is a natural part of CoMT. Each time this intervention is carried out I, as the music therapist in-training, am pushed to become more socially conscious and politically involved (Knight et al., 2018).

Clients feel they can speak their truth about SUD during CoMT. Lyric substitutions under this framework provides opportunities to share these feelings through the safety of music. When people who are suffering from SUD describe their experiences, I am inspired by what I hear from clients who choose to share their experiences and it encourages me to advocate for changes in societal thinking and be an activist in my own community. It is an opportunity to hear the experience from the voice of the sufferer, and carry their story out to educate society. In CoMT, there must also be space to reflect on the activity. This time, typically at the end of a session can be used to discuss resources and limitations, plan next steps in the recovery process, and take action (Knight et al., 2018). Reflective processes are additionally important for creating social connections. Reflection gives clients the opportunity to speak out in response to one anothers words/lyrics, and relate to one another. Reflection in CoMT occurs in the form of verbal discussion and stands as an opportunity for clients to relate, validate, and say that they hear, see,

and stand with one another. This is a huge step in the CoMT process, as it is the basis for building social connections.

There are many other rationales for why people use substances persistently. Although this thesis focuses on the biological processes of why people continuously use substances, there are other logical reasons that are explored

> those with pain from an injury or other internal process (e.g., disc herniation, diabetic neuropathy) may have been prescribed or otherwise reached for opioids. Others may have tried to treat psychopathology (e.g., insomnia, depression, anxiety) with alcohol, marijuana, or benzodiazepines. Still others with fatigue, attention deficit-hyperactivity disorder, or perceived low energy may have reached for cocaine, amphetamines, or other stimulants. Initial and repeated exposure to alcohol or other substances has been experienced by people with social anxiety who desire being more at ease in social settings. Teens have reported such reasons for their use as curiosity, rebellion, "fitting in," and peer pressure. (MacNicol, 2017, para. 2)

This research shows that there can be many ways that people initially reach for drugs. However, this thesis focuses on why people recurrently use them.

Negative portrayals of people with mental illnesses and SUD are presented by the media, thus further influencing society. The big issue with this perception is that people with mental illnesses are sometimes being viewed as dangerous, especially if they are experiencing a psychotic episode (Frankham, 2019). Drug use "discredits and taints people, positioning them as weak, sinful, dishonest and cunning. Such stigma is greater when people are considered 'responsible' for a 'condition' that arises from their mind rather than their body" (Blake et al.,

2020, para. 4). In the year of 2015, The Washington Post recorded any incidents where a police officer fatally shot a civilian. Terms such as “crazy”, “crazed”, “deranged”, “nuts”, and “psycho” are seen in selected news articles and may also negatively impact someone who is seeking treatment for mental health issues. Police reports frequently use this stereotypical language referring to a civilian they either fatally shot or brought in (Frankham, 2019, p. 63). In addition to the stigma amongst first responders, Blake, Pooley, and Lyons (2020) research that the general assumption is that people with SUD are less deserving and not as high a priority when receiving help from health care responders. The idea of using CoMT to spread resources, connection, and advocacy can evolve into a future practice of education for first responders and anyone else who may interact with someone with SUD. In light of the research which explores how police and other first responders typically handle someone with SUD, trauma is a topic that must be revisited. Traumatic events and symptoms relating to trauma can remain undetected, causing trauma-informed care to be less accessible (Lotzin et al., 2019). Trauma-informed care also remains inaccessible due to professionals' fear of offending clients, fear of retraumatizing clients, and lacking the knowledge of relevant legislation and if authorities have been notified.

The connection between SUD and trauma is very evident. Drug use, especially in women, comes from a history of physical, sexual, or emotional abuse (Covington, 2008). In order to properly treat SUD with CoMT, trauma-informed care has to be considered. Based on this research, I recommend that future practices of CoMT integrate trauma-informed practice. For others interested in exploring this topic, it is recommended that additional information is found on resistance in clients during music therapy. Music therapy is a very vulnerable experience, and a limitation of this paper is that client resistances are not explored.

Conclusion

There is much research about what could potentially be the most beneficial way to treat people with SUD and put them on a path towards successful recovery, though there are many considerations that must be evaluated. Key topics include diagnostic and biological factors of substance use disorders, the prevalence of stigma towards people seeking addiction treatment and barriers to recovery, trauma as it relates to substance use, key concepts of the CoMT approach, a neurological rationale for utilizing music therapy to address social connectivity, and advocacy for people suffering from substance use disorders. All of the qualities and practices noted explain how CoMT helps those with SUD in building social connections and reducing stigma. I hope to focus my post-graduation work towards spreading awareness about SUD and how the illness truly progresses with other healthcare workers and the community. This research may inform future practice by creating insight on how to address stigma within facilities, not just out in society. This research may additionally inform how first responders may assist and media may rephrase articles about people with SUD. These topics are highly important to address. It is crucial to understand all aspects of a disorder that is so complex before treating because lack of understanding may negatively impact the treatment and recovery process.

The most important consideration in this thesis is how trauma and SUD are connected, and the many barriers that people with SUD face in order to receive adequate trauma-informed care. Trauma is especially hard to treat, as it is not a symptom visible to the naked eye. The biological processes of SUD are also crucial for people to understand about the disorder because it will provide an explanation for why people continuously use substances and relapse. As mentioned, society looks at drug use and addiction as a behavioral issue. People with SUD are often looked at by society as incompetent and irresonsible, when in reality, there has been a

rewiring of the neural pathways of their brain. I believe the biological processes of addiction are important for both society and the person suffering to understand. CoMT has been found successful in the treatment of people with SUD. People with SUD face social impairments such as lack of support, societal exclusion, and isolation. With CoMT, it has been proven that connections can be created for people with SUD when work is group-based, resource-oriented, and reflexive. Additionally, music therapists can work towards addressing stereotypes and stigma within the healthcare setting through education of communities and making music together. When working with CoMT and the PREPARE qualities, music therapists can create social connections and community support, thus increasing the likelihood for successful recovery.

References

American Psychiatric Association (Eds.). (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed). American Psychiatric Association.

Best, D., Vanderplasschen, W., & Nisic, M. (2020). Measuring capital in active addiction and recovery: The development of the strengths and barriers recovery scale (SABRS). *Substance Abuse Treatment, Prevention, and Policy*, *15*(1), 40. https://doi.org/10.1186/s13011-020-00281-7

Blake, D., Pooley, S., & Lyons, A. (2020). Stigma and disaster risk reduction among vulnerable groups: Considering people receiving opioid substitution treatment. *International Journal of Disaster Risk Reduction*, *48*, 101588. https://doi.org/10.1016/j.ijdrr.2020.101588

Bourdaghs, S., & Silverman, M. J. (2020). A neurological rationale for music therapy to address social connectivity among individuals with substance use disorders. *The Arts in Psychotherapy*, *70*, 101681. https://doi.org/10.1016/j.aip.2020.101681

Bruscia, K. E. (2014). *Defining music therapy* (3rd ed). Barcelona Publishers.

Caillat, C. (2014). Try. On Gypsy Heart. [Audio file]. Retrieved from https://open.spotify.com/album/5nB5tR7ntrEpHbpCS7iHN9?highlight=spotify:track:6buXDkw3Gv4fQC1OZKUhnR

Covington, S. S. (2008). Women and addiction: A trauma-informed approach. *Journal of Psychoactive Drugs*, *40*(sup5), 377–385. https://doi.org/10.1080/02791072.2008.10400665

Covington, S. S., Burke, C., Keaton, S., & Norcott, C. (2008). Evaluation of a trauma-informed and gender-responsive intervention for women in drug treatment. *Journal of Psychoactive Drugs*, *40*(sup5), 387–398. https://doi.org/10.1080/02791072.2008.10400666

Danielson, C. K., Hahn, A. M., Bountress, K. E., Adams, Z. W., Calhoun, C., Amstadter, A. B., & Thomas, S. (2021). Associations of subjective and objective stress responses with interpersonal trauma, PTSD, stress-induced drinking, and drinking to cope in young adults. *Psychology of Addictive Behaviors*, *35*(1), 29–41. https://doi.org/10.1037/adb0000700

Earnshaw, V. A. (2020). Stigma and substance use disorders: A clinical, research, and advocacy agenda. *American Psychologist*, *75*(9), 1300–1311. https://doi.org/10.1037/amp0000744

Frankham, E. (2019). A modified framework for identifying stigma: News coverage of persons with mental illness killed by police. *Stigma and Health*, *4*(1), 62–71. https://doi.org/10.1037/sah0000121

Gardstrom, S. C., Klemm, A., & Murphy, K. M. (2017). Women's perceptions of the usefulness of group music therapy in addictions recovery. *Nordic Journal of Music Therapy*, *26*(4), 338–358. https://doi.org/10.1080/08098131.2016.1239649

Hohmann, L., Bradt, J., Stegemann, T., & Koelsch, S. (2017). Effects of music therapy and music-based interventions in the treatment of substance use disorders: A systematic review. *PLOS ONE*, *12*(11), e0187363. https://doi.org/10.1371/journal.pone.0187363

Keats, J. (Host). (2020, May 24). Rehab? (No. 9) [Audio podcast episode] In *Addiction in Simple Terms.* Dr. Julian Keats. https://www.listennotes.com/podcasts/addiction-in-simple-terms-julian-keats-IexnTvuHz_Z/

Knight, A. J., LaGasse, B., Clair, A. A., & American Music Therapy Association. (2018). *Music therapy: An introduction to the profession*.

Lanzillotta-Rangeley, J., Leslie, J., Little, M., Stem, J., Asselin, E., & Kurahovic, M. (2020). Educational program to increase substance use disorder knowledge and decrease stigma in first-year nursing students. *Pain Management Nursing*, *21*(5), 435–440. https://doi.org/10.1016/j.pmn.2020.05.002

Lotzin, A., Buth, S., Sehner, S., Hiller, P., Pawils, S., Metzner, F., Read, J., Härter, M., & Schäfer, I. (2019). Reducing barriers to trauma inquiry in substance use disorder treatment – a cluster-randomized controlled trial. *Substance Abuse Treatment, Prevention, and Policy*, *14*(1), 23. https://doi.org/10.1186/s13011-019-0211-8

MacNicol, B. (2017). The biology of addiction. *Canadian Journal of Anesthesia/Journal Canadien d'anesthésie*, *64*(2), 141–148. https://doi.org/10.1007/s12630-016-0771-2

Maté, G. (2010). *In the realm of hungry ghosts: Close encounters with addiction*. North Atlantic Books.

McBride, A., & Petersen, T. (Eds.). (2002). *Working with substance misusers: A guide to theory and practice*. Routledge.

Mora-Ríos, J., Ortega-Ortega, M., & Medina-Mora, M. E. (2017). Addiction-related stigma and discrimination: A qualitative study in treatment centers in mexico city. *Substance Use & Misuse*, *52*(5), 594–603. https://doi.org/10.1080/10826084.2016.1245744

Reed, S. (2014). "Just say no": Eden Robinson and Gabor Mate on moral luck and addiction. *Mosaic (Winnipeg)*, *47*(4), 151.

Silverman, M. J. (2019). Quantitative comparison of group-based music therapy experiences in an acute care adult mental health setting: A four-group cluster-randomized study. *Nordic Journal of Music Therapy*, *28*(1), 41–59. https://doi.org/10.1080/08098131.2018.1542614

Steele, M. E. (2016). How can music build community? Insight from theories and practice of community music therapy. *Voices: A World Forum for Music Therapy*, *16*(2). https://doi.org/10.15845/voices.v16i2.876

Winkelman, M. (2003). Complementary therapy for addiction: “drumming out drugs.” *American Journal of Public Health*, *93*(4), 647–651. https://doi.org/10.2105/AJPH.93.4.647

THESIS APPROVAL FORM

Lesley University

Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Music Therapy, MA

Student's Name: Sarah Sacala

Type of Project: Thesis

Title: The Role of Community Music Therapy in Building Social Connections and Reducing Stigma for People with Substance Use Disorders: A Literature Review

Date of Graduation: May 2022
In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Ara Parker

Thesis Advisor: Dr. Ara Parker, DMin, MA (ET), RCAT, RP, CCC