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12 Steps Might Not Be Enough:
Playing Music and its Effects in Addiction Recovery

Abstract

Music therapy is very well studied and has been used for such a wide array of reasons over the last half-century: from helping those with psychological disorders to improving cognitive ability for infants in the womb to aiding plant growth. This paper will analyze the effects of music therapy, specifically the action of learning and/or playing a musical instrument, in those who suffer from addiction. Specific forms of music therapy discussed will be one-on-one instrumental instruction, group classes, and instrumental practice. The paper will discuss different professional musicians who have successfully used this activity as a coping mechanism, as well as personal anonymous contacts. Through the lens of different recovery programs, including but not limited to traditional 12-step programs, the reader will gain an understanding of anxieties and depression that coincide with substance abuse and how this form of music therapy can be a vital coping mechanism and an additive to whatever recovery program is already being utilized.

Any broad Google search today regarding addiction will lead to a number of different figures and perhaps a list of ads regarding different avenues of recovery. From Alcoholics or Narcotics Anonymous to different rehabs and treatment centers, there are many options out there for those who have come to believe or have been told they have an issue with substance abuse. While there are so many different options under many different names, usually many of these programs are twelve-step, faith-based programs. Over time, many have come to wonder if these are the only options for help: if these twelve steps are indeed enough. In this paper, we will look into different recovery programs and their success rates and then analyze the act of playing music as an additive coping mechanism to any existing recovery program, formal or informal. It is very important to note early on that one thing remains true in every recovery program: the person seeking recovery has to want recovery. It can't be forced. Recovery can be equated to a change in diet for health reasons; one has to actually want their chosen outcome to change their daily life in a way to achieve that. Simply put, if one wants to lose weight, they need to change something, perhaps the way they eat. If they don't change, chances are they won't lose weight. The desire is the one thing that has to be there, be strong, and be constant.

In today's society, any time there is any substance associated with criminal activity the judicial system seems to revert to twelve-step programs. From something such as possession of a controlled substance or Driving Under the Influence, there is usually participation in some sort of recovery program intertwined within the sentence. In the case of a Driving Under the Influence conviction for instance, each requirement is similar in regard to the "recovery process." One is required to attend "self-help" meetings, where the court only has info on Alcoholics Anonymous and Narcotics Anonymous meetings. From the start, these are really the only recovery-based options for any defendant.

As an additional sentence, a Driving-Under-the-Influence-specific class must be taken for a duration assigned by the court. While these classes aren't a recovery program by definition, they do run similarly to one. Those that lead the classes are all counselors and usually licensed by whichever state they teach the class in. Usually these people are recovering addicts themselves. When one becomes a multiple offender within a given states' look-back period (ten years in California, for example), these programs get longer. As an additional part of the sentence a defendant is also told they are required to abstain from the use of alcohol or whatever their drug of choice is, regardless of whether it is legal for the public or not or face further charges and possible/further jail time. This insight shows a simple flow chart: if you get a Driving Under the Influence conviction, you are immediately labelled as an addict or at the very least one with substance abuse issues. At this point you are then forced to attend some sort of substance abuse program and the options given are all based around the same premise of a twelve-step approach.

As of 2017, it was estimated that some 19.7 million Americans suffered from some sort of substance abuse issue (Thomas). That same year according to the United States Census Bureau the total population in the United States was 325.7 million people, which means that roughly six percent of the total population suffered a substance abuse disorder that year. According to this same source, that year roughly 19% of those who needed treatment actually received it. Moving from these figures, it is estimated according to peer reviewed articles that twelve step programs such as Alcoholics Anonymous have only a five-to-ten-percent success rate (Dodes). With simple figures in mind, let us say that out of 1000 people, 60 have a substance abuse disorder. Of those 60, 11 people actually receive treatment for their issue. Then, of those 11, 1 person is successful. As we can see from these figures, there a large amount

of people who reportedly suffer from some form of substance abuse disorder; a vast majority of those that suffer never receive any form of treatment for it; and even those who receive treatment rarely find successful recovery from it.

According to the Alcoholics Anonymous (further referenced as “A.A.”) website, A.A. began in 1935 in Akron, Ohio and started with a meeting between a stockbroker, Bill W., and a surgeon, Dr. Bob S. Since then, it has spread all over the world and gained immense popularity. The premise of this program is that sobriety is attained through completion of twelve steps, guided by a sponsor. A sponsor is someone whom a member chooses upon entry, much like a therapist. They are carefully chosen, based on experiences, likeability, needs or wants of the individual looking to achieve sobriety. Sponsors must agree to the role, and any individual can choose to remain with the same person or move on at any time with another sponsor if circumstances have changed or they feel someone else may be able to assist them better.

Commonly referred to as “The Big Book,” the book of AA is the tool in which the twelve steps are outlined. Along with each step, there are different stories of prominent members and their experiences while completing or after completion of each step. The twelve steps are as follows:

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. (Alcoholics Anonymous: the Big Book)

One of the key elements we see here is that of faith in a deity, or at least faith in some sort of higher power. A.A. also has a shorter text comprised of about 24 pages entitled *The "God" Word: Agnostic and Atheist Members in A.A.* Within this book, they state, "We have atheists and agnostics. We have people of nearly every race, culture, and religion in A.A." (P-86 - The 'God' Word). We can see when reading through each of the twelve steps, that God is referenced in five of the steps, and "higher power" is referenced in one. Despite this, A.A. has had non-believers within the program dating back to the beginning in 1935 (A History of Agnostic

Groups in A.A.). As of now, running a simple internet search for twelve step programs for atheists will yield many results and many groups who think similarly.

SMART Recovery, in contrast, is another program that is widely used online as a support group. They are a little younger, getting their official start in 1994. According to their website, they were affiliated with “Rational Recovery,” established in 1985. The idea behind Rational Recovery was to find an alternative to A.A., or an alternative to a twelve-step program. In 1994, a team of doctors created SMART, to stand for “Self-Management And Recovery Training,” which was their version of Rational Recovery. This model is different from A.A., offering what they have determined to be a scientific approach to recovery. One of the key things to note here, which is mentioned in the “about us” section of their website, is that they refrain from using labelling terms such as “addict” or “alcoholic.” They have a “4-point program” they emphasize on their website:

1. Building and maintaining the motivation to change.
2. Coping with the urges to use.
3. Managing thoughts, feelings, and behaviors in an effective way without addictive behaviors.
4. Living a balanced, positive, and healthy life. (SMART Recovery Handbook)

Another noteworthy aspect of this program is that it is primarily an online source. While there are meetings across the United States, the in-person meetings exist only in heavily populated areas. A majority of the meetings are held on-line via a video chat, and they are daily at various times. SMART’s model is consistent with one of behavioral change: recognizing there is an unhealthy addictive behavior that needs to be changed. Rooted mostly online, they do have a book for sale that outlines different tools they use within their program. Many of these

tools are acronyms of exercises used to help recognize an addictive behavior and cope with the urge to use. For example, they have a worksheet called the “ABC Problem Solving Worksheet,” which goes through a list of steps. There is an activating event, a consequence, beliefs (usually focused on dysfunctional), dispute (the beliefs one has), followed by an effective new belief and consequence. It is an acronym-style worksheet, where the “A” is for activating event, the “B” section is for beliefs, “C” for consequences, “D” for dispute, and “E” for effective new belief. Each section has a space to fill out your answers. For example, one may have an activating event of their significant other yelling at them. For their framework, the “C,” or consequence, follows, which would be the consequence of the event such as a feeling. One might put an emotion such as anger here. They then move on to note a belief they have about the event, such as feeling like a bad partner. Moving to the dispute section, they have to dispute the feeling they have. Is that feeling really rational? They then move to the last section of “effective new belief” and write in something new in effort to combat these irrational or self-defeating beliefs they have. When looking at this worksheet, we can see that the intended goal is to incite a change in a certain behavior. There is another worksheet that helps to gain new behaviors, which is called “VACI,” standing for vitally absorbing creative interests. Again, we see the focus here is on the behavior and developing a newer, healthy one to replace an addictive behavior.

After outlining two of the more popular recovery programs within the United States, it’s also important to outline the flaws. There have been many studies with ranging results on the effectiveness of traditional twelve-step models in the recent past. More often than not however, when scouring many scholarly articles related to the issue, there is usually something that states there isn’t enough data to make a definitive conclusion, or that more studies need to be done, or

that the data represented doesn't necessarily conclude that these programs are either effective or ineffective due to a range of biases. There are a few, though, that have studied these programs in relation to others. One such study found other programs, such as cognitive behavioral therapy, to be more beneficial when compared to twelve-step programs (Roos et al.). There is however, an article in the *International Journal of Mental Health and Addiction* by John Clark Miller that researched many published studies regarding the effects of twelve step programs and re-evaluated the results based on "critical analysis of design, methodology, and construction of outcome measures." This research found "estimated 'remission' rates for alcohol abuse of at most 15-20% and for substance abuse of 0-15%" (Miller). In 2006, the Cochrane Collaboration, a well know health community that publishes many articles and studies in the Cochrane Library, also conducted a review of many studies regarding the issue. They conclude that no "experimental studies unequivocally demonstrated the effectiveness of AA in treating alcoholism" (Dodes). This article also highlights something similar to the study conducted by Miller in 2008: that the success rate of those who achieve and maintain sobriety stands at five-to-ten percent.

While there are pieces of literature and other resources within AA for those who have no religious affiliation, the fact remains that many struggle with AA due to the spiritual aspect. Many who are avid supporters and followers suggest that any reference to God is a reference to a higher power, and most of the references to God specifically in the earlier text have thus been changed to the term "higher power." They maintain that belief in a higher power is not the same as belief in God: believing in God is religious and believing in a higher power is spiritual. For many people differentiating between the two is a feat within itself. While there are some people that can associate a higher power with a physical medium and therefore spirituality, many can't

make this distinction. For example, years ago I came across a person that associated his higher power with a door, specifically the door to an AA meeting. He maintained that his higher power was that door, and he had faith that that door led to a room with like-minded people every time he walked through it. While these ways of thinking can benefit some, it is apparent that they can't benefit everyone. With failure to acquire or see a higher power without any affiliation to religion, one can get anxiety dealing with this alone. If they can't seem to gain spirituality, how can they expect to complete the twelve steps? Additionally, there are passages that are often read that don't send a positive message especially to those who struggle with AA:

Rarely have we seen a person fail who has thoroughly followed our path. Those who do not recover are people who cannot or will not completely give themselves to this program, usually men and women who are constitutionally incapable of being honest with themselves. There are such unfortunates. They are not at fault; they seem to have been born that way. They are naturally incapable of grasping and developing a manner of living which demands rigorous honesty. Their chances are less than average. There are those, too, who suffer from grave emotional and mental disorders, but many of them recover if they have the capacity to be honest. (Alcoholics Anonymous)

As one critic of A.A. summed it up very well: "In other words, the program doesn't fail; *you* fail" (Dodes).

Due to SMART being much newer than A.A., there are fewer journals that have articles written regarding them. However, very similar to A.A., research into SMART often declares that more studies need to be done. One article focusing on multiple self-help programs as opposed to other forms of professional counseling such as cognitive behavioral therapy found no difference in the efficacy of any of the self-help programs (Zemore et al.). That being said, one

of the biggest drawbacks of SMART is the lack of personability. While there are in-person meetings across the United States (usually in larger cities), the majority of these meetings take place in an online context removing any physical connection that may be associated with group-oriented recovery.

With the odds of succeeding in these programs being so low and other forms of treatment being very costly, it would only be natural for one to try to add to the arsenal of methods for treating addiction. Music therapy has been growing rapidly over recent years and has shown many successes in different psychological applications. While listening to music is a wonderful outlet and can lead to the experience of many different emotions, I would like to bring focus to interactive music therapy and the specific action of playing a musical instrument as it brings forth additional thought processes and engages the artistic quality of the individual.

Irene Dijkstra and Laurien Hakvoort conducted various experiments using interactive music therapy including participation in drum circles and lyric writing in an effort to identify and bring forth new coping mechanisms within people suffering from addiction. They defined coping in this article as “the manner in which a person reacts (cognitive, behaviorally, and emotionally) to a situation that demands adjustment” (Dijkstra and Hakvoort). They viewed substance abuse and addiction as a coping mechanism itself for another underlying cause in daily life.

In the drum circle experiment, everyone played a rhythm together and each person was to individually conduct a solo. They found that one participant, named Gary in the paper, had a very passive attitude and was quick to adopt similar rhythms of others regardless of whether it was his solo or not. In one instance others in the group were playing loudly over him while he was mid-solo, and he reverted back to rhythm claiming that he couldn’t hear himself and it really

didn't matter if he did. Over time, others perceived his facial expressions and anger. Through the exercise, they found that Gary "denies, ignores and trivializes his surroundings...this is his coping strategy to reduce arousal...he builds up a lot of stress and tension and feels frustrated about everything" and "while drunk, he is able to feel and express his anger about everything." (Dijkstra and Hakvoort). Through the exercise, they were able to help him identify a behavior in which he used alcohol to cope, and, further, they offered music to give him another coping strategy to dealing with the stresses in his life. In their conclusion, they made the claims that interactive music therapy can indeed help those suffering from addiction to regain better coping strategies and that clients are unable to "just talk their way out, but a client has to act to prove that he can deal with different situations in different ways and has more alternatives to choose from than narcotics or alcohol" (Dijkstra and Hakvoort).

I was also able to conduct an interview with another musician who has been involved with music for over twenty years and who also has a background of substance abuse. His musical background was primarily self-taught, but with recent scholastic training mostly in a group setting, and his primary instrument is the guitar; however, he does play other instruments including drums and piano. As far as his background with addiction, he has been involved with in-patient care in his younger years specifically for narcotics. As time progressed and he got into adulthood, he noticed that he abused alcohol. It is important to note that he was never required to complete a traditional twelve-step program. In talking, some elements were present in the programs in which he participated but never a twelve-step structure. Another key element is that he has been prescribed medication to cope with other mental issues, such as depression and anxiety, which are both experienced commonly in recovery. A vast amount of those suffering from addiction suffer with these issues simultaneously. This correlates to SMART and the

experiments and conclusions of Dijkstra and Hakvoort in that addiction is a way to cope with underlying issues in one's life. The interviewee also claimed that his substance abuse was directly related to coping with these issues. He noted that often these medications had side effects that were undesirable; they did help at times in dealing with depression, however they made him feel lackadaisical and bored. When asked about music in terms of coping mechanism, he responded that it is one of his key elements. He claims that "music helps me to find the emotions I'm feeling and express them. I lock into a 'flow state' where anxiety and depression melt away." He also noted that it was another form of communication: that communicating through music allowed for communication without the rules of speech, which create a large possibility for miscommunication. He says that playing music while struggling with urges has a more immediate response; these feelings can subside in just fifteen-to-thirty minutes of playing. However, he notes that sometimes these exercises can last up to four-to-five hours. He also mentioned that when utilizing music, he always attempts to continue playing for a minimum of thirty minutes. There is "no skepticism or prevention to navigate; there is less effort. Some [counselors] will try to get you to think in a certain way or to try this action. All of the exercises are cheesy and usually don't work for me because you have to suspend a certain belief to complete the exercise." When asked if he plays alone when coping with an urge or bad feeling, he said most of the time he does; however, when there is availability to play with others he will usually opt for that.

In 2015, there was an influential TED Talk given by Johann Hari. He mentions that he had met Professor Bruce Alexander, who in the 1970s conducted an experiment involving addiction. There were previous experiments that claimed that if one was to put a rat in a cage and give it two options, either water laced with drugs such as cocaine or regular water, the rat

will almost always choose the drugged water and, in fact, kill itself relatively quickly. Professor Alexander decided in the 1970s to modify this experiment where, rather than just put rats in a cage, he chose to modify the surroundings creating what Hari describes as “Rat Park.” There were balls, wheels and tunnels for the rats to entertain themselves, and Hari claims that “crucially, they’ve got loads of friends.” This experiment yielded results that were far different from the predecessors: “In Rat Park, they didn’t like the drugged water. They almost never used it; none of them ever used it compulsively, and none of them ever overdosed.” With this evidence, they came to the conclusion that “the opposite of addiction is connection.” Hari mentions that humans have an “innate need to bond” and that when we aren’t bonding with friends, family, or coworkers for what could be a list of reasons (anxiety, trauma, etc.), we naturally find something to bond to, which could be drugs or alcohol. He also mentions that in today’s society, at least in the United States, we tend to publicly label and shame addicts through things like criminal records and rehabs. Assimilation into society is now that much harder than before.

I personally have dealt with some of these issues as well. I am a multiple-DUI offender and have been required to participate in court-appointed recovery programs. I have been burdened with a record and have been labeled. I personally do not have an issue with a higher power as I was raised religious; but suffice it to say I still have my own questions about organized religion. What I did have an issue with is claiming that I am completely and utterly powerless over my own life: that I essentially can’t be trusted with making my own decisions. I was told that “that’s not the point; you aren’t completely powerless; you’re just powerless over one aspect, so you’re not truly admitting powerlessness,” which to me doesn’t really even make

sense. I have seen people live by these twelve-step programs, and essentially lose their personal identity to them. In my experience, the people who I have seen the most successful are those who have immersed themselves into a new hobby, especially one they can share with other people.

What now, if music is another way to connect? As shown in the study involving the drum circle, it can help us to locate bad coping behaviors and can provide a new coping stimulus simultaneously. In practicing or improvising during an urge, it can give us a way to communicate other than the use of language and give an attainable goal to reach, whether that be improvising itself to composing a melody or even a full song. In the case of an interviewee, not only has it helped to cope with certain urges that are associated with addiction, but in doing this he has been able to cease the use of other prescribed medication for depression and anxiety. In also looking at the conclusion of the TED Talk, that the opposite of addiction is connection: what if music could be another avenue of connection? It was mentioned that there are negative labels associated with those that have substance abuse issues. With twelve-step programs and other behavioral based programs like SMART, we see there are options, although these cost-effective options are limited. By incorporating music as an additive in synthesis with an existing recovery program, there is a possibility for an increased chance of success. Additionally, this can help to bring a separate, more positive label to those with substance abuse issues. Rather than going to a meeting where everyone embraces what others in society view as a negative label, what if this label was transformed into a positive one, such as a meeting of musicians? What if the label was transformed and this sought-after connection was music?

Works Cited

“2017 NSDUH Annual National Report.” *CBHSQ Data*, 14 Sept. 2018,

www.samhsa.gov/data/report/2017-nsduh-annual-national-report.

Alcoholics Anonymous: the Big Book --4th Ed.--. Alcoholics Anonymous World Services, Inc., 2001.

Dijkstra, I. & Hakvoort, L. “How to deal music? Enhancing coping strategies in music therapy with clients suffering from addiction problems.” *Music Therapy Today* (online) Vol. V (5) November 2004. available at <http://musictherapytoday.net>

Dodes, Lance. “The Pseudo-Science of Alcoholics Anonymous: There's a Better Way to Treat Addiction.” *Salon*, Salon.com, 23 Mar. 2014, www.salon.com/2014/03/23/the_pseudo_science_of_alcoholics_anonymous_theres_a_better_way_to_treat_addiction/.

“A History of Agnostic Groups in AA.” *OverDrive*, www.overdrive.com/media/3094821/a-history-of-agnostic-groups-in-aa.

Hari, Johann. *Everything You Think You Know about Addiction Is Wrong*. YouTube, TedTalks, 9 July 2015, www.youtube.com/watch?v=PY9DcIMGxMs.

Horvath, A. Tom, and Julie Yeterian. “SMART Recovery: Self-Empowering, Science-Based Addiction Recovery Support.” *Journal of Groups in Addiction & Recovery*, vol. 7, no. 2-4, 2012, pp. 102–117., doi:10.1080/1556035x.2012.705651.

Miller, John Clark. "12-Step Treatment for Alcohol and Substance Abuse Revisited: Best Available Evidence Suggests Lack of Effectiveness or Harm." *International Journal of Mental Health and Addiction*, vol. 6, no. 4, 2008, pp. 568–576., doi:10.1007/s11469-008-9146-4.

"P-86 - The 'God' Word: Agnostic and Atheist Members in A.A." *Alcoholics Anonymous : The "God" Word: Agnostic and Atheist Members in A.A.*, www.aa.org/assets/en_US/aa-literature/p-86-the-god-word-agnostic-and-atheist-members-in-aa.

Roos, Corey R., et al. "Coping Mediates the Effects of Cognitive-Behavioral Therapy for Alcohol Use Disorder among out-Patient Clients in Project MATCH When Dependence Severity Is High." *Addiction*, vol. 112, no. 9, 2017, pp. 1547–1557., doi:10.1111/add.13841.

"SMART Recovery Handbook, 3rd Edition." *SMART Recovery® Online Shop*, shop.smartrecovery.org/product/books/smart-recovery-handbook-3rd-edition/.

Thomas, Scot. "Addiction Statistics: Drug & Substance Abuse Statistics." *American Addiction Centers*, American Addiction Centers, 11 Nov. 2019, americanaddictioncenters.org/rehab-guide/addiction-statistics.

Zemore, Sarah E., et al. "A Longitudinal Study of the Comparative Efficacy of Women for Sobriety, LifeRing, SMART Recovery, and 12-Step Groups for Those with AUD." *Journal of Substance Abuse Treatment*, vol. 88, 2018, pp. 18–26., doi:10.1016/j.jsat.2018.02.004.