

## Editorial

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Music is powerful. It elicits reactions. “I LOVE this music” “I DON’T like this music” “I know what music therapy is; I listen to the radio to relax.” Music impacts how we function. Both of us have been told by co-workers, students, and families alike, that it is easier to work with music playing in the background; and yet just as many people have had the opposite reaction, indicating that background music is distracting. As health care professionals, we recognize the power that music has to relieve stress, to affect our mood, and to bring people together.

These are just some of the effects music has that make it a strong co-therapist in addictions treatment. Both of us have witnessed first-hand the impact music can have when included as part of recovery treatment: patients stay in treatment longer, emotions become unfrozen, healthy relationships develop, coping skills emerge, and those participating in sessions are able to experience “sober” fun.

Incorporating music therapy into addictions treatment as either a complement to psychosocial treatment [1] or as a primary treatment modality [2] is slowly gaining acceptance. However, there continues to be a call for more research on music therapy and the impact it can have in addictions treatment. This special issue of *Music and Medicine* is intended to be a first step in gathering evidence; theoretical, research and clinical; that will support the inclusion of music therapy and inspire music therapy researchers to continue studying music therapy’s role in addictions treatment.

This issue begins with a theoretical paper by Jorg Fachner, *Retraining of Drug Reward, Music Cues, and State Dependent Recall in Music Therapy*. Dr. Fachner describes the similarities between the drug reward circuitry in the brain, and how music is processed. He reminds readers that music can be both helpful and harmful, and that music therapists are ideally suited to help those in recovery learn to use music in a way that will retrain and reframe the response to the desire for

pleasure (reward) from drug-seeking behaviors to alternate methods of meeting those needs.

The following article, *Music Therapy in Addictions Treatment: A Systematic Review of the Literature and Recommendations for Future Research*, by Kathleen M. Murphy reviews the evidence supporting the inclusion of music therapy in addictions treatment. The results of this review support the need for more research with diverse patient groups in varied treatment settings (e.g. detoxification, 28-day programs, therapeutic communities). The next two articles begin to respond to those recommendations.

*The Effects of the Bonny Method of Guided Imagery and Music (GIM) on Interpersonal Problems, Sense of Coherence, and Salivary Immunoglobulin A of Adults in Chemical Dependency Treatment*, by Annie Heiderscheit, is the first of 2 research reports. GIM was developed by Helen Bonny, during her time at the Maryland Psychiatric Center. Dr. Bonny developed classical music programs to accompany LSD therapy used with patients with alcohol and drug addiction. When LSD therapy fell out of favor, Dr. Bonny continued to work with patients, but using just the music programs [3]. The Bonny Method of Guided Imagery was born out of this work, and Dr. Heiderscheit is one of a handful of GIM facilitators who have conducted research on this method with individuals who are in substance abuse treatment facilities. The results of her study suggest that a series of 7 to 10 individual GIM sessions may have a positive impact on interpersonal problems and an individual’s sense of coherence.

Neonatal abstinence syndrome (NAS), a diagnosis given to newborns iotrogenically, or more commonly through exposure to opioids in utero, has reached epidemic proportions around the world [4]. Infants diagnosed with NAS experience withdrawal symptoms which require extended hospital stays for management. This extended stay negatively impacts parental bonding, and increases hospital costs. There has been an increase of research which examines the effects of infants in the NICU, however to date, there is not any published research on the use of music interventions to manage withdrawal symptoms. The results of the first such study *Music Therapy for Infants with Neonatal Abstinence Syndrome* by Jacinta Calabro & Denise Grocke are reported in this issue of *Music and Medicine*. Calabro & Grocke sought to determine the effectiveness of recorded sedative music and live music multimodal stimulation on several outcome measures including length of stay, physiological measures,

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frequency of parental visits, and withdrawal symptoms. While significant results were not achieved, there was a trend for reduced crying in the treatment groups and a slight trend for babies in the multi-modal stimulation group to experience more sleep. The recommendations for further research provide the groundwork for continued investigation into music therapy's role in the management of withdrawal symptoms associated with NAS.

The last 3 articles in this issue focus on music therapy clinical practice in inpatient, residential and outpatient clinical settings. Each article focuses on a unique clinical population, methodology, or stage of recovery. The first article in this set is by Victoria Vega, who provides a review of the literature describing the use of music therapy methods when treating individuals with co-occurring substance use and mental disorders. Her paper summarizes what little is known about the use of music therapy in treating individuals with co-occurring disorders and highlights the need for additional research.

*Music Therapy and Mindfulness: Treating Women with Addiction in a Therapeutic Community* provides a concise overview of a 12-week music therapy group that combines elements of mindfulness and concepts from Alcoholics Anonymous (AA) developed by Stephanie Miller. Another unique feature of her program is the inclusion of the slogans used by AA members. She developed music experiences that captured the essence of 6 common slogans in addition to Steps 1 and 2.

The last article by Jim Borling, *Stage Two Recovery for Substance Use Disorders: Considerations and Strategies for Music Therapists*, describes how music therapy can be used to treat the psycho-emotional and psycho-spiritual aspects of recovery. Borling outlines the theoretical principles that support stage two recovery, reviews the current literature which supports the use of music experiences to address psycho-emotional and psycho-spiritual recovery. His paper ends with recommendations for music therapists working with individuals in Stage Two recovery.

Taken together these articles lay the foundation for continued research and development of music therapy

methods that will address the needs of individuals with substance use disorders with or without a diagnosed co-occurring mental illness. They speak to the creativity of music therapists to design music experiences that will address the unique treatment needs of individuals in treatment for substance use disorders. It is our hope those reading these articles will be inspired to engage in research or motivated to develop new program models. As editors, we are extremely grateful to the authors who submitted papers for this special issue. We also want to thank chief editors Joanne Loewy and Ralph Spintge, and Managing Editor Amy Clements-Cortes for their guidance and support throughout this process.

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#### Biographical Statements

*Kathleen M. Murphy, PhD, MT-BC* is the Coordinator of the Music Therapy Program at Loyola University. In addition to teaching she is an active researcher and maintains a small private practice.

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