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## Book Review

### **Music Therapy and Addictions**

David Aldridge & Jörg Fachner (Editors)

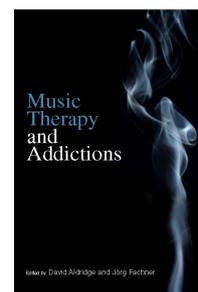
Reviewed by Maria Apostoliadi - Le Boudier

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*Music Therapy and Addictions*

David Aldridge and Jörg Fachner (Editors)

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This book is the first to focus on music therapists from different countries working with patients suffering from addiction problems. It covers a range of different approaches and clinical settings, proving the necessity and value of music therapy in this field of practice. It also demonstrates the need for music therapists to work with flexibility on the difficult and complex nature of addiction.

The editors, David Aldridge and Jörg Fachner who have both written chapters in this book, give a clear description of the nature, characteristics and symptoms of addiction in the first two chapters of the book. They both look at the relationship of the patients with the music and other social forms of expression and how these social codes can affect the person's identity in a negative way. Also, they refer to the person's need of being coherent and satisfied not through drug use and deviancy, but through performing music with others in a group, in order to achieve a vital connection with the body and emotional expression.

Different forms of music therapy group processes are proposed, such as listening and music-making, as well as creation of songs, that can help patients perform and express feelings in the 'here and now' and achieving a healthy contact with their bodies offering them creative alternatives.

This book presents different music therapy settings, models and approaches, such as therapeutic communities, rehabilitation centres, hospitals, residential treatment facilities and clinics, based on holistic, behavioural, psychodynamic and bio-psycho-social models, and systemic and multi-methods approaches. Including the editors, the authors of this book are: Mohamed Reza Abdollahnejad, Irene Dijkstra, Tuomas Eerola, Jaakko Erkkilä, Ted Fichen, Laurien Hakvoort, John Hedigan, Tsvia Horesh, and Marko Punkanen.

Although theoretical orientations, models, approaches and methods differ between chapters, the common element of this book is the importance

of the use of several music therapy activities and the combination of techniques and theories (such as song writing, music performing, lyric analysis, instrumental improvisation, relaxation, theory of attachment, coping strategies, music listening, and physio-acoustic technique) in the drug addiction treatment. All these methods focus on the communication, relaxation, self-expression, healthy contact with body, and others in the group setting. Through the use of songs, performing and composing music, lyric analysis, discussion, relaxation, instrumental improvisation, and musical games within the group, the music therapist can encourage and reinforce patients' healthy connection with their own bodies through symbolic representations. The patient, through everyday expression of musical patterns, can mirror his everyday rigid life behaviour (individually and in group) and recognise, accept and take the decision to change it as an effort of recovery.

### **The use of songs, music making and music listening**

In the chapters of Hedigan, Horesh, Abdollahnegad and Ficken, the music making and listening, as well as the creation and composition of songs have a vital role for the emotional experience, group cohesion and integration. Themes explored through the songs can identify personal feelings, memories and thoughts, and can be worked further in the music therapy group. It is interesting that Horesh refers to the music and music listening as a "transitional phenomenon" (p. 60) that enables one to connect and to distance simultaneously. What I also consider really important in Horesh's chapter, is that although music listening is a passive activity, it can enable emotional work, encourage social interactions and identify every-day experiences and behaviours.

From my own clinical experience as a music therapist with patients with addiction problems, I have noticed that the identification of their own behaviour through the lyrics of a song is a very strong medium in order to accept difficult feelings, reveal memories and share them in the group, not only in the music therapy group, but also in their psychotherapy group.

Rhythmic improvisation through music dialogues and drumming techniques in groups seems to be a good way for communication and interaction in the group as Hedigan and Ficken mention in their chapters. These techniques can reveal certain dysfunctional behaviours such as refusal, isolation and defensiveness, with the goal to bring to consciousness a greater insight, to comfort the reason for treatment and stabilise their anxiety. These techniques seem to be of vital

importance, because they can bring out useful verbal material for the patient for further development in the therapeutic course with the therapist.

The use of instrumental and vocal improvisation resonates strongly with my experience as a music therapist at the Public Drug Addiction Unit of Athens in Greece, where I was working for four years (from 2004-2008) (see Apostoliadi - Le Boudier, 2011). Based on the patients' outcomes, playing and sharing music actively within a group can give the patients the chance to explore play. As Winnicott (1971) describes in his book *Playing and Reality* the creative awareness provides every person with a value in life, more than anything else and many drug addicted people have rarely experienced this before in their childhood. I personally find improvisation really useful in the treatment of drug addiction, because it can help patients step out of their introvert behaviour, breaking the addictive patterns of isolation, criticism and withdrawal. By accepting and identifying past behaviour patterns and discussing them in the group, patients are able to set new goals and finding new ways of coping in everyday life. Improvisation can be a clear reflection of the emotional state of the group at a particular phase through the reflection of improvised music.

### **Bio-psycho-social model of treatment**

It is also worth mentioning the action-orientated techniques of Dijkstra and Hakvoort based on the coping strategies of patients and the bio-psycho-social model of treatment. In the bio-psycho-social model of treatment, the focus is behavioural with a cognitive psychotherapeutic approach. The main goal is to offer to the patient the insight into his behaviour and alternative ways to change it. It is interesting that this chapter looks at the problem of addiction in a holistic way, based on approaches and techniques that apply to the different and complex aspects of addiction, such as physical conditions, psychiatric and personality disorders, life history and personal and social functioning. In this case, the multidisciplinary treatment through social, cognitive, behavioural approaches in combination with medical and psychiatric treatment offers the patient a better understanding of their own actual behaviour and reactions- something that is common with Ficken's chapter.

### **Physioacoustic and multi-method treatments**

What I also find new and exciting in this book, is the physioacoustic and multi-methods treatments which are presented in the chapters of Punkanen, and Erkkila and Eerola. In both chapters, I consider

that the use of physioacoustic methods through relaxation and music listening, can be a very powerful approach for relaxation from the somatic symptoms and traumas without the use of painkillers and other kinds of strong medication as a substitute. The relaxation of the patient's body in the first phase of treatment is really vital, because it can reduce the anxiety levels and also motivate the person to enter and continue the treatment. In the second phase of treatment authors suggest the use of different kinds of activities, such as improvised or structured music playing of different instruments, singing, writing songs, playing in bands, therapeutic discussion and also music painting, in order to work with emotions, self-expression and social relationships, as well as cognitions and attitudes.

These methods seem to help patients' sensorimotor, emotional and cognitive experiences by dealing with the problem through play, images, symbols and metaphors which are connected with their problem. As a further development based on the afore-mentioned activities, I would propose a combination of even more art therapy activities embodied in a multi-art spectacle, combining drama, narration, music, drawing and dance activities at the end of a follow up phase (through the combination of art, dance, drama and music therapies), which would help them to integrate all what they have experienced in their therapeutic groups through the year and present it in a form of a show. I would also suggest all the afore-mentioned multi-method treatments would be of benefit to the female patient population where the complexity and the pathology are often even more difficult.

### “Ecological systemic approach”

The last chapter written by Aldridge presents an important approach of addictions treatment, which can be applied in the multi-methods treatment of an addict. What Aldridge proposes is a model of a “systemic management of distress” (p. 154), applied in families or social relationships. It is worth mentioning what Aldridge says: “What we need to consider is that the individual represents a pattern of social transactions” (p. 155). Every patient has his own family history and social background. His addicted behaviour carries stressful memories and attitudes of that dysfunctional family which the addict has adopted and in order to manage this hostility and conflict he turns into drug use. This interesting model of Aldridge proposes a way of facing the stressful events of a family system of the addict during the treatment. From my own music therapy experience, the family therapy groups help the progress of the addict's treatment a lot because of the realisation of

a further addictive behaviour which has its roots in different relationships inside the family and sometimes in a drug or alcohol background. I would especially recommend this model to the treatment of the female patient population, because as it has been statistically proven, women usually accept more familial and social rejection and they are much more exposed to family violence (Jarvis & Copland, 1997).

I consider that all this music therapy work that has been presented in this book, can help patients suffering from addiction a great deal to cope with complexity of addiction and to give the chance to live a better life. Due to the fact that there is a limited research in the field of music therapy and addiction problems, I consider that is a valuable work for the music therapy literature and for giving ideas to clinicians and researchers for further development and research in this field.

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