

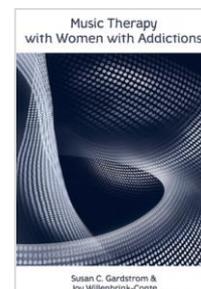
BOOK REVIEW

Music therapy with women with addictions (Gardstrom & Willenbrink-Conte)

Reviewed by Tsvia Horesh

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Title: Music therapy with women with addictions **Authors:** Susan C. Gardstrom & Joy Willenbrink-Conte
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REVIEWER BIOGRAPHY

Tsvia Horesh is a music therapist, based in Israel. She has worked with various populations, in the school and health systems. She worked with people struggling with substance abuse in therapeutic communities for 15 years, and has published and lectured widely on this subject. Horesh developed a program to train special education teachers in Myanmar on the therapeutic use of music in their schools and taught there between 2011-2018. She also facilitated workshops for NGO field workers in Nagaland, India and Myanmar. Horesh emphasises cultural and political sensitivity in her work and is experienced in treating and teaching people from various cultures. [horesh.tsvia@gmail.com]

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Music Therapy with Women with Addictions is a collection of writings by and about the work of Susan C. Gardstrom and Joy Willenbrink-Conte. Some chapters are written by both, and others are written by one of them. In this review, I relate to the book as a whole as I did not actually notice any remarkable differences in each one of the authors' writing and working styles.

The authors declared their aspirations in writing this book:

1. "To provide the reader with an intimate glimpse into the lives... of women who have abused drugs..." (p.3).
2. "to ... build upon (while also diverging from)...music therapy literature ... to promote ... the conceptualization of women's needs ... [and how] music therapy might address them" (p.4).

The book is intended to provide practical applications for trainee music therapists in short-term or extended practice with people with addictions, and for practicing clinicians working in this field. It also aims to validate the experiences of clinicians working with women-only groups.

The book is based upon the authors' experience in working in short-term, women-only settings. The timeline of the clinical settings described in this book are not mentioned outright, and I had to read on to understand that the residential programs were only 28 days in duration. This is a crucial factor for understanding the treatment methods used, and was mentioned but not highlighted. I myself worked for 15 years as a resident music therapist in therapeutic communities (for men and women struggling with substance abuse), which enabled year-long inpatient treatment, followed by six months in a sober living facility. Clearly this kind of treatment is not suitable for everyone, but for those that could join, it enabled an in-depth treatment on many levels. The music therapy program was based upon the progressive stages of the treatment program. Because of this, I admit that I found myself

concerned about some of the clinical situations mentioned in the book.

For example, in chapter 16 “Conflict and Chaos,” the therapists debate amongst themselves about the pros and cons of allowing chaos in a session to resolve itself, with their support, instead of being assertive and stepping in before it escalates. From my experience, the need for very clear structure is prominent in the first weeks of residential treatment for this client group. Many clients are still prone to sensitivity overload and physiological and psychological anxiety due to recent withdrawal from addictive substances. Chaos and lack of clarity in the session may exacerbate these symptoms. Only after people have settled into the therapy, feel secure and have built connections and trust can we allow the chaos to be expressed and worked with. Here, due to the time restrictions, it seems to me as if the therapists were obliged to accelerate the process and enable situations which, in longer term settings, could and should be avoided. This is not a necessarily a critique of the book but of the limitations of the therapeutic setting described.

Chapters 18 “Music as a Trigger for Substance Abuse” and 38 “Safeguarding Song Listening Methods” both deal with what I called “dangerous music” (Horesh, 2016; 2010). Chapter 18 explains the neurobiological and conditional-behavioural theories (among others) that explain how music can become a trigger for relapse. Here it is relevant to look upon music as part of the “culture of addiction” and the need to move on to the “culture of recovery” (White, 1996), through psycho educational sessions.

The authors state that each client will receive at the most eight music therapy sessions and say “...in that brief period of time, we must ask what can realistically be accomplished relative to relapse prevention...” (p. 177). This is a serious dilemma; there is so much that music therapy can offer people struggling with substance abuse, and the challenge of short-term settings is to choose the best and most concise uses of this therapeutic medium. In my work, the decision to listen to the clients’ “dangerous music” was made on the condition that this be done in an advanced stage of therapy, after 5 months or so of building stability, trust and confidence in themselves and in the setting. Many clients said that if they had listened to their beloved music from their drug-using days in the early stages of treatment, they would have left and relapsed. “In short-term treatment settings, we may not be able to address the concept of music as a trigger in as thorough a manner as we might hope...” (pp. 177-178). I find this observation concerning, though practical.

That having been said, I would expect the focus of short-term therapy to be very goal oriented, perhaps identifying each client’s triggers and risk factors and exploring how to move on to the culture of recovery. In short-term work there is less capacity for emphasis on dramatic self-exposure and there should be more focus on how to live a drug free life outside, in a society which is full of challenges to recovery.

CULTURAL SENSITIVITY ISSUES

Case vignettes of song choice (chapter 39) and song discussion (chapter 41) mention popular songs chosen by the clients. These songs, naturally, are culturally relevant only to the specific local cultural groups of clients mentioned in the book. However, there is little to no mention of the cultural background of these clients. In addition, there is no discussion of the issue of popular music being

culturally specific. I find the lack of engagement with this disappointing. It makes the book very ethno-specific and disregards other countries and cultures, and probably also other cultures in the US. There is no real discussion of the issue of cultural sensitivity at all.

Music is culture, and highly identified with ethnic background. In the therapeutic community I worked with in Israel, 40% of our clients had grown up in the former USSR. In order to better understand their music, and through it the clients, I delved into the musical culture they brought with them. Not only did it make them feel accepted and understood, that I could discuss specific singers, rock groups and genres of the music they listened to, but it also gave me real insights into the specific cultures of addiction that they came from. Because of the cultural diversity in our groups, we often listened to songs which half the group didn't know, understand, or like. This in itself was an issue to be dealt with; acceptance of social and cultural differences.

Is the clientele in the therapy settings featured in the book so homogeneous culturally that this issue is considered non-existent? I would have liked to see some references to multi-cultural thought. For example, how to relate to varied ethnicities, or even just musical preferences in one setting, or at least a disclaimer explaining the existence of this issue and saying that it is beyond the scope of this book.

The authors' writing is characterised by constant self-reflection and recognition of their own personal and professional limitations, along with a scope for improvement and growth. These are attributions that they aim to promote to their clients. This was encouraging to see. The format of raising issues and discussing them from various perspectives was also useful. This creates the atmosphere of an authentic, credible conversation. It shows respect for the clients and for the readers. Whilst immersing myself in these chapters, I felt that I was sitting in a supervision session.

In conclusion, despite the lack of discourse on the topic of cultural sensitivity this book has much to offer music therapists practising with this client group. Perhaps a clearer statement was needed as to the very specific protocols and time-limited nature of the work. However, I wish this book with its insights had been available when I was working with people struggling with addictions; I am sure it would have enriched my thinking and practice.

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