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Music therapy and emotional exploration: Exposing substance abuse clients to the experiences of non-drug-induced emotions

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Abstract

Recent cognitive behavioral therapy (CBT) approaches to treatment of substance use disorder (SUD) have emphasized the need for clients to explore emotional regulation and experiential avoidance. This study aimed to determine whether music therapy programs situated within a CBT framework facilitated the exploration of emotions in 24 adults with SUD attending a hospital open group CBT program. In a 7-week trial, the impact of a single music therapy session on participants' emotional experience was assessed using a self-report questionnaire at the end of each participant's first session. Results indicated that music therapy sessions facilitate the experiencing of predominantly positive emotions, and that these were experienced to a moderate or high degree. Participants reported that music therapy was beneficial in allowing them to experience emotions without the need for substance use. It is recommended that clinicians include interventions that encourage the exploration of negative emotions so that clients can experience these in a safe environment.

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Introduction

A difficulty in regulating intense emotions combined with efforts to avoid experiencing intense emotions is a central characteristic of a number of mental disorders. Treatments designed to increase individuals' emotion regulation skills and decrease their avoidance have been effective in the treatment of anxiety disorders (for example, exposure therapy for anxiety disorders Foa et al., 1999) and personality disorders (for example, Dialectical Behavior Therapy for borderline personality disorder Lynch, Chapman, Rosenthal, Kuo, & Linehan, 2006). More recently, emotion dysregulation and experiential avoidance have been identified as major factors underpinning substance use disorders (SUD) and relapse into substance abuse following treatment. It is not surprising then that treatments incorporating elements of exposure therapy have been found to work with individuals with substance use disorders.

Some exposure therapy treatments focus on exposure to external cues for substance use such as a bottle of alcoholic beverage, drug-taking equipment, or the sight or smell of a particular substance (O'Brien, Childress, McLellan, & Ehrman, 1990). Recently, the focus has shifted to interoceptive exposure; that is, exposure to internal states such as anxiety symptoms that trigger the use of substances (Otto, Powers, & Fischmann, 2005). The idea is that individuals are exposed to their internal emotional states repeatedly in the absence of substance use and thereby learn that they can tolerate the emotions. This paper describes a pilot study of cognitive behavioral music therapy (CBMT), in which

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music was used to evoke emotional states in people with SUD. This under-researched treatment is designed to help individuals process strong emotional states in the absence of substance use, in a similar yet perhaps more tolerable way than interoceptive exposure. We present preliminary evidence regarding the use of CBMT to facilitate emotional experience in a group of 24 adults with substance use disorders.

Literature review

Experiential avoidance and relapse

Recent research in psychology has identified that negative emotions and experiential avoidance play a major role in SUD and relapse. Experiential avoidance is the act that occurs when people reluctant to experience certain emotions, thoughts, images, and memories actively take steps to alter their form or frequency even in ways that may be harmful to them (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Experiential avoidance has been linked to a number of clinical disorders including SUD, particularly the avoidance of experiencing negative emotions (e.g. sadness, boredom, anxiety, and distress) (Zywiak, Connors, Maisto, & Westerberg, 1996). In these situations, people tend to use drugs in an attempt to either reduce the intensity of their negative feelings, or to escape or avoid them (Otto, Safren, & Pollack, 2004).

Success of SUD rehabilitation programs rely heavily on clients' maintaining a drug-free lifestyle. Relapse has been said to result from exposure to external cues such as being present in situations that are associated with drug use, and/or internal cues including withdrawal symptoms and the experience of negative emotional states (interoceptive cues). Interoceptive cues, in particular negative emotional states account for the majority of reasons for relapses (Chaney, Roszell, & Cummings, 1982). Furthermore, it has been shown that drug cravings increased in intensity through both induced and naturally occurring negative mood states (Childress et al., 1994; Robbins, Ehrman, Childress, Cornish, & O'Brien, 2000). This has been shown to be particularly the case for women (Rubonis et al., 1994).

Emotional regulation

In the past, approaches to treatment have focused more on the desensitization to external cues, such as exposure to the sight and smell of alcohol or drug paraphernalia (Otto et al., 2005). However, with the recent recognition of the influence of negative emotional states on drug use and relapse, treatment approaches focusing on the enhancement of clients' tolerance to a range of negative affective responses – emotional regulation – are emerging (Otto et al., 2004; Pollack et al., 2002). Emotional regulation refers to the ability to decrease negative affect and maintain positive affect (Schore, 1994).

Otto et al. (2004) describe their emotional regulation approach, coined Cognitive-Behavior Therapy for Interoceptive Cues, as including components such as identification, labeling, and later acceptance of negative emotional states and other internal cues. Further, they include the rehearsal of more positive approaches to managing negative emotional states such as relaxation and diaphragmatic breathing techniques. Whilst their approach does not aim to avoid the emotional experience, it is more to enhance clients' internal awareness of negative emotional states and provide alternatives to their currently maladaptive avoidance patterns (i.e. drug-seeking behaviors). In essence, it asks clients to attend to, decatastrophize, and become comfortable with their own experience of negative emotions rather than attempting to avoid them or numb their experience of them (Otto et al., 2004, 2005).

Music therapy and substance abuse

Given this new emphasis on concepts such as interoceptive cues, experiential avoidance, and emotion regulation, it is not surprising that music therapy, which essentially deals with enhancing insight into clients' thoughts, emotions, and behaviors, as well as promoting emotional expression through the medium of music, is emerging as an effective therapy in SUD treatment programs. Literature has suggested that music therapy can play a critical role in multi-faceted treatment processes (Silverman, 2003) because of its ability to motivate and engage SUD clients (Bednarz & Nikkel, 1992; Cevasco, Kennedy, & Generally, 2005; De l'Etoile, 2002; Gallagher & Steele, 2002; Ghetti, 2004), counteract isolation (Soshensky, 2001), elicit surfacing of emotions and positive mood changes (De l'Etoile, 2002; Ghetti, 2004; Jones, 2005; Soshensky, 2001), decrease stress and anxiety (Cevasco et al., 2005; Hammer, 1996; Silverman, 2003) and decrease impulsivity (Silverman, 2003).

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