

# **Music therapy, women and substance use problems**

A systematic literature review  
and thematic synthesis



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## **Preface**

*The time has come to conclude the process of writing this masters thesis. This process has been informative, challenging, yet exciting and interesting. To me, it has been important to put focus on the field of music therapy with women and substance use, by giving an overview of the literature as well as looking into what the literature actually tells us. I would like to thank the people and institutions that have inspired me throughout the writing process and thereby helped make this thesis possible:*

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*Kristelle Marie Mendoza Johnsen  
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## **Abstract (Norwegian)**

Denne studien danner en oversikt over litteratur som omhandler musikkterapi med kvinner i rusbehandling, drøfter de ulike typene litteratur og hva de dekker, og tematisk syntetiserer litteraturen for å utforske hvilke aspekt som karakteriserer musikkterapi med kvinner i rusbehandling. Metodene som er tatt i bruk er systematisk litteraturgjennomgang og tematisk syntese. Resultatene fra den systematiske litteraturgjennomgangen viser at det eksisterer åtte ulike tekster hvor diverse musikkterapeutiske arbeidsmodeller er tatt i bruk. Resultatene fra den tematiske syntesen identifiserte femten analytiske tema som karakteriserer musikkterapi med kvinner i rusbehandling. Resultatene er drøftet i lys av kvinneperspektivet og kvinnespesifikk behandling. Resultatene fra den tematiske syntesen viser at musikkterapi kan støtte kvinnespesifikk behandling, at kvinnespesifikk behandling kan optimere musikkterapi dersom integrert, og at musikkterapi er en formålstjenlig tilnærming til rusbehandling. Studien viser at det er et generelt behov for mer forskning og litteratur på musikkterapi med kvinner i rusbehandling, og at det er spesielt behov for kvalitativ forskning med fokus på brukerperspektivet for å undersøke hvordan musikkterapi oppleves og fungerer eller ikke fungerer.

## **Abstract (English)**

This study creates an overview of the literature on music therapy with women in substance use treatment, discusses the different types of literature and what they address, and thematically synthesizes that literature to explore which aspects characterize music therapy with women in substance use treatment. The applied methods are systematic literature review and thematic synthesis. The systematic literature review identifies eight different texts where various methods of music therapy have been applied. The thematic synthesis resulted in fifteen analytic themes that characterize music therapy with women in substance use treatment. The results are discussed in the light of women specific treatment and the women's perspective. The results from the thematic synthesis demonstrate that music therapy supports women specific treatment, that women specific treatment can optimize music therapy if integrated and that music therapy is a suitable approach to substance use treatment. This study shows that there is a general need for more research and literature in the area of music therapy with women in substance use treatment, and especially qualitative research with a focus on the user perspective to investigate how music therapy is experienced and how it does or does not work.

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## **1.0 Introduction and background**

*It was the first day that I was going to work with women at the treatment facility in a music listening group. Two women who were under treatment came to join the group that my fellow classmate and I conducted. In the beginning, the women seemed to be a bit reserved, both in their body language and in the verbal interaction. After we had some rounds where each of us shared a song that meant something to us, the women seemed to be loosening up. They opened up and shared their stories and their associations related to the songs. There were also discussions on the topics that occurred in relation to the songs. One of the women shared a song and spoke about her ex-boyfriend and how she missed having someone special close to her. She also shared a song that reminded her of her children and spoke of how they encouraged her to get through treatment. The second woman in the group participated in the conversations in between the musical pieces by supporting and acknowledging the other woman's anecdotes and emotions. Similar to the first woman, the second woman also shared a song that made her think of having a male character in her life. There were discussions about this topic and everyone in the room participated. Towards the end of the group session, the same lady decided to share a song that reminded her of painful memories and she opened up about self-cutting and wanting to be able to feel something - to feel alive. Again, there was a supporting and acknowledging spirit in the room and the atmosphere was peaceful and tranquil despite the serious topics that had been discussed during today's session.*

This vignette describes my first meeting with two women in the context of substance use treatment during my final practicum placement as a part of my music therapy education. Subsequent to music therapy group sessions that I conducted together with my classmate, we used to sum up and reflect upon the elements of different sessions. This session was different. We strongly agreed that the experience we had with the listening group for women was in clear contrast to the previous experiences that we had in the music therapy groups with male participants. There was a complete different atmosphere in the women's group and the pace of the group was much slower. The contact in the interaction was more direct and vulnerable. As students who just had our first contact with women in this population, we were

astonished and surprised that the characteristics of the groups could be so contrasting and that these women chose to share such deep memories and emotions with us during our first encounter. This new experience with women in substance use treatment created a strong interest in me, motivated me to learn more and to investigate the female population in substance use treatment.

## **1.1 Music therapy in the field of substance use treatment in Norway**

There are currently nine music therapists who are working in the field of substance use treatment in Norway (Løvaas, 2015). Recent political developments, in which the Norwegian Health Directorate have recommended music therapy as a treatment in mental health care and substance use treatment, may impact the development of music therapy within substance use treatment settings. In 2013, the Health Directorate in Norway recommended music therapy as a treatment for psychosis in mental health care on the highest evidence level (Helsedirektoratet, 2013). Recently, the Norwegian Health Directorate has published new guidelines concerning the substance use treatment in Norway where music therapy is being recommended as relevant for substance use treatment, in correctional settings and in municipal services (Helsedirektoratet, 2016). Music therapy in the field of substance use treatment in Norway is currently under a phase of implementation (Bye, 2015; Kielland, Stige & Trondalen, 2013; Kristiansen, 2013). During this phase, music therapists are navigating through various treatment contexts to find their place in the field negotiating roles within interdisciplinary teams and in working in systematic levels within institutions. Music therapists are being educated in different traditions and perspectives depending on where they are situated geographically and on the focus of the different universities. In Norway, there is a large focus on the humanistic perspective, user perspective, user participation and resources (Drøsal, 2013; Rolvsjord, 2008; Ruud, 1990, 2008). Due to music therapy in Norway still being a little developed field, the amount of studies and literature on music therapy in the Norwegian context is scarce. However some studies have looked into the area (Aurlien, 2015; Bye, 2015; Kristiansen, 2013; Overå, 2012; Rødland, 2013). Two treatment facilities that offer music therapy have also published reports investigating



the user perspectives of those who participated in music therapy at the treatment facilities and articulated that the participants had highly positive regards towards the music therapy they had participated in (Dale, 2014; Kielland, 2015). Based on the small amount of research and literature on Norwegian music therapy in substance use treatment, there is need for more research to integrate and expand Norwegian music therapy this field (Bye, 2015; Kristiansen, 2013).

## **1.2 Motivation behind choice of topic**

The pragmatic motivation for writing about this field was to increase my knowledge about music therapy with women and substance use. Since this is a topic that is already of large interest to me, it has helped me to keep up the inspiration during the process of writing this thesis. Having months of experience in working with music therapy with women in substance use treatment, I have been looking forward to learning more about the theoretical aspects of this field and seeing it in relation to my practical experience. I want to contribute to expand the knowledge of this field with a focus on women in substance use treatment. I wanted to learn more about particular aspects of substance use in women, about what causes women to start using substances and alcohol, and how women are affected by it. Having written about this population, I want to give insight to the different aspects of substance use in women. I also hope that the readers will learn more about music therapy in this field and gain insight into how music therapy might be a facilitator for persons with substance use problems to gain different and beneficial experiences by reactivating their innate resources and abilities towards their way to any level of recovery.

## **1.3 The complex field of substance use treatment**

Substance use treatment consists of interdisciplinary cooperation between a wide range of disciplines and health instances (Lundberg, 2012). The different perspectives, theories, therapies, approaches and treatment models vary from one

institution to the other. The frames of treatment might vary in the different treatment facilities. The varieties of treatments that will be described in this section are based on treatment settings in Norway, specifically in Lossius (2012a) and in the United States, specifically in Briggs & Pepperell (2014).

In substance use treatment, patients are referred to different phases of treatment depending on their individual needs and contexts.

*Stabilization/detoxification* is an acute phase where patients are admitted to a treatment facility to either undergo detoxification and to be under the frames of substance use treatment in order to further move in to in-patient treatment, or to get the help they require to gain stability and then return back home. The main objective is to be abstinent and to get the required medical, psychological, social attention and support. This phase generally lasts from one to four weeks and patients stay at the treatment facility during the treatment period (National Institute on Drug Abuse, 2012; Regjeringen.no, 2009). *In-patient treatment* is a phase where patients stay at the treatment facility for three months or more. Together with their assigned therapist, the patients develop goals and aims for their treatment period both short-term and long-term goals. In this phase the patients make their own schedule and attend different types of therapies both individually and in groups. Similar to the stabilization phase, in-patient treatment offers consultations with physicians, psychologists, social workers and psychiatrist if needed. (National Institute on Drug Abuse, 2012; Regjeringen.no, 2009). At sites where music therapists are a part of the treatment team, patients are offered to see a music therapist as well. Some treatment facilities also have fitness training. *Assessment* is the phase of treatment where patients are admitted to in-patient treatment with the aim of assessing potential mental health diseases that correlate with the substance use problems. Once diagnosis is established, it facilitates the treatment of the actual substance use problems. This phase generally lasts for three months and might possibly be prolonged if there is need for more assessment time. Patients in assessment follow the same program as patients in in-patient treatment and have the same possibilities to seek consultations from the different disciplines (National Institute on Drug Abuse, 2012; Regjeringen.no, 2009). *Outpatient treatment* is the phase in which patients who have been in in-patient treatment are offered outpatient treatment with the aim of ensuring continuity to the treatment process. Patients continue to see their assigned therapists and other health

personnel if needed (National Institute on Drug Abuse, 2012; Regjeringen.no, 2009). Music therapy might be a part of the outpatient treatment program.

Substance use treatment is approached from a variety of perspectives. *The psychological perspective* is one of the foundational perspectives in substance use treatment, since substance use problems are seen as mental illnesses (Lossius, 2012b). Patients in substance use treatment are offered psychotherapy with a psychologist or other therapists. *The medical perspective* attends to the physical aspects of substance use or/and any other related physical diseases. *The sociological perspective* (Haga, 2012) addresses the social needs of the patient. Social workers might be helping them to find housing, helping them to deal with economic issues and/or helping them look for jobs. *The next-of-kin perspective* (Andresen, 2012b) attends to the network around the patient such as near family and close friends. Related to their family member being in treatment, the closest family might be in need of help themselves. Patients with complicated relations to their family might need help in interacting with them. *The user-perspective* attends to the perspective of the patients focusing on the patient's decisions and wishes for her own treatment and encouraging the patient to be active in her own treatment (Lossius, 2012a).

There are certain philosophies and theories that are relevant when it comes to working with women in substance use treatment. *Harm reduction* (Briggs & Pepperell, 2014; Ghetti, 2004), *relational-cultural theory* (Covington, 1997b) and *women's perspective* or feminist perspective (Briggs & Pepperell, 2014) are relevant perspectives that can be applied in women specific treatment. The women's perspective and women specific treatment are interlinked. There is no clear definition of the women's perspective and of women specific treatment. These concepts are further described in chapter 2.

Treatment facilities offer different types of therapy. The most common types of therapy offered at treatment facilities are *individual therapy* with a therapist and *group therapy* (Lossius, 2012b, 2012c). The content and topics of individual sessions will probably differ in relation to patient needs. In group therapy in women specific treatment, topics related to women (e.g., being a mother, shame and guilt, low self-esteem) might be addressed (Briggs & Pepperell, 2014). In in-patient treatment, there will be health personnel who interact daily with the patients and are available around the clock. Milieu therapists work closely with the women and provide *milieu therapy*,

which is “a form of interaction that is characterized by the milieu therapist’s planned, adapted and systematic use of what is happening in the interplay between the user and the milieu therapist in the environment, in the situation ‘here-and-now’” (translated from Norwegian, Greger & Øien, 2015, p. 2). Like other therapies, milieu therapy is systematically applied with preparation, plan and goal. *Fitness training* is applied in some substance use treatment settings and is the systematic use of exercise (Dahl, 2012a). *Music therapy* also exists in some treatment facilities for substance use problems.

There are different approaches and models in substance use treatment. *Cognitive behavioural therapy (CBT)* (Ettelt, 2012), *Motivational interviewing (MI)* (Andresen, 2012a), *Mentalization based therapy (MBT)* (Arefjord & Karterud, 2012), and *Methadone maintenance treatment* (Haga, 2012) are commonly used treatment approaches. Other approaches to treatment include *AA and 12 step programs* (Halvorsen, 2012) and *Ambulatory user-controlled cooperation* (Dahl, 2012b). AA and 12 steps programs are user-led groups and are not recognized as a formalized therapeutic approach (Halvorsen, 2012). Ambulatory user-controlled cooperation has the goal of including the patient in her own treatment and combines ambulatory services and user-control. This is an approach that meets the client where the client is, has the intention of giving the right services at the right time and involves a process of cooperation between the therapist and the patient (Dahl, 2012b).

## **1.4 Music therapy in the field of substance use treatment**

Literature documenting that music therapy has been applied in settings of substance use treatment goes back to 1970s. Table 1 (in appendix) provides a brief overview of the existing literature in the field of music therapy and substance use treatment. Master theses and dissertations have not been included in this general literature search.

Approximately half of the identified literature consists of description of practice (28 texts), while the other half consists of research (28 texts). Most studies were quantitative and two studies were mixed-methods (see Table 1) (Abdollahnejad, 2006; Dingle, Kelly, Flynn & Baker 2015). There were no qualitative studies. In the

practice literature, there are case studies that go more into depth of different music therapeutic processes. Books, book chapters, and articles address different topics and aspects of music therapy in the field of substance use treatment.

The literature derives from different countries and the majority of the literature derives from the US while the remaining texts are from Australia, Finland, the UK, Norway, Venezuela, Iran, Israel, and Korea (see Table 1).

As indicated in Table 1 (in appendix), music therapists have used a wide range of music therapy interventions when working with people with substance use problems. The most frequently mentioned interventions in the literature are songwriting, song lyric analysis, improvisation, music listening and singing.

Gender and age of the participants have not been specified in all texts. Studies address both adolescents and adults (see Table 1). The general tendency seems to be that the participants include both males and females, and in most cases, males seem to outnumber females (see Table 1). Phases of treatment are not always specified in the studies. Where phase of treatment is specified, most studies are situated in detoxification or in-patient settings. Few studies investigate the effect of music therapy on participants undergoing assessment or who are in outpatient treatment settings.

Research demonstrates that music therapy can decrease experiences of depression in persons in substance use treatment (Albornoz, 2011; Hwang & Oh, 2013). Albornoz (2011) studied the effect of group improvisational music therapy on depression symptoms in 24 adults and adolescents in Venezuela. There was statistically significant improvement in psychologist-rated depression but not in self-rated depression in participants who received music therapy. Hwang and Oh (2013) investigated the short-term effect of singing, music listening and playing instruments on levels of stress, anxiety, depression and anger. Results showed no significant difference between the three different interventions but showed a significant reduction of levels of stress, anxiety, depression and anger. Within the song-activity, there was a decrease in stress and depression between the client-chosen and the therapist-chosen songs. Two studies (Baker, Gleadhill & Dingle, 2007; Jones, 2005) had significant results in investigating the effect of music therapy on mood change. Two studies conducted by Gardstrom, Bartkowski, Willenbrink and Diestelkamp (2013) and Hwang and Oh (2013) showed that music therapy had a significant decreasing effect

on self-reported levels of anger. Studies that investigated the effect of music therapy on motivation, attitudes and motivation towards therapy found that music therapy increased motivation towards therapy (Dingle, Gleadhill & Baker, 2008; Ross et al., 2008; Silverman, 2012, 2015).

## **1.5 Theme and purpose of current study**

Today it is evident there is an imbalance in the amount of research on women and men in the field of substance use where the focus of the substance use literature has mainly been on men (Tuchman, 2010). A similar trend appears in the literature concerning music therapy and substance use where there is little research solely on music therapy with women in substance use treatment settings (Table 1). In general, there is a need for more research on music therapy with both genders and there is especially need for more focus on music therapy with women in substance use treatment settings (Table 1). A systematic literature review in the field of music therapy, women and substance use has not yet been conducted. The overarching research question and sub-questions of this study are:

What does the literature state about music therapy with women with substance use problems?

1. What is the nature and the extent of the literature in the area of music therapy, women and substance use?
2. Based on the existing literature, which aspects characterize music therapy with women in substance use treatment?

The aim is to address the overarching research question by addressing the two sub-questions. The first sub-question will be addressed by conducting a systematic literature review of the existing literature in the field and the second sub-question will be addressed by an in-depth thematic synthesis that identifies aspects that characterize music therapy with women in any form of substance use treatment.

## 1.6 Clarification of terminology

*Music therapy* in this text is understood as:

“... a reflexive process wherein the therapist helps the client to optimize client’s health, using various facets of music experiences and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs, and is informed by theory and research”. (Bruscia, 2014a, p. 36)

Bruscia (2014a) demonstrates that there is complexity to creating a definition of music therapy that is applicable to all sorts of music therapy practices. The practice of music therapy is coloured by, and adjusted to, the contexts wherein music therapy is practiced. Goals and interventions in music therapy vary from context to context. I have currently not found any definition of music therapy in the field of substance use treatment and find Bruscia’s (2014a) definition fitting since it emphasizes that the therapist is participating together with the client to optimize client’s health. Health can be physiological, psychological and psychosocial. In substance use treatment settings, the music therapist and the client might work on physiological aspects (e.g., pounding on drums to increase levels of arousal or practicing relaxation techniques in order to reduce anxiety levels), psychological aspects (e.g., emotional exploration through music listening, or emotional expression through songwriting) and psychosocial aspects (e.g., writing songs for family members, or sharing and discussing personal music in music therapy groups). Bruscia (2014a) emphasizes that the therapeutic relationship that is established through musical experiences is a source of driving power for change in the client. In the context of substance use treatment for women, the therapeutic relationship is an important starting point for therapy and it is especially important to establish trust and security in order for the patient to work on emotional issues (Gardstrom, Carlini, Josefczyk & Love, 2013).

In this text, the term *substance use problems* is applied as a general term that encompasses all terms related to moderate and serious substance use problems (such as chemical dependence, drug abuse, drug addiction, substance abuse, alcohol abuse and alcohol addiction and other related terms) and also includes the meaning of

addictions to substances as defined in (DSM-5, ICD-10<sup>1</sup>) and excludes process addictions. In this use of the terminology, substance use problems are present when a person's substance use has become so severe that it affects the persons functioning (e.g., work, school) and network (e.g., family, friends) and is challenging a person's ability live a 'normal' life.

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<sup>1</sup> See references for the definitions of substance use problems according to DSM-5 and ICD-10.



## **2.0 Substance use problems in women and women specific treatment**

In the following I will introduce women specific treatment and the women's perspective. The women's perspective and women specific treatment are the framework for the current study. There will be a description of the two interlinked approaches, namely: the women's perspective and women specific treatment.

### **2.1 Background**

Statistics from The World Health Organisation (WHO) (WHO, 2016b) show that problematic use of alcohol and of illegal substances counts for 5,4% of the total disease load in the world (WHO, 2016b). Numbers from WHO indicates that at least 15,3 million people are struggling with substance use problems. It is estimated that 3,3 million people across the world die due to harmful use of alcohol every year (WHO, 2016b). These large numbers are collected from registered cases and give indications that the total estimate could be higher (WHO, 2016b). Women have been using substances since early in history (Briggs & Pepperell, 2014; Gardstrom, Carlini, et al., 2013). Studies show that there are fewer women affected by alcohol and substance use than men (Tuchman, 2010). Despite this fact, the statistics of women with alcohol and substance use problems are high (WHO, 2016c). Research on women indicates that there are trends in the substances that women use (Briggs & Pepperell, 2014). Most commonly, women use alcohol, prescription medication, and illicit drugs (Briggs & Pepperell, 2014).

The research on women with substance use problems was more or less non-existent in the 1970s and the amount of gender-specific research increased in the 1980s and 1990s (Brekke, 2002). Until the 1980s women received the same type of treatment for substance use problems as men (Ravndal, 2008). Research was conducted exclusively on male clientele by male researchers (Mondanaro, 1989; Reed, 1985; Schliebner, 1994). Women were often labelled under categories such as "others" and were seen as exceptions to the norm (Brekke, 2002). The treatment did not seem to take any consideration to the needs of women (Mondanaro, 1989; Reed

1985). The gender-specific research that developed throughout the 1980s and 1990s indicated that women and men had different needs in treatment and also had different contexts that were essential to address in treatment (Brekke, 2002). With the increased amount of research on women from the 1990s, there was a growing understanding on how substance use problems affect women both biologically and psychologically (Brekke, 2002). There were gathered more knowledge about why women started using substances and an increased awareness and focus on the cultural components in women's contexts (Brekke, 2002; Briggs & Pepperell, 2014). Multiple studies indicate that women are more relationally oriented compared to men (Covington, 1997b; Skutle, 1999; Wallen, 1992). To focus on the interpersonal relational aspects in treatment for women can be beneficial (Covington, 1997b; Skutle, 1999; Wallen, 1992).

Today there is a larger amount of empirical research that demonstrates a need for gender-specific treatment for substance use problems (Covington 1997b; Grella, 2013; Tuchman, 2010; Wallen, 1992). Research has demonstrated that treatment groups solely for women show better outcomes due to earlier development of safety, equality, mutuality and respect in the social environment in the treatment facilities (Brekke, 2002). Through the growing amount of research on gender-specific treatment, there is an indication that both women and men could gain a larger profit from a more gender-specific treatment approach (Briggs & Pepperell, 2014; Lossius, 2012a).

## **2.2 Foundations of women specific treatment**

Gender-specific treatment for women has the intention of being more efficient as well as profitable for women who are struggling with issues of substance use problems (Claus et al., 2007; Grella, 2013; Lossius, 2012b). Research shows that there are physiological, psychological and social differences in substance use in women and men (Briggs & Pepperell, 2014; Tuchman, 2010). Women have different needs in substance use treatment than men. Women specific treatment focuses on addressing the women's needs in treatment (Claus et al., 2007; Covington, Burke, Keaton & Norcott, 2008).

Women specific treatment is built upon the principles of relational-cultural theory (Andresen, 1999). Relational-cultural theory is a theory based on developmental psychology and emphasizes the importance of relationships in women suggesting that women's psychological development is different from that of men's (Covington, 1997b; Miller, 1986). Jordan and Hartling (2002) synthesize the ideas behind relational-cultural theory by stating that the ideas "suggest that all growth occurs in connections, that all people yearn for connection, and that growth-fostering relationships are created through mutual empathy and mutual empowerment" (Jordan & Hartling, 2002, p. 49). Further, Jordan and Hartling (2002) summarize Miller's five elements of growth fostering relationships as:

"(1) increased zest (vitality), (2) increased ability to take action (empowerment), (3) increased clarity (a clearer picture of one's self, the other, and the relationship), (4) increased sense of worth, and (5) a desire for relationships beyond that particular relationship". (Jordan & Hartling, 2002, p. 49).

The theory also suggests that pathologies are caused by violations or disconnections within relationships and can arise at personal levels as well as socio-cultural levels (Covington, 1997b). Women benefit more from being in settings where they can develop interpersonal relations to other women (Andresen, 1999). With this knowledge it may be possible to look at the element of close female relationships as a preventing factor for women struggling with substance use problems (Storbækken, 1999).

Gender-segregation is a part of gender-specific treatment where women are assigned to treatment units within an all-women population. There are different reasons for having gender-segregation in women specific treatment. Studies show that women benefit from being in treatment with women (Lossius, 2012b; Tuchman, 2010; Wallen, 1992). Many of the women in treatment have experienced violence, sexual abuse and prostitution (Briggs & Pepperell, 2014; Greenfield et al., 2007; Skutle, 1999). Gender-segregation might have the function of giving the women a "time-out" and the opportunity not to relate to men (Clause et al., 2007; Lossius, 2007). Research shows that gender-segregated treatment programs reduce sexual risk

behaviours (Briggs & Pepperell, 2014; Greenfield et al., 2007; Lossius, 2012b). Research shows that in mixed-gender therapy groups women have the tendency to tend to men's needs and therefore might not benefit optimally from such groups (Brigg & Pepperell, 2014; Lossius, 2012b). In mixed-gender groups, women might have a hard time addressing topics such as guilt of not being a good mother while men are present (Tuchman, 2010). Having women-only therapy groups may serve as a preferred alternative in order for the women to optimally explore important topics in therapy (Briggs & Pepperell, 2014; Lossius, 2007; Wallen, 1992).

## **2.3 The women's perspective in the context of substance use treatment**

In this thesis, the women's perspective is understood as taking the females' views on substance use by looking at the context and different elements that are related to women and their use of substances. Further, women specific treatment is here understood as an integration of the women's perspective into substance use treatment for women and attending to women's needs in treatment. The women's perspective in the women specific treatment is presented in three different aspects, namely: biological, psychological, and social. These three aspects are interlinked into the women's experiences of reality. They are not three separated aspects but are all integrated in each other and affect each other across aspects.

I will base my description of these three aspects on the presentation by Briggs and Pepperell (2014) and supplementations by other authors.

### **2.3.1 Biological aspects of substance use in women**

Research shows that there are biological and physiological differences on how substance use affects women in contrast to men (Briggs & Pepperell, 2014; Greenfield, Cummings, Kuper, Wigderson & Koro-Ljungberg, 2013; Tuchman, 2010). Women are at risk for specific health issues as a consequence of their problematic use of substances and/or consumption of alcohol (Briggs & Pepperell,

2014; Reed, 1985; Tuchman, 2010). Women have larger effect from lesser substances and alcohol consumption as compared to men (Tuchman, 2010). Large consumptions of alcohol over a longer period can lead to health hazards such as cancer, liver disease, hypertension, brain disease, and death (Brekke, 2002; Briggs & Pepperell, 2014; Tuchman, 2010). Women are more sensitive to problematic use of alcohol and substances. They have earlier and larger psychological effects when alcohol and substances enter their system (Brekke, 2002; Briggs & Pepperell, 2014, Taksdal, 1997). Women are more prone to overdose and mortality due to problematic use of substances and alcohol (Brekke, 2002; Tuchman, 2010). Women generally start using substances and alcohol later in life and often develop more heavy use, compared to men (Briggs & Pepperell, 2014). Women under treatment experience lesser symptoms related to withdrawal from alcohol and are less likely to go into withdrawal induced seizures (Briggs & Pepperell, 2014). Persons who use injection types of substances have the risk of acquiring HIV and AIDS when sharing needles (Briggs & Pepperell, 2014). Studies show that women who engage in substance use are less likely to use condoms consistently and therefore have a higher risk of acquiring HIV and AIDS (Briggs & Pepperell, 2014). Women who trade sex for substances are more exposed to acquire HIV and AIDS (Briggs & Pepperell, 2014). Severe somatic pains that need prescription medication might serve as a cause of developing substance use problems. The regular use of prescription medication might cause a development of addiction to those drugs (Taksdal, 1997).

Intake of substances and alcohol by pregnant women can cause severe damage to the fetus (Briggs & Pepperell, 2014). Children of women who consume large amount of alcohol might develop Fetal Alcohol Syndrome (FAS) that includes mental retardation, low birth weight, facial abnormalities and damage to the brain (Briggs & Pepperell, 2014).

Adolescent girls are more prone to brain damage than women due to problematic use of substances and alcohol (Briggs & Pepperell, 2014). Young women's excessive consumption of alcohol can lead to drunk driving and risk for sexual assaults (Briggs & Pepperell, 2014). Adolescent girls are more likely to become addicted to substances and alcohol when they start using substances and consuming alcohol before the age of fifteen (Briggs & Pepperell, 2014). Due to their physiological systems that are not fully developed, they get less effect of substances.

Therefore they need to have a higher intake of substances in order to get “high” (Briggs & Pepperell, 2014). Stigma<sup>2</sup> can be higher in pregnant adolescent girls with substance use problems compared to pregnant adult women with substance use problems (Briggs & Pepperell, 2014). These pregnant adolescent girls might also be struggling with multiple challenges related to identity (e.g., becoming a mother) (Briggs & Pepperell, 2014).

Acquiring HIV and AIDS by sharing needles and/or engaging in unprotected sex are topics that can be addressed in gender-specific treatment. Skill development in negotiating condom use might serve as a preventing factor particularly for women who trade sex for substances (Briggs & Pepperell, 2014). There is a need for community and school-based prevention and treatment programs for pregnant women and pregnant adolescent girls with substance use problems to manage the consequences of pregnancy and substance use (Briggs & Pepperell, 2014). Young pregnant women have priority to receive admission to substance use treatment to help both the mother and the fetus (Helsedirektoratet, 2015). In counselling these women, it is important to have knowledge about how substances and alcohol affect the body, namely: brain functions, hormones and other physiological processes. Health personnel can be engaged to educate these women about how substance use problems affects the body which can serve as a preventive measure (Briggs & Pepperell, 2014).

### **2.3.2 Psychological aspects of substance use in women**

Women are sensitive to psychological challenges related to substance use and mental health issues can often drive women to use substances (Briggs & Pepperell, 2014). Women are biologically inclined to experience emotions differently. Research shows that gender differences exist and women often tend to focus emotions inward (Briggs & Pepperell, 2014). The different ways on how women experience emotions affects the manner on how substance use problems take shape and manifest (Briggs & Pepperell, 2014). There are gender differences on how persons engage in addictive behaviours in relation to emotional states. Women often tend to use substances to

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<sup>2</sup> Stigma is an often unfair and negative belief that a group of people or a society have towards something (Merriam-Webster's Learner's Dictionary, 2016).

suppress or as a coping mechanism for difficult emotions and as stress relief (Briggs & Pepperell, 2014). For women, substance use might serve as a way to detach from their psychological pains, their emotions, their society and their own sense of self (Briggs & Pepperell, 2014). Women in treatment tend to have lower expectations for their own lives, compared to men and women are more likely to focus on surviving rather than improving their lives in order to make a true change (Briggs and Pepperell, 2014).

Comorbidity (substance use problems and mental health issues) is common in women who are in substance use treatment (Briggs & Pepperell, 2014; Tuchman, 2010). Dual diagnoses and comorbidity are complex and it can often be challenging to discern which came first between substance use problems or mental health issues (Briggs & Pepperell, 2014). Some women use substances and alcohol to self-medicate mental health issues (Briggs & Pepperell, 2014). Long-term use of substances and alcohol in women might be accompanied by mental health issues (Briggs & Pepperell, 2014). Personality disorder seems to be prevalent among women in substance use treatment and is more complex to treat. Therefore it requires more attention to the dual diagnosis in treatment (Briggs & Pepperell, 2014). Studies show that persons with polysubstance use are more likely to have a personality disorder. Women are more often diagnosed with personality disorder than men (Briggs & Pepperell, 2014). Women with substance use problems are more likely to be challenged by Post Traumatic Stress Disorder (PTSD), anxiety disorders, depression, social phobia, other types of phobia and eating disorder (Briggs & Pepperell, 2014; Cevasco, Kennedy & Generally, 2005). Women with low self-esteem might use substances and alcohol to decrease anxiety levels and to become more confident (Taksdal, 1997). Some women who experienced a large amount of loss in their lives might find substances and alcohol to have a numbing effect or to decrease the hurtful sensations that the loss often might cause (Lossius, 2012a). Women over the age of 40-50 suffering from isolation and solitude might turn to alcohol to relieve the negative emotions from being alone (Taksdal, 1997).

Self-harm and suicidality can occur in women with substance use problems (Briggs & Pepperell, 2014). Briggs & Pepperell (2014) state that alcohol use, substance use and depression are elements that increase women's risks of committing suicide. In general, studies show that women are more likely to commit suicide than

men. Women with substance use problems are more likely to attempt suicide compared to non-substance using women (Lisansky-Gomberg, 1989).

Violence and/or sexual abuse can impact women's psychological health. Physical violence against women might drive the women to self-medicate (Briggs & Pepperell, 2014). Studies show that women who have been exposed to violence and/or sexual abuse are more likely to have PTSD (Briggs & Pepperell, 2014). There is a link between violent/sexual abuse and substance use/alcohol consumption (Briggs & Pepperell, 2014).

Some women engage in prostitution to trade sex for substances. This is more prevalent among women with cocaine or crack-cocaine use (Briggs & Pepperell, 2014; Covington, 1997a; Kandall, 2010). Briggs & Pepperell (2014) claim that there seems to be a significant correlation between prostitution and substance use and that women are selling sex as a means of necessity to get their substances of choice. By engaging in prostitution, the women might experience a negative consequence of worsened psychological health (Briggs & Pepperell, 2014). Briggs & Pepperell (2014) described a study conducted by Risser, Timpson, McCurdy, Ross & Williams, (2006) that showed that women who engaged in prostitution were at a higher risk of homelessness and poverty, had less consistent condom use, had intensified substance use and had higher levels of psychological distress. Briggs & Pepperell (2014) also described a study from Ling, Wong, Holroyd & Gray (2007) that showed that women who engaged in prostitution might suffer from emotional disturbances such as loneliness, isolation, fear and psychological distress.

Violent and criminal behaviour can be related to women's substance use. Briggs and Pepperell (2014) noted that it is evident that alcohol consumption and substance use can lead to violent criminal behaviour and that comorbidity is prevalent among incarcerated<sup>3</sup> women. Persons who are incarcerated and have substance use problems might serve parts of their sentence in substance use treatment (Jordan, et al., 2002).

Helping the women to regain a sense of self and to mend their emotional wounds caused by emotional detachment might contribute to healing and recovery (Briggs & Pepperell, 2014). Topics such as guilt and shame in therapy might help the women to work through these feelings. Substance use treatment for women must

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<sup>3</sup> Being under imprisonment or in confinement by law.



address the emotional experiences of women in order for treatment to be successful (Briggs & Pepperell, 2014). It is important that health personnel who treat these women are trained to ask about the women's substance use to get an over-all picture of the women's substance use problems that could be related to mental health issues (Briggs & Pepperell, 2014). For women who engage in prostitution and/or trading sex for substances, it is important to address these topics in therapy in order to help these women. Addressing and working on developing increased self-esteem, job skills, and decision-making skills are essential elements in this process (Briggs & Pepperell, 2014). It is important that health personnel have the experience and the competence on self-harm and suicidality to be able to help patients with these types of challenges.

### **2.3.3 Sociological aspects of substance use in women**

Common sociological aspects in women will be described in relation to women in general without going into details as to age, class, etc. There are different sociological aspects of substance use in women and the contexts of women in treatment. Social factors might also play a role in driving women to start using substances and to seeking treatment (Briggs & Pepperell, 2014). Since childhood all humans are shaped by different norms, society and various gender norms of their society (Briggs & Pepperell, 2014). Women who grew up in homes where parents were using substances are more likely to start using substances themselves in order to fit into the family culture or as a means of coping with the emotional stress that the substance using parent causes them (Briggs & Pepperell, 2014).

Women experience less support from their male partners in seeking treatment than men and this might be an obstacle to seek treatment (Briggs & Pepperell, 2014). Women with substance use problems are also more likely to have a spouse or a partner who uses substances or alcohol. They are, therefore, under pressure to continue using, not getting support in seeking treatment and are finding it more difficult to quit (Briggs & Pepperell, 2014). Studies show that societies seem to judge women who use substances more than men who use substances (Briggs & Pepperell, 2014; Greenfield et al., 2013). These judgments towards women might influence them to hide their substance use due to shame and guilt (Briggs & Pepperell, 2014).

Women with substance use problems who have families of their own might live with the feelings of shame and guilt and can be under the idea that they are failures as mothers. Families whose mothers have substance use problems are often unsupportive to their mothers to seek treatment. This can be linked to shame in the family (Briggs & Pepperell, 2014). Stigma is something that the women themselves cannot change; it is something that needs to be changed in society.

There seems to be a relationship between substance use and violence towards women. Women who use substances are more at a risk of experiencing violence due to their substance use (Briggs & Pepperell, 2014). Tuchman (2010) states that intimate partner violence is found to be prevalent among 25%-57% of women in treatment. Intimate partner violence can occur in relationships where women are supposed to feel secure. Thus women who are exposed to intimate partner violence might experience shame or fear and try to keep it hidden from others. This suppression might lead to using substances in order to self-medicate negative emotions caused by the assaults (Briggs & Pepperell, 2014). Women who have repeatedly been victims of sexual abuse seem to be at a higher risk of using substances and alcohol (Briggs & Pepperell, 2014).

Women who are taking care of their spouse or family members might be labelled as codependent or even pathological (Briggs & Pepperell, 2014; Covington, 1997b). The spouse/partner is often encouraged to take distance from their significant other who is in treatment. If the spouse/partner of the one under treatment seems to be encouraging or compassionate, they might be seen as codependent and as an assisting part in the substance use behaviour. This might give the women under treatment a feeling of not being enough and/or being alone in their substance use problems (Briggs & Pepperell, 2014).

Studies show that women who are challenged by gender identification issues are vulnerable to using substances. They might look to substances to relieve negative affects and emotions, which can be related to gender identity, stigma and prejudice that might come with it (Taksdal, 1997). There are also highly educated women who use substances for diverse reasons such as a stress-reliever and/or as a “time-out” from the hazards of everyday life (Mellingen, 2007; Taksdal 1997). Women in high-pressure careers tend to be more exposed to stress and drinking culture at work, to the extent that it can have an impact on the women’s drinking habits which might

ultimately lead to alcohol problems (Melling, 2007; Taksdal 1997).

Topics concerning motherhood, shame and guilt are relevant for women in treatment. These are topics that might be addressed in groups to let the women see that they are not alone with these types of feelings. Topics about violence and sexual abuse are also important to address to women who have had such experiences, as it might impact their substance use. (Briggs & Pepperell, 2014; Marsh, D'Aunno & Smith, 2000). Health personnel working with pregnant women in treatment might need to address the topic of prejudice and shame related to being pregnant and using substances. In relation to co-dependency, it is important to acknowledge women's innate and natural ways of self-care and care for other in contrast to giving women labels as codependent when they wish to support their partner under treatment or when they expect support when they are under treatment themselves (Briggs & Pepperell, 2014). There are different barriers for women seeking treatment and many are related to their children. Women with children are often concerned about losing custody of their children. Some women might be pregnant, fear judgment and have fear of losing custody once their child is born. (Briggs & Pepperell, 2014; Greenfield et al. 2007; Tuchman 2010). For single-parenting mothers with low income or unemployed, coming to treatment can seem impossible due to their need for childcare while they are under treatment (Briggs & Pepperell, 2014; Tuchman, 2010). Since lack of childcare is one of the barriers for women to seek treatment, having childcare provided by the treatment facility can work as an alternative. It is important to notice that there are different sets of cultural norms and cultural differences from one country to the other that are related to women using substances. Although women specific treatment supports specific principles in working with women in substance use treatment, it is important to take into consideration that not all women are alike and that there are differences between women. Differences such as age, race, class, ability and sexual orientation should be taken into consideration by health personnel who treat these women (Briggs & Pepperell, 2014; Covington, 2000).

## **2.4 Critique of women specific treatment**

Until now, there have been descriptions of elements and aspects that point towards

women specific treatment as a beneficial treatment program for women. However, there are views and arguments that contradict some of the ideas of women specific treatment. Tuchman (2010) states that there is a lack of research concerning the effectiveness of interventions designed for gender-specific treatment for women. Clause et al. (2007) underlines that there is little research concerning which type of gender-specific treatment programs that are related to outcomes of the treatment. Although studies point towards women specific treatment as more beneficial for women compared to mixed-gender treatment (Greenfield et al., 2013; Marsh, Cao & D'Aunno, 2004), women specific treatment might not be beneficial for every individual. One might argue that gender-segregated treatment settings might not be close to reality since the different genders are separated during treatment. They are still bound to encounter the opposite gender once in-patient treatment is over. Thus gender-segregated treatment might have little transferable value to the reality outside the treatment. In mixed-gender treatment groups, the social environment might be more realistic (Briggs & Pepperell, 2014). Another counter argument to women specific treatment is that women might not be given the opportunity to establish healthy relations with men. Mixed-gender treatment groups might give opportunities for women and men to practice relational skills across gender (Briggs & Pepperell, 2014). Due to the segregation between genders, there will be a larger focus on differences between the genders. Based on my personal experience in working with women in a women specific unit in a substance use treatment facility, I would like to speculate that some women might experience that the gender-segregation will make men into a “problem” with negative connotations.

Lossius (2012b) argues that there currently does not exist any unique or clear definition of good gender-specific treatment nor is there any adequate criteria that can evaluate if one patient will have most benefit from mixed-gender treatment or gender-specific treatment. Further, Lossius (2012b) underlines that the choice of offering a person gender-specific treatment or not should be seen in relation to the person's psychological diseases, trauma, and relational challenges. Persons who have been exposed to a serious amount of traumatic experiences and with serious mental illnesses should probably be offered a more protected, interdisciplinary and flexible kind of treatment (Lossius, 2012b). This shows that gender-specific and women specific treatment is complex and might vary from institution to institution.

The concept of gender is unclear in the literature. The addressed literature frequently uses the term *gender* but does not provide any definition of how gender is understood in gender-specific treatment or in women specific treatment. Briggs & Pepperell (2014) stress that there are different sexual/gender orientations by stating that “Today, our awareness has expanded to include bisexual, transgender, transsexual, and asexual as possible sexual or gender orientations” (Briggs & Pepperell, 2014, p.102). However, Briggs and Pepperell (2014) do not discuss this any further nor provide any definition of gender. An article concerning Music therapy with LGBT and questioning (Whitehead-Pleaux et al., 2012) stress that there are lesbian, gay, bisexual, transgender and people who are questioning. People who are questioning are uncertain of their sexual/gender orientation (p. 158). Reed (1985) underlines that “The term “gender” rather than sex is used to include the sociocultural (and not just biological) meanings associated with male and female in this society” (Reed, 1985, p. 18), and suggests that the understanding of gender is based on the social constructions of gender. Yet it seems that the idea of woman specific treatment is very much concerned with a normative understanding of gender in the meaning of the differences between men and women.

### **3.0 Methods**

This chapter presents a rationale for, and a description of, the methods used in the current study. The overarching research question in this study is *“What does the literature state about music therapy with women and substance use problems?”* followed by two sub-questions. A systematic literature review was adopted to address the first sub-question *“What is the nature and extent of the literature in the area of music therapy, women and substance use?”* This was followed by a thematic synthesis (Thomas & Harden, 2008) that addressed the second sub-question *“Based on the existing literature, which aspects characterize music therapy with women in substance use treatment?”* A hermeneutic approach was adopted for the analysis of the literature. Search strategies in relation to the systematic literature review are described and the process of thematic synthesis is explained and discussed. Examples from the each phase and step of the thematic synthesis are provided in appendix 2. Data examined in the current study consist of existing literature in the area of music therapy with women and substance use and the systematic literature review and the thematic analysis utilized the same data.

#### **3.1 Systematic literature review**

In the current study, I used a systematic literature review to collect data and to help identify the nature and the extent of the literature on music therapy with women and substance use. A systematic literature review is a comprehensive overview of the research that has been conducted on a certain topic and gives information about what is identified and unidentified regarding a topic (Denney & Tewskbury, 2013). The systematic literature review is characterized by having a transparent methodology in all levels in the process (Hanson-Abromeit & Sena Moore, 2014). Hanson-Abromeit and Sena Moore (2014) summarize the process of conducting a systematic literature review by including five steps: “(1) Creating the foundation, (2) Conducting the research (3) Data extraction (4) Synthesis and analysis of the data, and (5) Evaluating the strength of evidence and presenting the results” (Hanson-Abromeit & Sena Moore, p. 13-14). The current study adopts the three first steps of this process and

adopts a thematic synthesis to synthesize and analyse the data.

Creating a foundation includes developing a research plan and a clear research question (Hanson-Abromeit & Sena Moore, 2014). The research plan in the current study included search strategies such as: making decisions about inclusion and exclusion criteria, identifying relevant databases and developing search words to capture the most relevant literature for the area of investigation. During the process, the research question developed from being one single research question into having two sub-questions. The second step includes conducting the actual searches for relevant literature (Hanson-Abromeit & Sena Moore, 2014). In this step I searched the literature by applying the search strategies I had developed. The third step emphasizes extraction of data from the included literature (Hanson-Abromeit & Sena Moore, 2014). In this phase I looked for, and gathered information about, the nature and the extent of the literature such as: the countries the literature derived from, study aims, areas of investigation, interventions, number of, and context of, participants, etc. Further, I applied a thematic synthesis to the collected data, a process that is explained later in this chapter.

### **3.1.1 Search strategies**

Any texts where music therapy was the main focus and where the addressed population was women in the context of any sort of substance use treatment (different treatment phases), where substance use problems was the main reasons for treatment were included. Literature related to adolescent or adult women were only included if issues of substance use problems were addressed in the music therapy work, either on a theoretical or practical level. Female children have not been included (under the age of 12) due to the primary focus on women and adolescents (setting the age limit of adolescents from 13-19 years old). Literature concerning all treatment settings, including facilities that do not necessarily target substance use problems, were included as long as substance use problems were explicitly addressed in the treatment. Only texts in English and Norwegian literatures were included. Due to the scarce amount of literature specifically on music therapy, women and substance use, I have chosen to include all literature published up until present day. I only included

literature that had been written by, or in cooperation with, at least one licensed music therapist or by music therapy master students with entry-level knowledge about music therapy.

The following databases were searched: ERIC, MEDLINE, PsycINFO and RILM. Other search engines that were utilized were: BORA, Google scholar and Oria. In addition to searching relevant databases, relevant books within the University's holdings were hand searched, as well as looking for other relevant literature that were referred to in the bibliographies of relevant books, articles and texts. I also looked through the books and chapters from Barcelona Publishers, and the online, open access, music therapy journal Voices.

The applied search terms are divided into four categories: (1) main topic, (2) population, (3) substance use problems, and (4) other contexts (than substance use treatment). The intention of including the fourth category was to ensure that the searches were broad enough to capture literature that could possibly be left out otherwise. The applied search terms were:

- (1) Main topic: music therap\*
- (2) Population: adolescen\* female\*, adolescen\* girl\*, female\*, girl\*, teenage girl\*, wom\*, young female\*, young wom\*
- (3) Substance use problems: addict\*, chemical abus\*, chemical addict\*, chemical dependenc\*, chemical\* use\*, drug abus\*, drug addict\*, drug dependenc\*, drug problem, drug use\*, substance abus\*, substance addict\*, substance dependenc\*, substance misuse\*, substance use\*, substance use problem\*, substance use disorder\*
- (4) Other contexts:
  - (4.1) Child protection settings: youth-at-risk, foster-care, child protection
  - (4.2) Correctional settings: prison\*, jail\*, criminal\*, offender\*, convict\*, inmate\*, correctional setting\*
  - (4.3) Mental health settings: psychiatr\*, mental health, comorbidit\*



### **3.2 Thematic synthesis**

Subsequent to the systematic literature review, the second method of data analysis in the current study was thematic synthesis described by Thomas & Harden (2008). This method was applied with the aim of discovering common and different themes among a set of texts. This method was developed by Thomas and Harden through the course of conducting several systematic reviews in the field of health promotion (Harden et al., 2004; Harden, Brunton, Fletcher & Oakley, 2006; and Thomas et al. 2003). The method consists of three phases for analysing qualitative literature. The three levels of analysis include: (1) “line-by-line” coding of text, (2) developing descriptive themes (that are close to the primary texts) and (3) generating analytical themes (adding new interpretive constructs and hypotheses) (Thomas & Harden, 2008).

Thomas and Harden (2008) state that it often can be challenging to treat quantitative and qualitative data in an equal manner, due to the different nature of the two types of research. Thomas and Harden’s (2008) method of thematic synthesis is primarily applied to qualitative research, however the current study also included quantitative research and practice literature. This was to try and capture a broader literature base to answer the over arching research question. For the purpose of this study, I found it essential to include as much literature as possible. I have chosen to analyse the different types of texts in an equal manner, applying thematic synthesis to analyse all the findings from the literature search. In this way, it was possible to look for factors that were common or different, that bind together or oppose in all included literature.

Methods such as ‘first, second and third order constructs’ (Schutz, 1971) and narrative synthesis (Popay et al., 2006) were considered but not chosen, as thematic synthesis (Thomas & Harden, 2008) seemed more fitting for this study’s aims and frames. Thematic synthesis is a method that is possible to conduct in the frame of a master thesis. I also found the method appropriate for analysing the relevant literature at hand, since the method facilitates identifying themes in the retrieved literature.

### **3.3 The phases of thematic synthesis**

The different phases of thematic synthesis (Thomas and Harden, 2008) will now be described. I have expanded the method, in order to enable synthesis between the different types of data (literature types) by adding one additional phase (phase four), which gives a more concluding overview of the whole process. Examples of the phases and steps in the analytic process are found in the Appendix 2. My variations of the Thomas and Harden (2008) method are detailed under each phase.

#### **3.3.1 Phase one: line-by-line coding**

The initial phase of the analysis process includes thoroughly studying the texts in the retrieved literature. This can be done by looking through each sentence and giving the sentence an individual code related to the content and meaning (Thomas & Harden, 2008). The current study did not apply any software programs and the coding was conducted systematically, applying manual coding. The next step in the first phase is re-examining the codes in order to see if there are other codes that should be applied – looking at the whole of the codes included in the different concepts of the texts. The last step in the first phase is identifying potential occurring categories of codes.

I have chosen to look at the different texts in their entirety, including all parts of the texts, in contrast to other similar studies that focus on examining specific parts of texts in the studies (e.g., Thomas & Harden, 2008; Solli, Rolvsjord & Borg, 2013). I chose to look at the entire texts to facilitate the ability to identify different elements of relevance to the study such as: theoretical approaches and theoretical frameworks, the women's perspective, background information about women specific treatment, researcher's attitudes, etc. There are positive and negative aspects by focusing solely on specific parts of a study. A positive aspect might be that the results will be more specific and concrete, while a negative aspect might be that one might overlook parts that can be of importance of one's own study. Also, different authors have different ways of writing, thus authors might find it logical to put some information under different headings or in different sections. By studying the text line-by-line, I looked for meaning units (units of texts that have meaning), applied my own assessment of

which parts were meaningful to include and which were unnecessary to include (such as general words that are necessarily applied by the authors in order to give a description). Thomas & Harden (2008) described how a single sentence could be a unit for coding. I looked for meaning units and concepts as either a single sentence or multiple sentences. This was done with caution and in order to not overlook possible themes that arouse. Ultimately the intention was to end up with concrete and meaningful categories and themes that tells us something about the about the topic and answers the research question.

The method was adapted when going through the findings from the literature search. I initially planned to adopt the method by synthesizing the qualitative texts first and subsequently looking for identified themes and categories in the quantitative texts. When the findings from the literature search only resulted in quantitative studies and practice literature<sup>4</sup>, I found it more useful to include the total amount of the literature findings in the analysis. By doing so, I think it generated a more general answer to the research question.

### **3.3.2 Phase two: developing descriptive themes**

The second phase consists of developing descriptive themes that still preserve a closeness to the primary texts without going too deep into interpretations. This can be done by grouping the different codes into categories. Here one can apply the “tree-figure” approach where one category leads into different branches of subcategories or one can apply a “free coding” approach by creating codes that are not obviously related to other codes (Thomas & Harden, 2008). I chose to apply free coding because it appeared to be the most appropriate since not all codes seemed suitable for putting into subcategories. However, I kept in mind that some of the codes could be related. The codes were put in categories that were informed by the descriptive themes.

### **3.3.3 Phase three: generating analytical themes**

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<sup>4</sup> The different types of literature are described in chapter 4.

The third and final phase of Thomas and Harden's (2008) thematic synthesis is to generate analytical themes, wherein a hermeneutic interpretation makes way for new interpretative constructs and hypotheses. This part was moved to phase four. In phase three there were about 135 descriptive themes. Some of the same themes were mentioned across the different levels (authors level, population level, etc.) (see Appendix 2). I wrote down all of the descriptive themes on pieces of paper and put them together in clusters where there was an obvious link or similarity between the descriptive themes.

### **3.3.4 Phase four: Systematic overview and developing final interpretative concepts and hypotheses**

I have added this concluding phase where I have moved some elements from Thomas and Harden's (2008) third phase into this phase. This phase included developing a systematic overview of what the analysed data shows and indicates, looking at similar themes and categories as well as contrasting and opposing themes and categories. The purpose was to create interpretative hypotheses and constructs (adapted from Thomas & Hardens' (2008) third phase). The indications that were developed in this phase are discussed in relation to the women's perspective and women specific treatment in the discussion section.

In this final phase I wrote a more in-depth text of each analytic theme, describing the essence of each of the descriptive themes and constructing hypotheses that describes aspects of music therapy with women in substance use treatment. These in-depth texts were based on what the literature showed and indicated. When my own reflections were included, it is explicitly mentioned in order to be transparent. The analytic themes are presented in the order of a music therapy process (e.g., starting point of therapy, future development of the field) (see Table 3 in appendix). This was to give a direction to the order of how the analytic themes were presented and was more for my own organisation rather than having any particular impact on the results.

### 3.4 Hermeneutic approach

Gadamer developed the concept of *the horizon of understanding* which describes how humans have a horizon of knowledge and preconceptions (Svendsen & Säätelä, 2007). When we gain new knowledge, the knowledge we already possess is shaped and affected by the new knowledge, which alters the old understanding we had. In this way our individual horizon of understanding is altered and expanded (Svendsen & Säätelä, 2007). Gadamer claimed that when a reader is reading and interpreting what is written, the reader will automatically include some of the readers own understanding of the world in the interpretation of the text (Svendsen & Säätelä, 2007). Gadamer also expanded the philosophy of the hermeneutic circle or hermeneutic spiral (Svendsen & Säätelä, 2007). This philosophy describes how we create meaning out of something either consciously or unconsciously. This is done by interpreting an entirety out of our evaluation from different factors such as: the author's background, intention and situation, our evaluation of the text in itself, the media that it is manifested by and our own self-reflection (Svendsen & Säätelä, 2007). Alvesson and Sköldberg (2008) discuss the application of the hermeneutic circle and state that it is the idea of looking at bits and pieces in the light of a whole picture in order to gain understanding. This could also be done the other way around, by looking at small pieces, in the attempt of gaining more knowledge about a larger concept (Alvesson & Sköldberg, 2008). In short, one can say the hermeneutic circle or spiral involves moving back and forth between smaller parts and whole entireties.

The purpose of the thematic synthesis was to generate interpretative constructs and hypotheses (Thomas & Harden, 2008). Based on my understandings and the knowledge and experience I have gained from working with women in substance use treatment, my own understanding have coloured the way I have interpreted the data. I have looked at excerpts from the data in light of the women's perspective and women specific treatment and I have used the interpretation of the excerpts to gain a better understanding of the different characteristics of music therapy with women in their whole. In this way, the horizon of my understanding has affected the topic that I have been studying, while the knowledge I have gained about the topic has affected my understanding. My own preconception is that women specific treatment is beneficial. Since my own understanding and preconceptions have most likely affected most parts

of this study, it was crucial that I, as the researcher, was conscious about my own reflections and rationales. By having been aware of my own thoughts and attitudes towards the topic that I was researching and writing about, I could be transparent and could adopt a reflexive approach to conducting the research.

*Reflexivity* is an important element in qualitative research (Alvesson & Sköldberg, 2008). Reflexivity can be described by “considering the different linguistic, social, political and theoretical elements that are interwoven into to the process of knowledge development wherein the empirical material is constructed and interpreted, in a serious manner” (translated from Swedish, Alvesson & Sköldberg, 2008, p. 19-20). Alvesson and Sköldberg (2008) discuss the two most important elements in reflexive research: interpretation and reflection. When one is conducting research, interpretations will be made on many levels and it is of importance that the researcher is reflexive and conscious of how his/her own preconceptions and experiences can affect the interpretation (Alvesson and Sköldberg, 2008). The article *EPICURE* by Stige, Malterud and Midtgarden. (2011), addresses, amongst other topics, the issue of reflexivity in qualitative research and argues about the importance of research evaluations. Stige et al. (2011) present an acronym that summarizes essential elements that are a part of the researchers’ evaluation in the process of working with qualitative research. The acronym EPICURE stands for: “Engagement; Processing, Interpretation, Critique, Usefulness, Relevance, and Ethics” (Stige et al., 2011, p.33). All of these elements will be of importance in my own research study, and particularly as a part of my own reflections.

## 4.0 Results

This chapter describes the results from the systematic literature review and the thematic synthesis. An overview of the results from the systematic literature review is presented. A more detailed presentation of each text is provided to give insight to the context of each included text. The results from the thematic synthesis identify fifteen analytical themes that characterize music therapy with women in substance use treatment.

### 4.1 Results from systematic literature review

The systematic literature review resulted in eight different texts that included different types of literature. Aveyard (2010) presents Wallace and Wray's (2006) categories of literature types:

Table 4.

*Types of literature (Wallace and Wray (2006) in Aveyard, 2010, p. 44)*

1.) Theoretical literature	Describes a theory
2.) Research literature	Report of a systematic investigation that seeks to answer research question
3.) Practice literature	Written by practitioners in their field of expertise
4.) Policy literature	Literature that informs practitioners how to act in a given set of circumstances

The included literature fall under the categories of research literature and practice literature (specified in Table 4). The four quantitative studies are under the category of research literature since they include a report of a systematic investigation with the aim of answering concrete research questions. The two case studies, on the

other hand, are in this categorisation not regarded as research literature since they do not define a concrete and explicit research question but instead seek to describe how the authors applied the interventions in music therapeutic processes within this population and are therefore categorized as practice literature. The book chapter that addresses sessions with music therapy in collaboration with poetry therapy is categorized under practice literature together with an article that focuses on different attitudes and interventions that the authors have experienced in applying to the population. These two texts seek to describe methods that they have used with in substance use treatment with women.

The small amount of literature consisting of quantitative studies and practice literature, show that there is a need for more literature and a wider variety of literature in the field of music therapy, substance use and women.

#### **4.1.1 Treatment aims in music therapy**

The identified texts in the current study address different aims and aspects of music therapy with women in substance use treatment. In summary, the therapeutic aims and goals in music therapy, in the included texts, can be divided into seven groups: (1) therapeutic context (2) self-development, (3) states of mind, (4) abilities, (5) expression, (6) relapse prevention and (7) socialization. Goals under therapeutic context were: safety, being comfortable in therapy, having knowledge about groups and trust. Therapeutic goals under self-development were: self-awareness, self-respect, strengthening of resources, self-empowerment, personal agency/mastery, accepting changes, working through negative emotions, dealing with elements that interfere with recovery and grief work. The therapeutic aims in states of mind were: patience, concentration, creativity and relaxation. Goals in abilities were: expressive abilities, skill development, parenting skills, and displaying musical knowledge and skills. Aims in expression were: movement and emotional expression. Music therapeutic goals in relapse preventions were: using music in recovery, and exploring and developing strategies to cope with substance use. Finally, therapeutic aims under socialization were: inclusion and connectedness, communication, play, encouragement, group cohesion and validation.



#### 4.1.2 Table 5

Overview of results from the systematic literature review

Year	Author(s)/country	Source	Population/treatment type	Type of literature/Research method/Objective	Intervention/frequency	Results/Indications
1991	Pickett, E. US	Book: Bruscia, K. (2012) <i>Case Examples of Music Therapy for Substance Use Disorder</i>	1 female (out-patient) Comorbidity of depression, alcohol problems and eating disorder	Practice literature, Case study  <u>Objective</u> To describe how GIM helped a patient to work confront her own addiction and challenges	GIM, psychoanalytical Therapy over several months Total sessions: not implied	Increased awareness, ability to confront problems, control over food addiction and recovery from alcohol problems
1997	Howard, A. US	Journal of Poetry Therapy	8 women (in-patients) Study also includes 12 mixed gendered adolescents (which is not included in current literature review)	Research literature, Quantitative study: A single system design  <u>Objective</u> To measure the effect of poetry and music therapy, and to see if there is any difference between interventions	Single system design ABABAB  (1) Recorded music (2) Poetry  1 session per week over 6 weeks Total of 6 sessions	No statistically significant differences. Indicated effectiveness on the expressive arts on on-task behaviours
2003	Silverman	The Arts in Psychotherapy	9-12 women in groups (in-patients) 8 answering the	Research literature, Quantitative study:	(1) music games (2) lyrics analysis (3) relaxation	No statistically significant differences,

	US		questionnaire (in-patients)	<p>Pilot-study</p> <p><u>Objective</u></p> <ul style="list-style-type: none"> <li>- Evaluate differences in perception of MT interventions</li> <li>- Measure therapeutic effectiveness and level of enjoyment</li> <li>- Determine which treatments aspects that were best addressed</li> </ul>	<p>(4) song writing</p> <p>1 session per week over 8 weeks</p> <p>Total of 8 sessions</p>	<p>Indications that MT was perceived as therapeutic, enjoyable, relaxing, energizing and contributed to a decrease of impulsiveness. Questionnaire indicated that music therapy was helpful in addressing specific treatment areas more consistent than other groups</p>
2005	Cevasco, Kennedy & Generally  US	Journal of Music Therapy	10 women (out-patients)	<p>Research literature, Quantitative study: Effect study</p> <p><u>Objective</u></p> <p>Measuring effects of 3 music therapy interventions on depression, stress, anxiety and anger</p>	<p>(1) movement-to-music</p> <p>(2) rhythm activities</p> <p>(3) competitive games (this intervention only applied during two weeks, with four sessions each week)</p> <p>2 session per week over 6 weeks</p> <p>Total of 20 sessions</p>	<p>The repeated measures showed no statistical significant difference for the different group interventions. Indication based on the daily scores of before and after music therapy, which showed that some of the participants reported a decrease in depression, stress anxiety and anger,</p>

<b>2010</b>	Kaufman & Goodman US	Book chapter in: Li & Long (2010) <i>The meaning management challenges: Making sense of health illness and disease</i>	Practice literature, Group of women (outpatient)	Practice literature, Describes method, theory and includes case examples <u>Objective</u> Describe how the authors collaborated and used poetry therapy in combination with music therapy	Inter-disciplinary collaboration with music and poetry therapy Reading poems - Writing individual poems - Writing collaborative poems - Setting music to poems Total amount of 8 sessions	after attending music therapy Clients accepting their thoughts and express feelings through artistic process. Positive and beneficial collaboration between music therapy and poetry therapy
<b>2012</b>	Punikanen & Ala-Ruona Finland	Book chapter in: Meadows, A. (2012) <i>Developments in music therapy practice: Case study perspectives</i>	1 female (outpatient) History of using for 10 years, polydrug use, challenges in regulating and tolerating strong and negative emotions, sober for 6 months	Practice literature, Case study <u>Objective</u> To describe a psychotherapeutically oriented approach to vibroacoustic therapy for a woman in outpatient drug rehabilitation	Physioacoustic therapy (Psychotherapeutic and vibroacoustic therapy) Duration of 6 months in three phases (varied between 2 sessions per day to 1 sessions pr. week) Sessions lasted 60-70 min. Approximately 46 sessions	Patient expressed that she felt stronger and more confident in herself. She felt that MT was a safe place to be where she could explore and develop. She was able to return back to work and fulfilling her duties properly.
<b>2013</b>	Gardstrom & Diestelkamp	Voices	53 women in gender specific residential	Research literature, Quantitative study:	(1) composition (2) receptive MT	Statistically

2013	Gardstrom, Carlini, Josefczyk & Love US	Music Therapy Perspectives	-	program (in-patients)	US	Surveys pre and post MT sessions. No comparison group <u>Objective</u> To measure anxiety levels pre and post MT sessions	(3) improvisation (4) re-creative MT 2 sessions per week over 9 weeks Total of 18 sessions	significant difference Indicated an overall reduction in anxiety levels.  Music therapy with women in substance use treatment can address multiple treatment areas, and multiple interventions is applicable to this population
			Practice literature <u>Objective</u> Description of therapists own experiences and attitudes, developing concepts and including earlier theory and research	Theoretical				

## **4.2 A brief introduction of the included texts**

In order to give a more detailed description of the included texts each text will be described and presented chronologically by year of publication.

### **Pickett, 1991**

This case study is a description of a music therapy process where Guided Imagery and Music (GIM) was the main intervention in helping the woman, Penny, with a dual diagnosis of addiction to food and alcohol as well as major depression. The GIM intervention facilitated Penny's therapy process to help her identify and work with different aspects of herself. Subsequently, Penny could coordinate and integrate her different roles into her process of recovery (Pickett, 1991). The case describes various aspects of Penny's life and the challenges she was struggling with. The author describes step by step how they worked together to help Penny to confront the different challenging aspects of herself and of her life. The author describes the various GIM-programs and musical pieces that were implemented in the sessions and also describes how Penny responded to the music. The case sums up by explaining the various "characters" that Penny experienced and concludes by stressing how single modality treatment can be limiting. The combination of different modalities, such as words, imagery and music implies getting involved in a creative process, which could lead to psychotherapy with a broader experience of ones potential and healing.

### **Howard, 1997**

This study examined the effects of music therapy and poetry therapy on women and adolescents with chemical addiction (the current study only focuses on the women and not on the adolescents due to mixed gender). In the study there were eight women (with the average age of 34,9) who were clients at regional substance abuse programs. The study used a single system design (ABABAB) over six sessions altering the use of music therapy and poetry therapy over the course of six weeks. The independent

variables were live and recorded music and poetry while the dependent variables were chemical involvement questionnaire and observational behaviour scale. The assessed data were: (1) chemical involvement, (2) automatic thoughts, (3) weekly immediate goals and (4) on-task behaviour. The data was obtained by watching video recording of the sessions and filling out specially designed checklists. The results showed that there were no statistically significant differences between interventions used in music therapy and poetry therapy. The chemical involvement charts showed that the most reported choice of drug for women was cocaine and least reported were amphetamines, barbiturates, heroin, and opiates. The results indicated an impact of the expressive arts on on-task behaviour.

### **Silverman, 2003**

This article described a pilot-study focusing on women at a residential treatment centre for chemical dependence (Silverman, 2003). The aim of the study was to investigate if the women reported any of the presented interventions as more effective and enjoyable than others. The second aim was to compare how the women rated music therapy sessions up against how they rated the other group interventions that were offered at the site. The pilot study included female participants of the ages between 19 and 65. The study lasted for 8 weeks and the women participated in music therapy once a week. There were 9-12 participants in the groups and 8 participants answered the questionnaire. The women were randomly presented with four different interventions two times each. The interventions were: (1) music games, (2) song lyric analysis, (3) relaxation and (4) song writing. The results showed that there were no statistically significant differences in how the women perceived the different music therapy interventions as therapeutic and enjoyable. The results also indicated that there was a high mean score of response on how the women perceived the effect and enjoyment of the different music therapy interventions. The results also showed that music therapy was rated more frequently compared to the other group interventions offered at the treatment facility. Thus the results of this study indicated that the music therapy that was offered was perceived as therapeutic, enjoyable, relaxing, energizing and contributed to a decrease of impulsiveness.

### **Cevasco, Kennedy & Generally, 2005**

This study is a quantitative study that investigated the effect of three different music therapy interventions on depression, stress, anxiety and anger in female patients in substance use rehabilitation. Ten female outpatients participated in the study and received music therapy twice a week across a span of six weeks. The music therapy interventions that were applied were: (1) movement-to-music activities, (2) rhythm activities and (3) competitive games (the last intervention was only applied during two weeks with four sessions each week). Prior and subsequent to each intervention, the level of anxiety and anger were measured in each participant. The repeated measures showed no statistically significant differences between the various group interventions. There was an indication based on the daily scores of before and after music therapy which showed that some of the participants reported a decrease in depression, stress anxiety and anger after attending music therapy.

### **Kaufman & Goodman, 2010**

This book chapter describes the collaboration of music therapy and poetry therapy, how two therapists worked together and combined the uses of the two therapies within a group of women in a setting for substance use treatment over eight sessions. They used poetry that was developed with the aim of reflecting themes about suffering and healing and suggestions for further reflections upon those themes. The women read the poems and became motivated to write their own poems that included their own stories through poetry in combination with their spirits in the changing group dynamics. The role of music therapy, in this process, was to offer a deepening of the emotional content of the poetry. The music therapist, assisted by some of her students, improvised to each poem directed by each of the women in the group. Towards the conclusion of the eight sessions the women had increased their level of involvement in the process of music making which suggested for further continuums of levels in the process. In the conclusion of the chapter, there is a description of

questions for further research in relation to the collaborative approach between music therapy and poetry therapy.

### **Punkanen & Ala-Ruona, 2011**

This case study describes vibroacoustic therapy with a psychotherapeutic approach with a 23-year-old woman named Sara who had been using substances for ten years and was under drug rehabilitation. Sara had been directed to music therapy by her local social and health services organization. The music therapy was in a private practice. Sara had challenges with tolerating and regulating strong and negative emotions. This was addressed in music therapy in the course of six-month period. The therapy was divided into three phases (intensity of therapy varied from two sessions per day to one session per week). The music therapy had a multi-modal approach addressing cognitive level, symbolic level, emotional level and sensorimotor level. There were also therapeutic discussions, which were included in the sessions in order to develop a meaningful therapeutic process. The music therapist evaluated the physical, emotional and cognitive areas of Sara. The physioacoustic therapy (the term the authors use about this therapy) actively used the element of music listening and music imagery and different music listening programs with different intentions (e.g., activation, relaxation). Towards the end of therapy, Sara reported feeling stronger and confident and that physioacoustic therapy had been a safe place for her to be in where she did not have to be afraid. The safe space in therapy had given her a place to reflect upon her experiences and to be conscious and be aware of herself as a whole. In this way, Sara had rediscovered the fullness of herself.

### **Gardstrom & Diestelkamp, 2013**

This study is a quasi-experimental study with the intention of finding out if music therapy interventions had any effect on the participants' self-perceived level of anxiety. The participants were 53 women in a gender-specific residential program (Gardstrom & Diestelkamp, 2013). The women participated in a music therapy group



twice a week across a span of nine weeks. The music therapy interventions were: (1) composition, (2) receptive MT, (3) improvisation and (4) re-creative MT. Surveys were conducted pre- and post-session reporting the level of anxiety. The results showed an overall statistically significant reduction in the anxiety levels in the women. There was no comparison group in this study. The results indicated that music therapy might help to reduce anxiety in women with substance use problems.

### **Gardstrom, Carlini, Josefczyk & Love, 2013**

This article is practice-based and the authors of this article are two music therapists and two music therapy students. The article presents clinical attitudes and interventions in working with this population based on literature of Wheeler (1983) and Bruscia (1998) as well as on the music therapists' own experience. The main approaches and attitudes mentioned in the article were: (1) safety, (2) inclusion and connectedness, (3) emotional expression and validation and (4) self-respect and self-empowerment. The music therapy interventions under these attitudes were: (1) musical rituals, therapeutic singing, and song communication, (2) drumming, improvisation and song communication, (3) song discussion and composition, (4) spontaneous composition, (5) music and imagery, (6) music-supported movement and (7) song discussion. The article concludes by stressing that addiction is multifaceted, affects people in different ways and that women in recovery are searching for their identity. It also underlines the importance having music therapists who are compassionate, competent and able to provide the needed support to the women in order to facilitate the recovery process.

### **4.3 Results from thematic synthesis**

While the systematic literature review gives information about the extent and the nature of the literature in this area, the thematic synthesis addressed a more in-depth insight into what the literature says about music therapy with women in substance use treatment. The thematic synthesis resulted in fifteen analytic themes that describe

aspects of music therapy with women in substance use treatment and refer to what the literature states about music therapy with this population.

**(1) Music therapy can create a safe environment for women in substance use treatment by consciously having non-intrusive and non-threatening characteristics**

Different texts mention how music therapy is a non-threatening and non-invasive type of therapy (Cevasco et al., 2005; Howard, 1997; Silverman, 2003). In the literature, there is a large emphasis on how music therapy should be non-threatening and non-confrontational if the women perceive themselves to not be ready to move into deeper work or confrontations. Especially in the initial phase of music therapy, whether individual or in groups, it is important to “promote a sense of safety and lay the foundation for difficult emotional work” (Gardstrom, Carlini et al., 2013, p. 99). This is with the intention of making the women feel that music therapy is a safe place to be wherein they can develop, express themselves, to give and to receive. Some women might be sceptical to music therapy (Cevasco et al., 2005) or do not know or understand what the intentions and aims behind the interventions. Therefore, they might need to be “eased in” to music therapy by encountering low-pressure, non-threatening and non-intrusive interventions that do not require too much of them at the early stage of the process (Gardstrom, Carlini et al., 2013; Howard, 1997). In order for deeper processes to take place in music therapy there needs to be a trustful and secure therapeutic alliance between the women and the therapist and the therapist should encourage this (Gardstrom, Carlini et al., 2013).

**(2) For music therapists working with women in substance use treatment it is important to possess knowledge about, and to acknowledge and address when necessary, topics of physical and sexual abuse, attachment, comorbidity, isolation and trauma**

This analytic theme is related to the previous one, to the role of the music therapist

working with this population and the importance of possessing knowledge about themes and topics that are often relevant to this population. In order to give adequate treatment to women in substance use treatment, the music therapist should have basic knowledge about women and substance use, about topics that are related to using substances and reasons for initiating use (Silverman, 2003). Many of the women in treatment have most likely experienced some sort of trauma in their lives (Gardstrom, Carlini et al., 2013) and sometimes these experiences were elements in initiating substance use (Cevasco et al, 2005). Mental health issues are often challenging women in treatment and many of the women are challenged by comorbidity (Cevasco et al., 2005; Gardstrom & Diestelkamp, 2013). These can be complex challenges that might need attention and can be addressed through music therapy (Cevasco et al., 2005).

Some of the women in treatment may not have had safe secure attachments as children and might be challenged by the consequences of lack of secure attachments in their adult lives (Pickett, 1991). They might have difficulties in trusting new people or pushing people away because they are afraid that they might get hurt. Many of the women in treatment have been physically and/or sexually abused and these experiences can affect them in profound ways (Cevasco et al., 2005; Gardstrom, Carlini et al., 2013; Howard, 1997; Pickett, 1991; Silverman, 2003). Also, many of the women who are using substances have been cut off from their network, family and friends and are struggling with isolation and being alone in one's problems with substance use (Cevasco et al., 2005; Pickett, 1991). This is an important topic to address and is also a good reason for encouraging positive interpersonal relations between peers in groups (Gardstrom, Carlini et al., 2013) or encouraging women in individual therapy to establish new healthy relations (Pickett, 1991).

**(3) Music therapists working with women in substance use treatment need to be aware of their roles and how they affect the population and should give support, encouragement and encourage a trustful therapeutic alliance**

Many of the texts address the elements of safety and trust in music therapy. These are elements that need to be present in order to develop a therapeutic alliance as well as a

starting point for the women to engage in their processes of therapeutic work on deeper levels (Gardstrom, Carlini et al., 2013). Issues of feeling safe and secure in the therapeutic alliance are addressed both on group-level and individual-levels. In groups, the music therapist has the responsibility of making the group members feel safe. Especially if there might occur some aggression or negative relations between the group members. It is especially important that the music therapist takes this role when the group members are not able to do this by themselves (Gardstrom, Carlini et al., 2013).

Emotional and physical space is something that the music therapist should take into consideration during therapy. The emotional space of the women should be respected and one should not invade their emotional space if the women are not ready to share or open up. Gardstrom, Carlini, et al. (2013) writes that “the emotional space should be welcoming and free of judgment” (Gardstrom, Carlini et al., 2013, p. 98) which underlines the importance of the therapist being open, non-judgmental and obtaining a welcoming and inviting attitude towards the women. The physical space is related to the disposition of the therapy room (how the instruments and furniture are placed, with the thought of having a pleasant and welcoming atmosphere).

One text addressed the issue of a male therapist in a female population and how that might affect the therapy and indicates that this is something to have an awareness of (Silverman, 2003). Gardstrom, Carlini et al. (2013) argues that no matter the gender of the therapist, the most important for music therapists is to be self-aware when working with this population. “Self-awareness (including the awareness of boundaries and countertransference reactions that could negatively impact the clients or therapeutic process), responsibility, open-mindedness, and a deep value and respect for each client are imperative attributes and conditions” (Gardstrom, Carlini et al., 2013, p. 98). I think that these attitudes are probably relevant for any therapeutic process, however one might think that it could be extra important to be aware of ones owns attitudes when working with this population, since it often can be sensitive and vulnerable.

**(4) Integrating the part of a person which is addicted into therapy is an important element in the recovery process in music therapy and some patients**

### **confront their addiction for the first time in music therapy**

Substance use treatment is multifaceted (Gardstrom, Carlini et al., 2013). Pickett (1991) states that “successful therapeutic work involves getting the addicted part of that person involved in the recovery process” (Pickett, 1991, p. 502). The parts of the person that is engaging in substance use will need to confront its addiction, nevertheless cooperate in the process of recovery. Confronting one’s addiction might be facilitated by music therapy. Multiple texts in the literature mentions that persons in treatment have confronted, acknowledged and addressed their substance use problems for the first time in music therapy (Cevasco et al., 2005; Pickett, 1991; Silverman, 2003).

Confronting one’s addictions in music therapy can be less invasive than in conventional therapy where therapy is solely based on the verbal modal (Pickett, 1991). In music therapy, the modal of music is present and can attribute in facilitating the expression of the confrontation. One might express it through a song or through song writing or one might realize how much in ones life has changed when one listen to a song from childhood. In GIM, one might encounter a symbol that represents ones addiction, like in Pickett (1991) where Penny sees her addiction to food as a loaf of bread. Once these acknowledgements or confrontations of one’s addictions have occurred in therapy, it might be easier to address the substance use problems more directly (Pickett, 1991).

### **(5) Women with challenges of comorbidity might benefit from music therapy as supplemental treatment with multi-modal approaches addressing physiological, psychological, emotional and symbolic aspects**

Pickett (1991) states that “Interplay between several modalities like words, imagery and music, which involve the creative process, opens psychotherapy to a broader experience of human potential and healing” (Pickett, 1991, p. 507). In the case study Pickett describes how her work with Penny got deeper when they added GIM to the psychotherapy and it was first when they used GIM that they started to work more directly with her addictions.

Two case studies in the literature directly address issues of substance use and mental health issues in two women (Pickett 1991; Punkanen and Ala-Ruona, 2011). The first woman goes to different types of therapies and to GIM and the second woman is in outpatient treatment and attends physioacoustic MT. These women have complex challenges in their daily lives and use music therapy to help them make life more manageable. Both of the music therapy interventions, GIM and physioacoustic MT, include music and imagery in the processes as well as addressing bodily sensations during sessions. This way, the women work on different levels in a multi-modal approach: (1) thoughts, (2) bodily sensations, (3) symbolic and (4) emotions. The music therapy process can address these levels in one sessions due to them being integrated into each other. The women work in different states of consciousness (Pickett, 1991) and might get access to their unconscious thoughts represented in symbols and emotions that might be reflected by the music. The two women attended therapy for a longer period of time, from 3-6 months and both of them came a long way in their recovery process both in relation to their mental health issues and their substance use problems. This literature, therefore, suggests that multi-modal approaches to music therapy (e.g., GIM and physioacoustic therapy) might be beneficial treatments for women with comorbidity (Pickett, 1991).

#### **(6) Music therapy can address specific treatment areas such as earlier negative experiences, complex issues and needs of women in substance use treatment**

Different authors in the literature mention how music therapy can be used to address specific goals and treatment areas (Gardstrom, Carlini et al., 2013; Howard, 1997; Silverman, 2003). Silverman (2003) argues that “the unique opportunity and versatility of music therapy to focus on specific treatment areas makes it an ideal treatment for dealing with the many complex issues faced by persons who are chemically dependent” (Silverman, 2003, p. 278). Further, Silverman (2003) argues that music therapy has a unique ability to address specific areas in treatment such as relapse prevention, support and networks, coping skills, self-esteem and is therefore beneficial for therapeutic work with this certain population.

In Silverman’s (2003) study, the researcher asked the participants to underline

the different group interventions that were offered at the treatment facility that the women found therapeutic and were given the choice of twenty different groups. The results showed that music therapy was the treatment type that was underlined most frequently. The women also gave feedback that music therapy was the treatment type that best addressed specific treatment areas.

Some authors in the literature have mentioned addressing women's needs in treatment (Gardstrom & Diestelkamp, 2013; Howard, 1997). Examples of needs that music therapy can address are: need for relations, needs for expressing emotions, need for support and need for catharsis (Gardstrom, Carlini et al., 2013). Women might express their needs explicitly during music therapy, some needs might be implicit, while the therapist might discern some needs during sessions and check-in (Gardstrom & Diestelkamp, 2013).

The two case studies describes how they used GIM and physioacoustic therapy to address earlier negative experiences that the women needed to work through as a part of their recovery (Pickett, 1991, and Punkanen & Ala-Ruona, 2011). Negative memories and experiences that still affected them in their adulthood were addressed in working on multi-modal levels, giving the women the ability to gain acceptance and to integrate the experiences into their personal histories. Earlier negative experiences have also been mentioned in some of the literature that included group work where the women shared painful memories in the groups and were supported and understood by their peers (Gardstrom, Carlini et al., 2013; Howard, 1997; Silverman, 2003). This type of sharing of earlier experiences might help the women to see that there are others who also have experienced similar situations, can help the women to feel less alone and be more understood by others (Gardstrom, Carlini et al., 2013; Howard, 1997).

### **(7) Music therapy can elicit negative emotions due to challenges in therapy and resistance to therapy**

Music can elicit negative connotations and give reminders of negative memories and experiences (Pickett, 1991; Punkanen & Ala-Ruona, 2011). Music can evoke negative emotions that are connected to certain experiences or memories.

Some women might experience negative emotions in music therapy if they are being pushed into participating or into sharing something with a group when they are not ready (Kaufman & Goodman, 2010). Howard (1997) conducted a study where she used music therapy and poetry therapy. Howard emphasizes that it is important that the focus in the sessions is on the client and not on the product that the clients produce (poem, song, lyrics, etc.). This indicates that the main focus should be on the client, regardless of the objective or a product one is producing in therapy and being observant of if the client is uncomfortable, at unease or resistant.

In one case study, the author describes how the woman in therapy would start to have negative connotations to the therapist during the process (Pickett, 1991). This was due to the woman who was working on staying abstinent where the therapist served as a reminder, to her that she was staying abstinent and that it was painful and hard for her to do so. The woman had these negative feelings towards the therapist for a while during the course of therapy and after she got more stabilized she was able to move on with those negative feelings.

Kaufman and Goodman (2010) also describe how some women might experience resistance to elements in the therapeutic process because the women might not be ready to engage on an emotional level. Kaufman and Goodman describe how they collaborated and used music therapy and poetry therapy together within an all-women's group. The women were encouraged to write their personal poems and subsequently encouraged to put music to their poems. Some women did so willingly, while others did not wish to set music to their poems and resisted to do so. Kaufman and Goodman argue that there might be a link between not wanting to put music to the poems and emotional acknowledgement. By setting music to poems, one acknowledges the words in the poems and thus become true. In addition, music works on an emotional level and it might, therefore, be too vulnerable for the women to share their poems in music at this certain stage in the music therapy process (Kaufman & Goodman, 2010).

**(8) Music therapy can facilitate emotional activation, release, expression, exploration and experiencing and coping with emotions without using substances in women in substance use treatment**



Music therapy can facilitate different experiences with music such as emotional activation, release, expression and exploration (Cevasco et al., 2005; Howard, 1997; Kaufman & Goodman, 2010; Pickett, 1991; Punkanen & Ala-Ruona, 2011). These experiences can be beneficial for women in treatment as the women might have the need to express and release certain emotions (Gardstrom, Carlini, et al., 2013). Song listening and discussion can invite the process of feeling different emotions (Gardstrom, Carlini, et al., 2013), inner emotions and challenges can be expressed through the means of songwriting and composing (Gardstrom, Carlini, et al., 2013; Kaufman & Goodman, 2010). Emotions of anger and frustration can be released in a form of catharsis during drum circles or through movement to music (Cevasco et al., 2005; Gardstrom, Carlini, et al., 2013). The literature shows that music therapy has a wide range of ways to facilitate emotional expression and exploration.

#### **(9) Music therapy can facilitate consciousness, self-awareness and body-awareness in women in substance use treatment**

Multi-modal therapies such as GIM and physioacoustic MT focus on working with the body and body sensations, in addition to working on developing consciousness of thoughts and emotions with occurring symbols and linking these up to the perception of bodily sensations (Pickett, 1991; Punkanen & Ala-Ruona, 2011). By focusing on the relations between the symbolic, cognitive, emotional and sensorimotor level, one can gain an increased self-awareness and consciousness of the interacting parts in oneself (Pickett, 1991; Punkanen & Ala-Ruona, 2011)

Pickett (1991) describes how a woman gained deeper self-understanding after working in GIM and gained a better insight to the different parts in her. Through these understandings of herself, she was able to confront her addictions and other challenges and eventually gain control over her addictions.

A similar progress is described in the case study of Punkanen and Ala-Rouana (2011) where a woman's music therapy work addressed learning how to tolerate and handle negative emotions. By working with the awareness of her own body sensations in relation to the symbolic, cognitive and emotional levels. Through the music therapy

process, the woman was able to experience both negative and positive body sensations and learned to handle her negative emotions and to self-regulate.

In Silverman's (2003) study there were indications that music therapy could contribute to decrease impulsivity in the women who attended music therapy in a long-term treatment facility. This indication shows that by engaging in music therapy interventions that focuses on relaxation, one might become more self-aware and thus the level of impulsivity might decrease.

These texts show that music therapy interventions that explicitly address working with the body and body sensations might help women in substance use treatment to gain an increased self-awareness and body-awareness (Pickett, 1991; Punkanen & Ala-Ruona, 2011; Silverman, 2003).

#### **(10) Music therapy facilitates positive interpersonal relations between peers in treatment, counteracting isolation, solitude and the feeling of carrying ones burden alone**

All the literatures that addressed music therapy in groups indicated that there were some types of positive interaction between the peers in the groups (Cevasco et al., 2005; Gardstrom, Carlini et al., 2013; Gardstrom & Diestelkamp, 2013; Howard, 1997; Kaufman & Goodman, 2010; Silverman, 2003). The music therapy activities encouraged sharing, opening up, giving support and receiving support as well as team work and positive group dynamics. Many women in substance use treatment have been cut off from their former social networks of family and friends due to their problematic use of substances (Cevasco et al., 2005). During music therapy activities there is a focus on togetherness, sharing experiences and supporting each other (Cevasco et al., 2005; Gardstrom, Carlini et al., 2013; Kaufman & Goodman, 2010; Silverman, 2003). Through the sessions, the women might learn that they are not alone in their experiences and that many of their peers have had similar experiences (Gardstrom, Carlini et al., 2013). This can counteract the feeling of being isolated and the sensations that one has to carry one's burdens alone.

The facilitations of interpersonal relations in music therapy might manifest verbally (Kaufman & Goodman, 2010) through the combination of verbal therapy and

music activities such as in music discussion. It might occur non-verbally by engaging in active music making such as playing a solo while being supported by their peers in a drum circle (Gardstrom, Carlini et al., 2013). Women might also open up and share by choosing to share a certain song in a song sharing group (Gardstrom, Carlini et al., 2013) where the song might address certain topics that reveals something about the woman's earlier experiences and past.

**(11) Music therapy can contribute to short-term positive experiences, outcomes, change and increased involvement and on-task behaviour as well as more long-term self-development for women in substance use treatment**

Music therapy can help women in treatment to experience short-term positive experiences and changes as well as more long-term changes and development. The literature describes how music therapy can contribute to have positive experiences by creating a safe environment where the women can feel safe to explore emotions (Gardstrom, Carlini et al., 2013; Punkanen & Ala-Ruona, 2011). Written feedback on the different music therapy interventions from the female participants in Cevasco et al.'s (2005) study describe how the participant enjoyed the sessions, had fun and how music therapy helped to take away the focus from their troubles and negative thoughts. The same participants also reported feeling more relaxed and having reduced levels of anger after music therapy. Two case studies (Pickett, 1991 and Punkanen & Ala-Ruona, 2011) describe how music therapy helped the women to have positive body sensations during music therapy and facilitated the women to feel at peace and relaxed. Howard's study (1997) indicated that music and poetry therapy contributed to the women to stay on-task during the sessions. Gardstrom and Distelkamp's (2013) study showed how music therapy helped the women to reduce their levels of anxiety.

One woman who participated in GIM (Pickett, 1991) described how she experienced that music therapy worked from the inside and out in contrary to conventional therapy that worked from the outside and in. The same woman also described how GIM had helped her to realize the severity of her addictions and then being able to address them more directly to eventually reach recovery. Another

woman who attended physioacoustic therapy described how music therapy had helped her to rediscover the fullness of herself by working through negative emotions and integrating them into her personal history (Punkanen & Ala-Ruona, 2011).

**(12) Issues related to identity are important to be addressed in music therapy with women in substance use treatment in order to foster a new positive self-image**

Many of the women in substance use treatment have a negative self-image related to their substance use (Cevasco et al., 2005; Gardstrom, Carlini et al., 2013; Gardstrom & Diestelkamp, 2013; Howard, 1997; Pickett, 1991; Silverman, 2003). Some might feel that one's old identity has been replaced by an identity that is dominated by behaviours related to using substances (Gardstrom, Carlini et al., 2013). Self-esteem is mentioned in almost every text in the included literature emphasizing that women with substance use problems have challenges with low self-esteem. In order for the women to gain a positive new self-image through the course of therapy - a new self-image that excludes using substances - self-esteem is an important treatment area that needs to be addressed (Gardstrom, Carlini et al., 2013; Howard, 1997; Pickett, 1991). By giving the women arenas to explore and to experience themselves in a different setting (Gardstrom, Carlini et al., 2013; Kaufman & Goodman, 2010) where there is more focus on the feeling of mastery and resources, little by little the women can develop higher self-esteem by seeing that they are able to achieve their goals in music therapy. These positive experiences can impact their own perception of themselves and can be transferred to everyday life (Cevasco et al., 2005; Kaufman & Goodman, 2010).

The case study by Punkanen and Ala-Ruona (2011) describes how a woman comes closer to a rediscovery of herself through the process of physioacoustic MT over the course of several months. This is how they describe the conclusion of the therapeutic process emphasizing how the woman, Sara, discovered different parts in herself: "Sara discovered that there were many surprising and unexpected things within, and by staying with these sensations, emotions and memories, she rediscovered the fullness of herself" (Punkanen & Ala-Ruona, 2011, p. 363). By

working through earlier negative experiences and by experiencing the accompanying negative emotions and sensations in the safe space of music therapy, Sara managed to accept and integrate these negative experiences into her own personal history. She also learned how to experience positive emotions and body sensations and this way discovering a fuller sense of herself.

### **(13) Music therapy can actively address and assist women in substance use treatment in relapse prevention**

Many of the texts in the literature address the fear and anxiety that the women in treatment have in relation to the transitional phase between the treatment facility and going home. Many have a fear of relapsing into substance use once one is doing well or when the frames of in-patient substance use treatment are gone (Gardstrom, Carlini et al., 2013; Pickett, 1991; Punkanen & Ala-Ruona, 2011). This shows that relapse prevention is an important treatment area in treatment in general and also in music therapy (Cevasco et al., 2005; Gardstrom, Carlini et al., 2013; Gardstrom & Diestelkamp, 2013; Howard, 1997; Pickett, 1991; Silverman, 2003). A case study describes how a woman consciously sought GIM whenever she felt that she was close to relapse or when she relapsed in order to have a quick rebound and to work on the parts of herself that brought her into the relapse (Pickett, 1991).

Silverman (2003) argues that reduction of impulsivity is an important treatment area of music therapy with women in substance use treatment since most persons with substance use problems are likely to relapse. By addressing to reduce impulsivity in music therapy, the women might be more conscious of themselves and therefore less impulsive. Silverman also argues that music therapy has the ability to concentrate and focus on specific treatment areas such as relapse prevention. By addressing the topic of relapse in music therapy can help the women to develop consciousness about relapse which they can transfer to their everyday life even after concluding their treatment and returning back home (Silverman, 2003).

The literature indicates that emotional exploration is an important element in addressing relapse prevention in music therapy (Howard, 1997). This can be accomplished with music therapy interventions such as music listening and

discussions, songwriting and song lyrics analysis. The literature emphasizes the importance of working through emotional conflicts that might be a hindrance to the process of recovery (Howard, 1997). Howard (1997) also mentions that relaxation training have been found to be a useful tool in relapse prevention, helping persons with substance use problems to become more relaxed, without the use of substances.

**(14) Important aspects to consider in developing a music therapy program for women in substance use treatment are need for extended research, treatment aims and goals, challenges in evaluating effects of music therapy, and other specific elements to the process of music therapy**

The literature articulates that there is a general need for more research in the area of music therapy with women in substance use treatment (Cevasco et al., 2005; Gardstrom, Carlini et al., 2013; Gardstrom & Diestelkamp, 2013; Silverman, 2003). Both quantitative and qualitative studies are needed to discern which music therapy interventions can help women in treatment and how they can be of help (Cevasco et al., 2005; Gardstrom & Diestelkamp, 2013; Silverman, 2003). Nearly all of the texts in the literature emphasize the need for more and further research on the topic and need for more research in order to develop a guide for clinical practice (e.g., Silverman, 2003). Some of the texts in the literature describe specific elements to the music therapy process such as assessment prior to therapy (Punikanen & Ala-Ruona, 2011) and how they develop treatment aims and goals (Pickett, 1991; Punikanen & Ala-Ruona, 2011). Assessment is necessary to discern which music therapy interventions that might be helpful to the women, and perhaps to assess if a person is more fitted for individual music therapy than music therapy in groups (Cevasco et al., 2005). Howard (1997) stresses the importance of assessing the needs of the clients in order for interventions to work to their fullest potential. Punikanen and Ala-Ruona (2011) describe how the music therapist found it important to describe the music therapy intervention to the client prior to therapy in order to decrease anxiety and to help the women to comprehend what was going to happen in the sessions. Techniques such as this can be helpful and important in working with women in treatment who might have high levels of anxiety to help them reduce the stress of the situation.

Punkanen & Ala-Ruona (2011) suggest different intensity levels of music therapy in the different phases of treatment. Cevalco et al. (2005) mention different elements that are of importance in program planning in music therapy, among them are topics such as peer-interaction, self-awareness, stress reduction, problem solving, impulse control, expression of emotions and feelings, structured leisure time and verbal communication.

**(15) Central topics to women specific treatment are important to take into consideration in music therapy with women in substance use treatment, in order to give an optimal treatment by addressing women's needs in treatment**

Half of the texts in the literature address the topic that women have specific needs in treatment (Cevalco et al., 2005; Gardstrom, Carlini et al., 2013; Gardstrom & Diestelkamp, 2013; Howard, 1997). The texts that address the topics show to previous research about women in treatment and emphasize the need for women specific treatment. Earlier treatment programs were based on research and treatment for men and women were not often taken into consideration (Howard, 1997). There are certain elements that need to be taken into consideration in developing a treatment program for women (Cevalco et al., 2005).

The literature does not directly state that there is a need for women specific treatment in music therapy, however, this perspective is mentioned in 50% of the literature, which implies that this is an important aspect of music therapy with women in treatment. My rationale is that since women have specific needs in treatment, it is natural to take into consideration that women in treatment also have specific needs in the music therapy that they engage in, as a part of their treatment program. Examples of specific treatment areas for women are self-esteem, being a mother, strengthening communication skills, problem solving, coping skills, decision making, restructuring negative thoughts, assertiveness training and working through emotions of shame and guilt and topics of physical and sexual abuse (Cevalco et al., 2005). Other important element in women specific treatment is peer support, providing networks that are supportive, and might serve as a healthy role model (Gardstrom, Carlini et al., 2013).

## 5.0 Discussion

This study utilized a systematic literature review and thematic synthesis to answer the overall research question “*what does the literature state about music therapy with women and substance use*” The systematic literature review assessed the nature and the extent of the literature in the area of music therapy, women and substance use; and demonstrates that the literature base in this particular area is small. There are gaps that could be addressed through more research in particular areas such as music therapy with women in stabilization/detoxification treatment settings, participants in longer music therapy processes, applying other music therapy interventions in music therapy with this population and qualitative studies with focus on user perspectives. Eight texts were identified through the systematic literature review, four research-based texts and four practice-based texts. The identified texts reflect the fact that contrasting music therapy interventions have been applied to this population, with different aspects and aims being addressed.

The thematic synthesis of the identified literature resulted in fifteen analytical themes that characterize aspects of music therapy with women in substance use treatment. The themes reflect aspects that are of particular importance for this population and for the music therapists working with the population. Aspects that characterize music therapy with women are, amongst others: complexity of the client (e.g., comorbidity, earlier negative experiences); pre-requisites within the therapeutic context (e.g., feeling safe, music therapy as non-intrusive); music therapist’s need for knowledge (e.g., topics related to women specific treatment such as abuse, the music therapists awareness of her/his own role); and processes within the music therapy (e.g., emotional release, interpersonal relations with peers).

### 5.1 The nature and extent of the literature in the literature review

All four empirical studies identified through the systematic review sought predominantly quantitative data. Based on the low number of quantitative studies, there is a clear need for more research based studies to measure the effect of music



therapy on this population. As no qualitative studies were identified, there is a need for qualitative studies to investigate the user perspective and to gain an understanding of how music therapy works or does not work for the women in substance use treatment. Based on the small amount of literature in general, in this particular area, there is a need for more research in order to guide the clinical practice (Gardstrom & Diestelkamp, 2013). The music therapy interventions that have been applied to women in substance use treatment in the included literature are GIM, physioacoustic MT, music listening, music games, song lyric analysis, music and relaxation, songwriting, movement-to-music, rhythm activities, writing and setting music to poems, improvisation and performance (Table 5 in results). When looking at the music therapy interventions that have been applied in the general literature on music therapy and substance use (Table 1 in appendix) there are many more interventions that have not yet been documented as being applied in music therapy with women in treatment. Thus, there is a broad spectrum of interventions that calls for further investigation with this population.

In the retrieved literature, seven texts are based on music therapy processes with persons with substance use problems while one text is theoretical. The included texts mainly addressed music therapy with women in outpatient treatment and in-patient treatment. In the general literature on music therapy with persons with substance use problems (both women and men), there is a higher frequency of research on patients in in-patient treatment and stabilization/detoxification. Evidently, there is need for more research on music therapy with women in in-patient and stabilization/detoxification phases of treatment, in longer music therapy processes as well as in other contexts related to substance use. Other such contexts may include correctional facilities, school settings with adolescents with substance use problems, child welfare and mental health facilities.

Interpersonal relations are fundamental and central elements in women specific treatment (Andresen, 1999; Briggs & Pepperell, 2014; Covington, 1997b). The topic of establishing interpersonal relations between peers in treatment has been addressed in some of the retrieved literature in the current study, mention under study aims in group (7) (inclusion and connectedness, communication, play, encouragement, group cohesion, and validation) and demonstrates that facilitating interpersonal relations in music therapy is a central aim in music therapy with women

in substance use treatment and supports the fundamental element of interpersonal relations in women specific treatment.

A variety of outcomes and indications have been explored in the included literature. Music therapeutic processes facilitated and helped a woman, in a case study, to achieve increased self-awareness, ability to confront problems, control over food addiction and recovery from alcohol problems (Pickett, 1991). Gardstrom, Carlini et al. (2013) state that increased self-awareness on different levels is connected to recovery. Howard's (1997) study indicated that the expressive arts had an increasing effect on on-task behavior. Music therapy was perceived as therapeutic, enjoyable, relaxing, energizing and contributed to a decrease of impulsiveness (Silverman, 2003). Silverman discovered indications that music therapy was helpful in addressing specific treatment areas more consistently than other treatment groups, in women in long-term in-patient treatment (Silverman, 2003). Cevasco et al. (2005) investigated the effect of three different music therapy interventions on levels of stress, anxiety, depression and anger, and found that there were no statistically significant differences between the three interventions. There were also indications that there were decreased levels of stress, anxiety, depression and anger in some of the women in outpatient treatment. Anxiety and depression are topics that are central to women specific treatment since women with substance use problems often have high levels of depression and anxiety in general and especially related to entering substance use treatment compared to men (Briggs & Pepperell, 2014; Gardstrom & Diestelkamp, 2013). Kaufman & Goodman (2010) applied a combination of poetry and music therapy with a group of women in outpatient treatment and described how the women gained more acceptance of their thoughts and expressed their feelings through the artistic process. Self-expression is a relevant topic for women in treatment. This is related to women having a tendency to focus their emotions inwards (Briggs & Pepperell, 2014) and thus can benefit from expressing their emotions. In physioacoustic MT, the music therapy process helped one woman to feel more confident in herself, that music therapy was a safe place where she could explore her negative and positive emotions and further gain an increased level of functioning (Punkanen & Ala-Ruona, 2011). Self-esteem and confidence are topics that are central to women specific treatment and are mentioned under psychological aspects in chapter 2. Music therapy had an overall statistically significant decrease on levels of

anxiety in women in in-patient treatment (Gardstrom & Diestelkamp, 2013).

Though there is a scarce amount of literature and research on music therapy with women in substance use treatment, the existing literature shows that music therapeutic processes with women have addressed a variety of different areas, as well as having a variety of goals in music therapy. The literature demonstrates that music therapy can have statistically significant effects on this population. This calls for more extensive research in the areas where there are indications of an effect as well as more general research in this area.

Results from the literature review show that topics that are central to women specific treatment, women's needs and issues are addressed in most of the texts. The case study of Pickett (1991) describes the therapeutic process with a woman with comorbidity. Different topics were mentioned such as self-esteem, emotional and sexual abuse, growing up in a home with parents who have alcohol problems, having trouble to trust the therapist at the start of therapy, marital problems, children and isolation. These are all topics that are central to, and frequently mentioned in, the literature on women specific treatment and can be related to the context of women who are using substances. These topics are addressed under psychological aspects and sociological aspects in chapter 2. Howard (1997) explicitly addresses the need for women specific treatment and address how women used to be offered treatment that were solely based on men. Howard (1997) acknowledges that women have different needs in treatment and would benefit from women specific treatment. Silverman (2003) does not stress the issue of women specific treatment. Silverman (2003) mentions two aspects related to women in substance use treatment, the first being that women with substance use problems are more likely to have experienced abuse, and secondly, how the gender of the researcher/music therapist might have affected the music therapy and the research, being a male therapist in an all-female population. Cevasco et al. (2005) directly address the women's perspective by stating that women and men have different reasons for initiating substance use and have other needs in treatment. Cevasco et al. (2005) address aspects that are specific to women and substance use, gender differences in substance use and the need for women specific treatment. Cevasco et al. (2005) state that there is need for further research on music therapy with women in substance use treatment. Kaufman and Goodman (2010) describe how the women who joined their poetry and music therapy sessions began to

feel more safe in the group after some sessions and how the women started to open up more and share some of their experiences while being understood and validated by their peers in the group. In their sessions, they explored topics such as loss, death, fear and hope related to the context of family, spirituality, love, separation and reattachment and persistence to change and heal. By tying some of these topics to relations such as family, loss, separation and reattachment, the topics can be seen as relevant and central to women specific treatment where relations are highly emphasized (Covington, 1997b). Pulkanen and Ala-Ruona (2011) describe the therapeutic process with a woman with substance use problems and difficulties with emotion regulation. During the process, Pulkanen and Ala-Ruona (2011) stress the topic of safety and making therapy a safe place for the woman. The aspect of feeling safe in therapy is emphasized in therapy with women (Gardstrom, Carlini et al., 2013). Gardstrom and Diestelkamp (2013) actively address topics that are related to the women's perspective and give an overview of the women's perspective. Gardstrom and Diestelkamp address how women with substance use problems are more prone to anxiety, which also is the main area of investigation of their study (anxiety is addressed in psychological aspects in chapter 2.) Also, Gardstrom and Diestekamp (2013) stress the need for more research on music therapy with women in substance use treatment to clinical practice. Gardstrom, Carlini et al. (2013) address topics related to women's needs in treatment and consistently relate their rationales back to the women's perspective and women specific needs throughout the text.

In the included literature from the literature review there was only one study (Gardstrom & Diestelkamp, 2013) that specified that the participants in the study were admitted to women specific treatment programs. In the other texts, it was not specified if the women were in gender-specific treatment or in mixed-gender treatment. However, more than one text does include and address topics related to the women's perspective and women specific treatment. It is possible to think that women specific treatment and the women's perspective were somewhat theoretical frameworks and/or colouring the texts and the therapy.

Having emphasized that many of the included texts include elements that are related to the women's perspective and women specific treatment, I find it is interesting to see that the female authors (Pickett, 1991; Howard, 1997; Cevasco et al., 2005; Kaufman & Goodman, 2010; Gardstrom, Carlini et al., 2013; Gardstrom &

Diestelkamp, 2013) (Cevasco et al. (2005) also include one male author) more frequently address topics related to the women's perspective and women specific treatment compared to the male authors (Punkanen & Ala-Ruona, 2011; Silverman, 2003). This makes me wonder if female authors are more aware of women's needs in treatment compared to the male authors or if it is a coincidence that the female authors mention women's needs in treatment more frequently than the male authors. It would be interesting to investigate this aspect once there has been established more literature in the field of music therapy with women in substance use treatment.

This brings us to the topic of male therapists in all-female units. In treatment facilities that offer women specific treatment, it seems to be the case that the health personnel who are working in the women's units are primarily women (Andresen, 1999) and that the therapists who are working individually with the women are women as well. In one of the individual processes mentioned in the literature (Punkanen & Ala-Ruona, 2011), the therapist was male. This might be in contrast to women specific treatment, where therapists who are practicing women specific treatment most probably would be women. In my experience in working in a women's unit in a substance use treatment facility where women specific treatment was practiced, the topic of male therapists working with patients in the women's unit was a frequent topic of discussion because it often seemed to be somewhat unclear. Men were not allowed to enter the unit without the female patients being informed about it, in order for the women to keep their privacy and to be given the opportunity to be prepared if men were to enter the unit. However, there were male therapists who worked with women from the women's unit in group therapy as well as in individual therapy. Briggs and Pepperell (2014) address the topic of the counsellor's gender and state that female clients seem to prefer female therapists. Briggs and Pepperell (2014) state that there has been presented a theory that having same-gender therapists can result in understanding, trust and empathy, in relation to the client and the therapist having the shared cultural experiences. Further, Briggs and Pepperell (2014) argue that this theory could be somewhat rejected due to clients often preferring male therapists on the basis of pre-existing stereotypes of gender (men being more competent in professional contexts), the nature of the clients motivation to see a therapist and the characteristics of the individual therapist (Briggs & Pepperell, 2014). However, some women in substance use treatment might be more able to self-

disclosure to a female therapist when they have a history of experiences with men (Briggs & Pepperell, 2014). This is something that calls for awareness among the personnel. Seeing that there are arguments for and against having male therapists working in women specific treatment programs, Briggs and Pepperell (2014) conclude that no matter the gender of the counsellor or therapist, the most important traits in a counsellor are that they are genuine, empathic, warm, and aware of themselves, as well as of the society, in order to comprehend the effects of oppression on female patients. This indicates that male therapists can be as suitable as female therapists to work with women in substance use treatment. How the male therapists are integrated into a women's unit is another topic that might call for further discussion.

## **5.2 Aspects that characterize music therapy with women in substance use treatment**

As mentioned, the results from the thematic synthesis identified fifteen analytic themes that characterize music therapy with women in substance use treatment. What follows here will be a discussion of essential topics in the analytic themes.

The music therapist's role and knowledge were aspects that were addressed in some analytic themes (1,2,3, Table 3 in appendix). This suggests that music therapists who are working in the field of substance use treatment with women, should have a certain amount of knowledge about women and substance use in order to give them adequate treatment and also needs to be conscious of how their role as a therapist impacts the population. Topics central to women specific treatment can beneficially be addressed and explored in all-women groups (Briggs & Pepperell, 2014; Lossius, 2012a). Music therapy should be a non-intrusive and safe place (1, Table 3), where the women feel secure and safe and where difficult and emotional work can start (Gardstrom, Carlini et al., 2013).

When safety has been established in therapy, one might move on to identifying and going more in-depth to relevant treatment areas. Analytic themes showed that music therapy can address specific treatment areas for women in treatment such as relapse prevention and complex issues (5, 6, Table 3). Skill

development is an element in women specific treatment and teaches the women specific skills that can be transferable to everyday life. One analytic theme (13, Table 3) shows that music therapy can address skill development in relation to relapse prevention by learning techniques on how to self regulate (e.g., music and relaxation techniques) and express emotions (e.g., through listening to music that put words on specific emotions and song writing). These are techniques that the women can transfer to their everyday life after completing treatment. Multi-modal music therapy (such as GIM) can be a beneficial complimentary treatment form for women with comorbidity. Offering treatments that address substance use problems through different modules (symbols, thoughts, feelings, etc.) in the context of women specific treatment where the therapist is trained to apply knowledge about women specific treatment in the music therapy might optimize the treatment.

Regardless of the treatment aims or treatment areas in therapy, self-development and identity are important elements in a recovery process (Gardstrom, Carlini et al., 2013). Many of the analytic themes address topics related to self-development (4,9,11,12, Table 3). Analytic themes show that it is important to integrate the part of the person that is addicted into therapy in order for the person to reach recovery (e.g., Pickett, 1991). Analytic themes show that music therapy can facilitate self-awareness in women in treatment and that there is an importance of addressing issues of identity while the women are searching for a new and changed identity. Important element in women specific treatment are for the women to reattach with their emotions, regain a sense of self and work through topics such as shame and guilt (which can serve as barriers to recovery) by addressing emotional experiences (Howard, 1997). These elements might be addressed during music therapy through songwriting, song listening and discussion and other interventions.

During music therapy activities, such as the ones mentioned above, persons might be triggered emotionally or have associations to memories while engaging in music. Some analytic themes addressed how music therapy can elicit and activate different emotions in women in treatment, both positive and negative, and serve as an arena where women can have positive experiences (7,8,11, Table 3). Women can be given the opportunity to experience and to explore emotions without the use of substances in the frames of music therapy (Punkanen & Ala-Ruona, 2011). Many of the women have been numbing their emotions by using substances. While they are

abstinent in during treatment, their emotions are starting to come back which can be experienced as overwhelming. Systematic use of music in music therapy might help the women to have an outlet for emotions, to put words on emotions that they carry and be a place where they can explore their emotions in a therapeutic environment (Kaufman & Goodman, 2010; Pickett, 1991; Punkanen & Ala-Ruona, 2011). Having positive experiences in music therapy, while being in substance use treatment, can be an important element for women who are going through a crisis and going through a big change when entering treatment. Cevasco et al. (2005) included some written feedback from the participants after the concluding sessions. Some of the women mentioned that they were thankful for how they managed to put their troubles and problems aside in music therapy. As described by the participants, there is an importance in doing activities that shifts their focus to something positive and different. Analytic themes show that having music therapy in the frames of all-women groups might serve as a secure and safe environment for women to explore and experience positive emotions and experiences in a women's group, where women can validate, support and listen to each other. The results from the analytic themes show that music therapy can elicit negative emotions in women in treatment (7, Table 3). It is important that the music therapist is mindful of the music that is being used in therapy (Horesh, 2006) and in relation to where the persons are in their recovery process.

Since most of the included texts in this study addressed music therapy processes in group therapy, the participants were bound to relate to each other to some extent during the music therapy groups. One analytic theme articulates that music therapy can facilitate positive interpersonal relations between women in treatment (10, Table 3) which is an important aspect for women (Covington, 2000). In addition, one analytic theme (11, Table 3) also shows that music therapy can facilitate short-term and long-term positive experiences, benefits and change for women in treatment which might serve as a positive impact on their recovery process. In establishing a new identity, one that is without substance use, women groups can serve as a safe environment where they can establish healthy relationships, and once again, support, listen, and validate each other (Gardstrom, Carlini et al., 2013). Women who have come further into recovery might even serve as role models for others who are still in the early stage of recovery (Gardstrom, Carlini et al., 2013). The frame of female



therapy groups serves as one of the important frames in women specific treatment, but is women specific treatment only relevant for group therapy? Or is it also relevant in individual therapy? Women specific treatment is both relevant in group therapy as well as in individual therapy. Having a focus on establishing healthy relations is a continual focus in substance use treatment for women. Therefore it is important that women get to establish good relations to their female therapists, who the women see individually throughout the treatment period (Andresen, 1999). As discussed previously, the therapist might as well be male, given that he has certain traits and certain awareness.

Finally, one analytic theme addressed the aspect of developing music therapy program for women in substance use treatment (15, Table 3). There are different elements to take into consideration in doing so such as the need for more research, treatment aims and goals and challenges in evaluating the effect of music therapy. In general, there is a need to develop more clinical guidelines and research that can guide practice in the field of music therapy and substance use. This is of particular relevance in the field of music therapy, women and substance use, where women specific treatment might serve as an optimizing element if included. How is women specific treatment relevant in developing a music therapy program in substance use treatment for women? By including the treatment approach of women specific treatment in music therapy programs for women, the competence of the music therapist might have a positive impact on the women and women can be offered a more optimized therapy that address their needs more adequately. Also, the women's needs in treatment might be addressed more consciously.

The review of the literature and thematic analysis has pointed towards a potential link between music therapy and woman specific treatment. However, there are several options for understanding this link. First, music therapy could be seen as part of a women-specific treatment approach. Alternatively, women specific treatment could be internalized in the music therapy approach within this context. In addition, the results also show that music therapy could be considered as a suitable approach to substance use treatment in general. In my opinion, five analytic themes (2,3,12,14 and 15, Table 3) fit into the first group where women specific treatment is a part of music therapy. These analytic themes address music therapist's knowledge, music therapist's role, music therapy and issues of identity development as well as

considerations of women specific treatment into music therapy practice and music therapy can seem to address these topics in treatment. In the second group, where music therapy can be internalized within the approach of women specific treatment, I found six relevant analytic themes (1,5,6,9,10 and 11, Table 3). These themes address music therapy as a safe therapeutic environment, treating comorbidity, addressing specific treatment areas, self-awareness, positive interpersonal relations and short- and long-term change. In my opinion, these analytic themes can be seen in a way where music therapy facilitates different elements in therapy that fits into and supports women specific treatment. I found the last four analytic themes (4,7,8 and 13, Table 3) to belong to the last group where music therapy is a suitable approach to substance use treatment in general. These analytic themes address topics such as integrating the part of the person that is addicted into recovery, negative emotions, positive experiences and relapse prevention. These are topics that are relevant for music therapy with persons in substance use treatment in general (both male and female).

There does not seem to be any analytic themes that oppose the women's perspective or women specific treatment. Rather, the analytic themes seem to support these aspects and also encourage the inclusion and development of more women specific treatment integrated into music therapy with women in substance use treatment.

### **5.3 Limitations**

The included literature is limited by the scope of what I could retrieve. The current study chose to include all types of texts in order to give an overview of the existing literature on music therapy with women and substance use. Due to the diverse nature of the included literature, some of the texts have a lack of explanations of the systematic use of music therapy. Many of the included texts are not particularly focused on women specific treatment, which can make it challenging to look for elements of the women's perspective or women specific treatment. In the included texts, there are few texts that address the women's own perspectives. Perhaps there is more information in the literature about substance use but it does not seem to be tied

to gender and thus the answers are not easily available in the literature. It could be interesting to ask women in substance use treatment about how they perceive women specific treatment vs. none women specific treatment. As the author and researcher of this study, my “lens” is that gender-specific treatment is beneficial for women in substance use treatment. The results from the current study can be seen as transferable and trustworthy to some extent in relation to the findings in the included literature being relevant for music therapy with women in substance use treatment in general terms. Due to the limited amount of literature, and the nature of some of the literature, there is need for more research to support these findings.

#### **5.4 The current study’s implications for research and practice**

The results from the literature review show that there is a lack of literature in the field of music therapy with women and substance use problems. The totality of the literature shows that there are many gaps in our current knowledge indicating that there is a strong need for more research that documents the effects of music therapy with this population. There is also a need for more qualitative research that focuses on the women’s own perspectives in music therapy on how music therapy does or does not work. The literature shows that music therapy can facilitate both short-term and long-term positive changes in women in treatment. However, the more long-term changes were mentioned and described in the two case studies where the therapy processes were longer than the processes in in-patient treatment (Pickett, 1991; Punkanen & Ala-Ruona, 2011). This suggests that outpatient music therapy should be encouraged when the goal is long-term change and emphasizes the importance of following-up patients after they discharge from in-patient treatment. The current study put a focus and awareness on the women’s perspective and women specific treatment in relation to music therapy, and might therefore create interest in further investigations of the women’s perspective and women specific treatment in relation to music therapy. This study shows that there are elements central to women in substance use problems in women. The results from the thematic synthesis give insight into the elements that characterize music therapy with women in substance use treatment and indicate that there are elements related to women specific treatment that

are addressed in music therapy. The results show that music therapy can contribute to different aspects of women specific treatment (e.g., identity development, relapse prevention skills and providing a safe therapeutic environment). Further more, the results from the current study demonstrate that by integrating women specific treatment into music therapy, music therapy might be optimized and might serve the women in treatment more adequately by consciously addressing women's needs in individual and group therapy.

## **6.0 Summary and conclusion**

This study examined the existing literature in the area of music therapy with women and substance use. The applied method for retrieving literature and analysing the literature was systematic literature review followed by thematic synthesis. The results of the literature review show that there is a scarce amount of literature in the field and that little has been explored in this certain area. Half of the retrieved texts are quantitative studies while the other half is practice literature. Phases of treatment that have been explored are mainly outpatient treatment and in-patient treatment. The literature addresses different aspects of music therapy with this population (e.g., anxiety, anger, depression and self-regulation) that are relevant aspects to substance use problems in women. Different interventions have been applied (e.g., GIM, physioacoustic MT and songwriting). However, there are more interventions that can be explored with this population. The approach of women specific treatment and the women's perspective were the framework in this study. The literature shows that aspects that characterize music therapy with women in substance use treatment are aspects such as establishing new identity, interpersonal relations, music therapist's role and knowledge, music therapy's ability to elicit both positive and negative emotions and how music therapy can facilitate short- and long-term change. Results of the thematic synthesis demonstrate that music therapy with women in substance use treatment can support women specific treatment, that women specific treatment can support music therapy with women in substance use and that music therapy is applicable to substance use treatment in general. This study found that women specific treatment could be an optimizing element for music therapy as treatment for substance use problems in women, if integrated. However, there are also critical aspects of women specific treatment that also need to be taken into consideration. There is need for more qualitative research investigating the user perspective and studies on other phases of treatment such as in-patient, detoxification/stabilization and longer therapeutic processes. By putting focus and awareness on women specific treatment in music therapy, this study might create interest in future investigation of the women perspective and women specific treatment in music therapy in substance use treatment.

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**Appendix 1: Table 1: *Overview of the music therapy literature in substance use treatment***

<b>Year of publ.</b>	<b>Author(s)/ Country</b>	<b>Type of literature/ Type of study</b>	<b>Topic/ Treatment setting/ Participants gender</b>	<b>Intervention(s) applied/ addressed</b>
<b>1973</b>	<b>Brooks</b> <b>US</b>	Practice literature Article	Community drug abuse prevention program for adolescents	-
<b>1983</b>	<b>Murphy</b> <b>US</b>	Practice literature Article	In-patient	Songwriting and improvisation
<b>1984</b>	<b>Dougherty</b> <b>US</b>	Practice literature Article	Rehabilitation center	Music listening and sing-along
<b>1985</b>	<b>Wheeler</b> <b>US</b>	Research literature Quantitative study Exploratory study	Participants were persons in treatment and music therapy students	Improvisation, music listening, song lyric discussion, songwriting, musical chart activities, moving or drawing to music and singing
<b>1987</b>	<b>Freed</b> <b>US</b>	Practice literature Article	Songwriting	Songwriting and song lyric analysis
<b>1988a</b>	<b>James</b> <b>US</b>	Practice literature Article	Music therapy and alcoholism	-
<b>1988b</b>	<b>James</b> <b>US</b>	Practice literature Article	Music therapy and alcoholism	-
<b>1988c</b>	<b>James</b> <b>US</b>	Research literature Quantitative study Self-monitoring scale	In-patient Adolescent participants, 91 males and 61 females	Self-monitoring scale as assessment tool for differential treatment and treatment outcomes
<b>1988d</b>	<b>James</b> <b>US</b>	Research literature Quantitative study Pretest and posttest control group design	60 adolescents Mixed gender	Song lyric analysis
<b>1990a</b>	<b>Treder-Wolff</b> <b>US</b>	Practice literature Article	Music therapy in the disease model	-
<b>1990b</b>	<b>Treder-Wolff</b>	Practice literature	Creative processes in MT	-

	US	Article	groups	
1991	Pickett	Practice literature	Case study, one female with comorbidity	GIM
	US	Case study		
1992	Bednarz & Nikkel	Practice literature	Young adults with comorbidity, Mixed genders	Music discussion, music instruction, group participatory music, music listening and expressive music interventions
	US	Article		
1996	Hammer	Research literature	Rehabilitation, 10 participants, Staff and residents	GIM
	US	Quantitative study Two sample pre/post comparison design		
1997	Howard	Research literature	12 mixed gender adolescents and 8 adult women	Recorded music and poetry
	US	Quantitative study Single system Design (ABABAB)		
2001	Soshensky	Practice literature	Music therapy and addiction	-
	US	Article		
2002	Gallagher & Steele	Practice literature	Offenders in substance use/ mental health treatment	MT assessment, improvisation, music games, song lyric analysis, songwriting, song sharing, drum circle, music assisted relaxation, music and body awareness
	US	Article		
2003	Silverman	Research literature	In-patient, 8-12 women	Music games, song lyric analysis, relaxation and songwriting
	US	Quantitative study Pilot study		
2004	Ghetti	Practice literature	Harm reduction model in music therapy	-
	US	Article		
2005	Cevasco, Kennedy & Generally	Research literature	Out-patient 10 women	Movement-to-music, rhythm activities and competitive games
	US	Quantitative study Effect study		
2005	Jones	Research literature	Detoxification 23 males	Songwriting and song lyric analysis
	US	Quantitative study		

		Pre/post test 2 treatment group design		
2006	<b>Abdollahnejad</b>  <b>Iran</b>	Research literature  Mixed methods Questionnaire, focus questions	20 participants	Song lyric analysis, song sharing and relaxing music
2006	<b>Horesh</b>  <b>Israel</b>	Practice literature  Book chapter	Destructing and healing powers of popular music	-
2006	<b>Punkanen</b>  <b>Finland</b>	Practice literature  Book chapter	Addressing trauma in persons with substance use problems	
2007	<b>Baker, Gleadhill &amp; Dingle</b>  <b>Australia</b>	Research literature  Quantitative study Post-session questionnaire	Detoxification, in- patient and out- patient, 11 males and 13 females	Song lyric analysis, songwriting, improvisation and song singing/listening
2007	<b>Punkanen</b>  <b>Finland</b>	Practice literature  Article	Music therapy and treatment phases	-
2008	<b>Ross, Cidambi, Dermatis, Weinstein, Ziedonis, Roth &amp; Galanter</b>  <b>US</b>	Research literature  Quantitative study Non-randomized pilot study with control group	In-patient, 80 patients	Music and imagery, Improvisation and drumming
2008	<b>Dingle, Gleadhill &amp; Baker</b>  <b>Australia</b>	Research literature  Quantitative study Post-session survey	In-patient, 10 males and 14 females	Song lyric analysis, song parody and song singing/listening
2008	<b>Mays, Clark &amp; Gordon</b>  <b>US</b>	Research literature  Literature review	An overview of the MT literature in the area of addiction	-
2009a	<b>Silverman</b>  <b>US</b>	Research literature  Quantitative study Survey	Investigating music therapist's methods in song lyric interventions, and songs applied in mental health and substance use settings	-
2009b	<b>Silverman</b>  <b>US</b>	Research literature  Quantitative study	Investigating music therapists working in the	-

		Survey	field of substance use treatment	
<b>2009c</b>	<b>Silverman</b>  <b>US</b>	Research literature  Quantitative study Randomized clinical effectiveness study	Detoxification, 29 males and 36 females	Song lyric analysis
<b>2010</b>	<b>Aldridge &amp; Fachner</b>  <b>UK</b>	Practice literature  Edited Book	Music therapy and addictions	-
<b>2010</b>	<b>Silverman</b>  <b>US</b>	Research literature  Quantitative study Randomized control group design	In-patient, detoxification, 57 males and 56 females	Song lyric analysis
<b>2010</b>	<b>Kaufman &amp; Goodman</b>  <b>US</b>	Practice literature  Book chapter	Music therapy in collaboration with poetry therapy	Creating poetry and setting music to poetry
<b>2011</b>	<b>Albornoz</b>  <b>Venezuela</b>	Research literature  Quantitative study Randomized controlled trial	In-patient, 24 adults and adolescents	Improvisation
<b>2011</b>	<b>Borling</b>  <b>US</b>	Practice literature  Book chapter	Components in recovery	-
<b>2011</b>	<b>Punkanen &amp; Ala-Ruona</b>  <b>Finland</b>	Practice literature  Case study	One female with substance use problems and issues of self-regulation	Physioacoustic music therapy
<b>2011a</b>	<b>Silverman</b>  <b>US</b>	Research literature  Quantitative study Randomized effectiveness study with 1 month follow-up	In-patient, detoxification, 70 males and 70 females	Songwriting
<b>2011b</b>	<b>Silverman</b>  <b>US</b>	Research literature  Quantitative study Randomized single sessions design, survey	Detoxification, 82 males and 59 females	Rockumentary music therapy intervention, song lyric analysis and singing
<b>2012</b>	<b>Silverman</b>  <b>US</b>	Research literature  Quantitative study Randomized wait-	Detoxification, 48 males and 51 females	Songwriting

		list effectiveness study		
2013	Hwang & Oh Korea	Research literature Quantitative study Pilot study, pre/post-test	In-patient 30 males	Singing, music listening and playing instruments
2013	Gardstrom, Bartkowski, Willenbrink & Diestelkamp US	Research literature Quantitative study Pre/post-sessions surveys	Dual diagnosis treatment, in-patient, mixed-genders	Composition, music listening, performing and improvisation
2013	Gardstrom & Diestelkamp US	Research literature Quantitative study Quasi-experimental study	In-patient, 53 women	Composition, music listening, improvisation and performance
2013	Gardstrom, Carlini, Josefczyk & Love US	Practice literature Article	Music therapy with women in substance use treatment	Music rituals, therapeutic singing, song communication, drumming, improvisation, composition, spontaneous composition, music and imagery and music-supported movement
2013	Kielland, Stige & Trondalen Norway	Practice literature Article	Music therapy and substance use in Norway	-
2013	McFerran Australia	Practice literature Book chapter	Adolescents with substance use disorders	Gives an overview of the different interventions under the categories: receptional, improvisational, recreational and compositional
2013	Murphy US	Practice literature Book chapter	Adults with substance use disorders	Gives an overview of the different interventions under the categories: receptional, improvisational, recreational and compositional



<b>2013</b>	<b>Overå</b>  <b>Norway</b>	Practice literature  Book	Detoxification  Hekta på musikk (Hooked on music)	Singing, music playing, performance, songwriting, music listening/discussion, music on the internet, improvisation, music and specific topics, music and movement
<b>2014</b>	<b>Aletraris, Paino, Edmond, Roman &amp; Bride</b>  <b>US</b>	Research literature  Quantitative study Interviews	The use of art music therapy in substance use treatment programs  Constructing an overview to assess the use of MT in substance use treatment facilities in the US	-
<b>2014b</b>	<b>Bruscia</b>  <b>US</b>	Practice literature  Edited book	Collection of case examples of music therapy and substance use disorders	-
<b>2014</b>	<b>Reitman</b>  <b>US</b>	Practice literature  Book	Songs in group psychotherapy for chemical dependency	-
<b>2014</b>	<b>Silverman</b>  <b>US</b>	Research literature  Quantitative study Randomized three-group wait-list control design, Post-test survey	Detoxification, 70 males and 59 females	Song lyric analysis
<b>2015</b>	<b>Dingle, Kelly, Flynn &amp; Baker</b>  <b>Australia</b>	Research literature  Mixed methods Survey and open-ended questions	Detoxification 37 participant	-
<b>2015</b>	<b>Silverman</b>  <b>US</b>	Research literature  Quantitative study Randomized effectiveness study	In-patient, detoxification, 57 males and 46 females	Song lyric analysis

## Appendix 2: Examples of phases and steps in thematic synthesis

### Phase one - example from the analysis

#### Step one:

I created different levels of codes to give more concrete direction of which parts of the texts that I am looking for in order to answer second sub-question.

Type of levels:

- 1.R = Author's rationales
- 1.O = Author's opinions
- 1.P = Author's chosen perspectives
- 1.T = Author's chosen theories
- 1.REF = Author's references to previous research
- 2.POP = Population level (women and addiction)
- 3.PRO = Process of MT with this population
- 4. E = Empirical level (what does aims and results in the studies say?)

Example of code:

*65:23-25: 2.POP: Reasons for initiating substance use in females: "Females initiated use to cope with negative affective states, especially physical and emotional pain"*

In this example of coding the utilized type of code is Population level (2.POP). The code name is "Reasons for initiating substance use". There is an indication of page number (65) and sentence number (23-25). The code gives information that is specific to the population of women in treatment.

#### Step two:

It is difficult to give an example of the process here, instead I will describe the process: I re-examined the codes by looking over them to see if there were codes names that were more appropriate. I started to see if there were some potential clusters of codes that could be developed into categories.

### Phase two – example from analysis

In this phase, I clustered the codes that addressed similar topics such as "confronting one's addiction". This title became the descriptive theme for this category.

Example of descriptive theme and its belonging codes:

*Confronting ones addiction:*

*Patient externalizing and confronting her addictions by voicing and drawing her addictions in GIM:*

*1991: 3.PRO: expression/externalization/confrontation: “my addictions”*

*After a while in GIM, a patient was ready to work directly with the addictive process:*

*1991: 3.PRO: Confrontation and direct process: “So we began working directly with the addictive process.*

*Patient starts with food plan and the depression, which had been masked with substances, begins to come to the surface:*

*1991: 3.PRO: Comorbidity: “When she began her food plan, the depression she had been masking with substances became more evident”*

### **Phase three - example from analysis**

In this phase I placed all the descriptive themes under each level (author’s level, population level, process level, and research level.) into clusters that I thought were somehow linked to each other. Underneath is an example of number seven of the analytic themes, with the different descriptive themes under.

Example of analytic theme:

*7. Music therapy can elicit negative emotions due to challenges in therapy and resistance to therapy*

*Descriptive themes included:*

- Negative emotions in therapy*
- Resistance to therapy*
- Challenges in therapy*

Included inside these three descriptive themes were all the included codes.

An overview over the different descriptive themes that were arranged under each analytic theme is found in table 2. in the appendix.

### **Phase four – example from analysis**

An overview of the analytic themes categorized in different stages of the music therapy process is found in table 3 in Appendix 4.

**Appendix 3: Table 2: Analytic themes and corresponding descriptive themes**

<b>Analytic theme</b>	<b>Corresponding descriptive themes</b>
<p>Important aspects to consider in developing a music therapy program for women in substance use treatment are need for extended research, treatment aims and goals, challenges in evaluating effects of music therapy, and other specific elements to the process of music therapy</p>	<ul style="list-style-type: none"> <li>- Further research</li> <li>- Need for more research</li> <li>- Difficulty in evaluating effects of music therapy</li> <li>- Challenges in documenting music therapy</li> <li>- Treatment goals</li> <li>- Development of music therapy program in treatment</li> <li>- Organization of music therapy program</li> <li>- Assessment prior to music therapy</li> <li>- Aims and goals in therapy</li> <li>- Group dynamics</li> </ul>
<p>Music therapy can facilitate emotional activation, release, expression, exploration and experiencing and coping with emotions without using substances in women in substance use treatment</p>	<ul style="list-style-type: none"> <li>- Emotional expression</li> <li>- Arising emotions in therapy</li> <li>- Exploring emotions</li> <li>- Emotional activation</li> <li>- Release of tension</li> <li>- Experiencing emotions without substances</li> <li>- Coping with emotions without using substances</li> <li>- Substance use for self-regulation</li> </ul>
<p>Music therapy can address specific treatment areas, such as earlier negative experiences, complex issues, and needs of women in substance use treatment</p>	<ul style="list-style-type: none"> <li>- Addressing complex issues in music therapy</li> <li>- Addressing needs in therapy</li> <li>- Addressing earlier negative experiences</li> </ul>
<p>Music therapy can facilitate consciousness, self-awareness and body-awareness in women in substance use treatment</p>	<ul style="list-style-type: none"> <li>- Consciousness and music therapy</li> <li>- Breathing</li> <li>- Awareness and consciousness</li> </ul>

<p>Issues related to identity are important to be addressed in music therapy with women in substance use treatment in order to foster a new positive self-image</p>	<ul style="list-style-type: none"> <li>- Negative self-image</li> <li>- Substance use and identity</li> <li>- Sexual identity</li> <li>- Self-esteem</li> <li>- Self-esteem</li> </ul>
<p>For music therapists working with women in substance use treatment it is important to possess knowledge about, and to acknowledge and address when necessary, topics of physical and sexual abuse, attachment, comorbidity, isolation and trauma</p>	<ul style="list-style-type: none"> <li>- Early attachment</li> <li>- Isolation</li> <li>- Abuse</li> <li>- Trauma</li> <li>- Comorbidity</li> <li>- Comorbidity</li> <li>- Comorbidity</li> </ul>
<p>Integrating the part of a person that is addicted into therapy, is an important in the recovery process in music therapy, and some patients confront their addiction for the first time in music therapy</p>	<ul style="list-style-type: none"> <li>- Confronting ones addiction</li> <li>- Confronting ones addiction in music therapy</li> <li>- Integrating the addicted part</li> <li>- Integrating the addicted part</li> </ul>
<p>Music therapy facilitate positive interpersonal relations between peers in treatment, counteracting isolation, solitude and the feeling of carrying ones burden alone</p>	<ul style="list-style-type: none"> <li>- Sharing and connecting with peers</li> <li>- Relations</li> <li>- Group support</li> <li>- Interpersonal relations</li> <li>- Sharing</li> <li>- Group dynamics</li> <li>- Expressing more in discussion part in therapy</li> </ul>

	<ul style="list-style-type: none"> <li>- Isolation</li> </ul>
<p>Music therapy can actively address and assist women in substance use treatment in relapse prevention</p>	<ul style="list-style-type: none"> <li>- Relapse</li> <li>- Music therapy and relapse prevention</li> <li>- Consequences from using substances</li> <li>- Relapse prevention in music therapy</li> <li>- Risk for relapse (in general)</li> <li>- Challenges in transition from in-patient to out-patient</li> </ul>
<p>Music therapy can elicit negative emotions due to challenges in therapy and resistance to therapy</p>	<ul style="list-style-type: none"> <li>- Negative emotions in therapy</li> <li>- Resistance to therapy</li> <li>- Challenges in therapy</li> </ul>
<p>Music therapy can contribute to short-term positive experiences, outcomes, change and increased involvement and on-task behavior, as well as more long term self-development for women in substance use treatment</p>	<ul style="list-style-type: none"> <li>- Music listening as activating</li> <li>- Increased involvement and emotions elicited</li> <li>- Positive experiences</li> <li>- Positive experience of time</li> <li>- User involvement</li> <li>- Music therapy and positive change in psychological states</li> <li>- Positive outcomes from music therapy</li> <li>- Positive change in music therapy process</li> <li>- Music therapy's effectiveness</li> <li>- Music therapy increase in on-task behavior</li> <li>- The creative process in music therapy</li> <li>- Hope</li> <li>- Setting limits</li> <li>- Motivation</li> </ul>

	<ul style="list-style-type: none"> <li>- Transference to everyday life</li> <li>- Self-development</li> <li>- Self-development in music therapy</li> <li>- Music therapy working from the inside and out</li> <li>- Hope</li> <li>- Setting limits</li> <li>- Motivation</li> <li>- Transference to everyday life</li> <li>- Self-development</li> <li>- Self-development in music therapy</li> <li>- Music therapy working from the inside and out</li> </ul>
<p>Music therapy can create a safe environment for women in substance use treatment by consciously having non-intrusive and non-threatening characteristics</p>	<ul style="list-style-type: none"> <li>- Music therapy as non-threatening</li> <li>- Music therapy as non-intrusive</li> <li>- Lower resistance to therapy</li> <li>- Feeling of safety in music therapy</li> <li>- Safety</li> </ul>
<p>Music therapists working with women in substance use treatment need to be aware of their roles and how they affect the population, and should give support, encouragement, and encourage a trustful therapeutic alliance</p>	<ul style="list-style-type: none"> <li>- Male therapist in female population</li> <li>- The role of music therapist</li> <li>- The role of music therapist</li> <li>- Music's role</li> <li>- Encouragement from therapist</li> <li>- Support from therapist</li> <li>- Therapeutic alliance</li> <li>- The role of music</li> </ul>
<p>Women with challenges of comorbidity might benefit from music therapy as supplemental treatment with multi-</p>	<ul style="list-style-type: none"> <li>- Music therapy as alternative treatment</li> <li>- Multiple treatments at the same time</li> </ul>

<p>modal approaches addressing physiological, psychological, emotional and symbolic aspects</p>	<ul style="list-style-type: none"> <li>- Need for more than conventional treatment</li> <li>- Bruscia's categorization of methods</li> <li>- Methods of physioacoustic therapy</li> <li>- Multi-modal therapy</li> <li>- Areas addressed in physioacoustic therapy</li> <li>- Multi-module approaches in music therapy</li> <li>- Supportive approach to music therapy</li> <li>- Approaches to music therapy as treatment</li> <li>- Elements of GIM</li> </ul>
<p>Central topics to women specific treatment are important to take into consideration in music therapy with women in substance use treatment, in order to give an optimal treatment by addressing women specific needs</p>	<ul style="list-style-type: none"> <li>- Protecting factors to substance use in women</li> <li>- Women in therapy</li> <li>- Elements of women in therapy</li> <li>- Challenges in having women in treatment</li> <li>- Few female patients</li> <li>- Themes related to women in treatment</li> <li>- Women and recovery</li> <li>- Women's needs in treatment</li> <li>- Women specific treatment</li> <li>- Women in mentioned in earlier literature</li> <li>- Risk factors for women to start using substances</li> <li>- Hinders for women to seek treatment</li> </ul>



**Appendix 4: Table 3: *Analytic themes in stages of the music therapy process***

<b>Number</b>	<b>Stage in the process</b>	<b>Analytic theme</b>
1.	<i>Starting point for therapy</i>	Music therapy can create a safe environment for women in substance use treatment by consciously having non-intrusive and non-threatening characteristics
2.	<i>Starting point for therapy</i>	For music therapists working with women in substance use treatment it is important to possess knowledge about, and to acknowledge and address when necessary, topics of physical and sexual abuse, attachment, comorbidity, isolation and trauma
3.	<i>Starting point for therapy</i>	Music therapists working with women in substance use treatment need to be aware of their roles and how they affect the population, and should give support, encouragement, and encourage a trustful therapeutic alliance
4.	<i>Treatment aspects</i>	Integrating the part of a person which is addicted into therapy, is an important in element in the recovery process in music therapy, and some patients confront their addiction for the first time in music therapy
5.	<i>Treatment aspects</i>	Women with challenges of comorbidity might benefit from music therapy as supplemental treatment with multi-modal approaches addressing physiological, psychological, emotional and symbolic aspects
6.	<i>Treatment aspects</i>	Music therapy can address specific treatment areas, such as earlier negative experiences, complex issues, and needs of women in substance use treatment
7.	<i>Therapeutic processes</i>	Music therapy can elicit negative emotions due to challenges in therapy and resistance to therapy

8.	<i>Therapeutic processes</i>	Music therapy can facilitate emotional activation, release, expression, exploration, and experiencing and coping with emotions without using substances in women in substance use treatment
9.	<i>Therapeutic processes</i>	Music therapy can facilitate consciousness, self-awareness and body-awareness in women in substance use treatment
10.	<i>Therapeutic processes</i>	Music therapy facilitate positive interpersonal relations between peers in treatment, counteracting isolation, solitude and the feeling of carrying one's burdens alone
11.	<i>Therapeutic processes</i>	Music therapy can contribute to short-term positive experiences, outcomes, change and increased involvement and on-task behavior, as well as more long-term self-development for women in substance use treatment
12.	<i>Therapeutic processes</i>	Issues related to identity are important to be addressed in music therapy with women in substance use treatment in order to foster a new positive self-image
13.	<i>Therapeutic processes</i>	Music therapy can actively address and assist women in substance use treatment in relapse prevention
14.	<i>Future development of field</i>	Important aspects to consider in developing a music therapy program for women in substance use treatment are need for extended research, treatment aims and goals, challenges in evaluating effects of music therapy, and other specific elements to the process of music therapy
15.	<i>Future development of field</i>	Central topics to women specific treatment are important to take into consideration in music therapy with women in substance use treatment in order to give an optimal treatment by addressing women's needs in treatment