Emotional and cognitive reaction to memory laden music in chemically dependent adolescent females

Anne Burnett Young

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To the Graduate Council:

I am submitting herewith a thesis written by Anne Burnett Young entitled "Emotional and cognitive reaction to memory laden music in chemically dependent adolescent females." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Recreation and Leisure Studies.

Mary Dale Blanton, Major Professor

We have read this thesis and recommend its acceptance:

Patricia A. Beitel, Keith McClelland

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)
To the Graduate Council:

I am submitting herewith a thesis written by Anne Burnett Young entitled "Emotional and Cognitive Reactions to Memory Laden Music in Chemically Dependent Adolescent Females." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Recreation.

Mary Dale Blanton, Committee Chairperson

We have read this thesis and recommend its acceptance:

Patricia A. Brital

D. Keith McClelland

Accepted for the Council:

The Graduate School
EMOTIONAL AND COGNITIVE REACTION TO MEMORY LADEN MUSIC
IN CHEMICALLY DEPENDENT ADOLESCENT FEMALES

A Thesis
Presented for the
Master of Science
Degree
The University of Tennessee, Knoxville

Anne Burnett Young
May 1997
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ABSTRACT

The primary problem of this study was to investigate the emotional and cognitive relationship between music and the perceptions of chemically dependent adolescent females. The purpose was to determine whether listening to memory-provoking music would trigger adolescent females to desire or crave mood altering substances. The hypothesis was that listening to memory provoking music would evoke strong reactions in chemically dependent adolescent females. This project attempted to explore emotional and cognitive reactions to memory-provoking music that might impair a young person’s recovery from chemical dependency.

The adolescent females from the reconstructive program of Peninsula Village Psychiatric Facility were selected as the population for this study. This group consisted of a total of seven females in treatment during the winter and spring of 1997. The participants were given a questionnaire regarding the music they listened to while using mood altering substances. Musical selections were made for each individual participant from the responses on the questionnaire and an interview session was designed. One song was selected for the interview that was not a part of the participants’ drug history as a control song. The interview consisted of listening to a specific song followed by a series of open ended questions. This process was repeated for a total of four songs per adolescent.

The perceptions of the participants experience of the music are discussed through a thematic presentation utilizing the participants’ own words to build the framework of the study. Inductive analysis of the interview transcripts produced eight
central themes that described how the participants react to the music to which they used drugs and alcohol. They were:

1. A significant amount of the memories that emerged from listening to the music were about using mood altering substances.
2. There was a strong current of intense emotion throughout the interview sessions.
3. The participants had memories of death, suicide, and self harm.
4. Memories emerged about the participants sexual experiences or encounters from listening to the music.
5. A significant number of participants used the music as a means of escape or withdraw from reality, family, problems, or feelings.
6. The participants wanted to act on violent impulses after listening to specific songs from their own drug history.
7. The participants wanted to use mood altering substances after hearing music associated with their alcohol and drug use.
8. During the song which was not a part of their own drug history several conclusions were drawn: (a there was a decrease in the intensity of emotional reaction, (b there was a decrease in the stimulation of memory, and (c there was a decrease in the severity of physical reactions.

The following conclusions were drawn as a result of this study.

1. Chemically dependent adolescent females react emotionally and cognitively to the music they listened to while using drugs and alcohol.
2. Listening to the same music does create a desire to behave in ways common to that person while under the influence of active chemical dependency. The participants wanted to use mood altering substances, act on violent impulses, and escape or withdraw from reality, family, problems, or feelings.

3. Listening to memory provoking music will evoke strong reactions from chemically dependent adolescent females. There was a strong current of intense emotion and feelings emerged of guilt, remorse, power, depression, and euphoria.

4. Listening to music to which this population used mood altering substances brought back memories of actual drug use. It also stimulated memories of death, suicide, self harm, and sexual experiences or encounters.

5. When the participants listened to music that was not a part of their own drug history there was a decrease in: the intensity of the emotional reaction, the intensity of the physical reaction, and the stimulation of using memories.
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>3</td>
</tr>
<tr>
<td>Need for the Study</td>
<td>4</td>
</tr>
<tr>
<td>Delimitation of the Study</td>
<td>5</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>5</td>
</tr>
<tr>
<td>Definitions of Terms</td>
<td>6</td>
</tr>
<tr>
<td>II. LITERATURE REVIEW</td>
<td>7</td>
</tr>
<tr>
<td>Chemical Dependency</td>
<td>7</td>
</tr>
<tr>
<td>Chemically Dependent Adolescents</td>
<td>9</td>
</tr>
<tr>
<td>Gender Differences in the Chemically Dependent</td>
<td>12</td>
</tr>
<tr>
<td>Relapse Behavior</td>
<td>16</td>
</tr>
<tr>
<td>Research in Music</td>
<td>17</td>
</tr>
<tr>
<td>Music and Memory</td>
<td>23</td>
</tr>
<tr>
<td>Summary</td>
<td>25</td>
</tr>
<tr>
<td>III. METHODOLOGY</td>
<td>29</td>
</tr>
<tr>
<td>Population and Sample</td>
<td>29</td>
</tr>
<tr>
<td>Techniques for Data Collection</td>
<td>30</td>
</tr>
<tr>
<td>Overview of Procedures</td>
<td>32</td>
</tr>
</tbody>
</table>
Analysis of Data 33

IV. PRESENTATION AND DISCUSSION OF DATA AND FINDINGS 34

Participant Description 34

Angie 35
Blair 36
Courtney 37
Crystal 37
Elizabeth 38
Mary 39
Melissa 39

Findings 40

Memories About Using Mood Altering Substances 41

Participants Felt Intense Emotion 43

Memories of Death, Suicide, and Self Harm 45

Memories About Sexual Experiences 47

Participants Used the Music as a Means of Escape or to Withdraw 48

Participants Wanted to Use Mood Altering Substances 49

Participants Wanted to Act on Violent Impulses 50

Control Song 52

Further Discussion of Findings 54

Summary 55
CHAPTER I
INTRODUCTION

"Music to hear, why hear'st thou music sadly? Sweets with sweets war not, joy delights in joy. Why lov'st thou that which thou receiv'st not gladly,..."
-William Shakespeare
The Sonnets of William Shakespeare

Music has soothed, relaxed, and calmed humans since the beginning of time; a cricket playing at night, the soft lullaby sung to a newborn child, or classical melodies played to a dental patient. Music has been used to help heal mental illness and can improve and maintain mental health in psychiatric patients (Hammel-Gormley, 1996). It can aid children’s learning of academic subjects, help lengthen attention spans, and assist in behavior modification (Krebs, 1978). Music can provoke memories of people and events associated with times when the music was previously heard (Duncan, 1993). Music is indeed very powerful.

The disease of chemical dependency is also powerful. It is fatal if it remains untreated. The disease does not discriminate. People of every type, age, gender, and morality have become chemically dependent, and ultimately the disease causes its victims to behave in destructive and antisocial ways. The most significant characteristics of the disease are that it is progressive, chronic, and fatal (Johnson, 1980). The progression however, can be stopped or arrested with proper care. There is a considerable amount of research on adults and adolescents who suffer from the disease of
chemical dependency. However, there is a lack of research pertaining to relapse behavior in adolescents (Robinson, 1991).

Current research indicates that females who are chemically dependent differ from males in specific ways; patterns of drug use, psychosocial characteristics, and physiological consequences of drug use (Nelson-Zlupko, Kauffman, & Dore, 1995). Pascale and Evans (1993) report that females use barbiturates, amphetamines, and marijuana at a higher rate than males. Chemically dependent women are more likely than men to feel greater levels of guilt, shame, depression, and anxiety about their disease and are at higher risk for eating disorders (Nelson-Zlupko, Kauffman, & Dore, 1995). Studies also indicate that alcoholic women are more likely to attempt suicide than men (Straussner, 1985). Physically, research indicates that women get sicker at a faster pace than men and experience more extensive consequences of drug use at lower dose levels (Straussner, 1985; Nelson-Zlupko, Kauffman, & Dore, 1995). Most traditional treatment programs are designed by men and are based on research conducted on male substance abusing populations (Nelson-Zlupko, Kauffman, & Dore, 1995). Chemically dependent women have unique characteristics, yet most research available has been centered on chemically dependent men. The proportion of females represented in addictions research has increased over earlier historical periods, although using only male participants was still common in 1990 (Brett, Graham, & Smythe, 1995).

Drug addiction and alcoholism are almost certainly not caused by listening to music; however, a dangerous connection exists among drugs, alcohol, sex, certain
types of heavy metal music and teenagers (Arnett, 1991a, 1991b; King, 1988). A lot of music that is popular with adolescents is about Satanism, deviant sexual practices, raw hate, and violence (King, 1988). King states that teenagers use drugs and alcohol in a search for personal power, and factors that contribute to this problem are the powerful nature themselves of drugs and music. When chemically dependent adolescents connect the music to which they listen with the use of drugs and alcohol, the resulting mixture is powerful.

Peninsula Village Treatment Facility is a 134 bed specialty hospital for chemically dependent and conduct disordered adolescents. Most Village patients have had some type of previous treatment and are considered "treatment resistant." Treatment for males and females occurs in different locations divided by 80 acres of land. The program was designed to meet the needs of young people who have typically not had success before in a treatment setting.

**Statement of the Problem**

It is the purpose of this study to investigate the emotional and cognitive relationship between music and the perceptions of chemically dependent adolescent females. The purpose is to determine whether listening to memory-provoking music will trigger adolescent females to desire or crave mood altering substances. The hypothesis is that listening to memory provoking music will evoke strong reactions in chemically dependent adolescent females. This project attempts to explore emotional and cognitive reactions to memory-provoking music that might impair a young person's recovery from chemical dependency.
Music and Chemical Dependency

Need for the Study

The investigation of the power of music is not a new concept. Countless research has been conducted on the healing properties of music throughout the twentieth century. Also, much research has been conducted on chemical dependency and its effects on society. However, the investigation of the effects of music on chemical dependency has been surprisingly limited and most studies have not considered that women are different than men.

While working with adolescents in the residential treatment setting, this researcher began to see what an incredible impact music had on the chemically dependent population. When the adolescent female patients listened to music (in a van going to meetings, at the pool, on outings, during aerobics), their behavior changed with the type of music being played. At this point the researcher started developing therapy sessions based on music and its impact on feelings, behaviors, attitudes, and memories. The result was that chemically dependent adolescent female patients were found to have generally spent most of their using (drugs and alcohol) time listening to music. Listening to the same music sober provokes the memories of using and increases the desire to use again.

The researcher has worked with chemically dependent adolescents for the past decade and has seen the difficulties experienced in trying to achieve sobriety. Music is so powerful a force that it must be included as a factor in the healing process of chemically dependent adolescents. It would appear to be increasingly important for
the power of music to be recognized and acknowledged so that the struggling adolescent can be educated and provided a greater opportunity for success.

**Delimitations of the Study**

The study was delimited to:

2. The use of specific musical experiences as defined in this study.
3. The use of an interview guide, developed by the researcher, which consisted of questions to facilitate an open discussion regarding the participants experience with music and memories.
4. Interviews lasting no more than two hours.

**Limitations of the Study**

The study was limited by:

1. The female adolescent patients in treatment at time of this study who: (a) had the appropriate diagnosis, and (b) listened to music while using drugs and alcohol.
2. The participants' willingness to engage in this study.
3. The participants' honesty in reporting their feelings and memories.
4. Gaining consent from legal guardian or parents of participants.
Music and Chemical Dependency

Definitions of Terms

For the purpose of this study, the following definitions were used:

Relapse behavior: A reemergence of behaviors common to that person while under the influence of the condition called chemical dependency. Such behaviors might include, but are not limited to, compulsions to use drugs and alcohol, the actual use of mood altering substances, lying, violence, disrespectful oral comments, stealing, running away, and sexual promiscuity.

Memory-provoking: An individual’s recalling or recognizing previous experiences while listening to music.

Music: The combination of sounds and pitch that produces compositions expressive of various ideas and emotions (Random House, 1980).

Chemical dependency: A term used to describe a condition caused by the excessive use of alcohol or other drugs to the point where the costs outweigh the benefits. Chemical dependency is a chronic behavioral disorder manifested by repeated drinking of alcoholic beverages or use of substances when it causes damage to self or others. Common terms include; alcohol dependence, drug dependence, addiction, alcohol abuse, drug abuse, substance abuse, alcoholic, and drug addict. They are all interchangeable for the purpose of this study.

Adolescent females: female gender aged 13 to 18.

Emotional or Cognitive reactions: feelings, thoughts, or knowledge that surfaces as a result of listening to memory-provoking music.
CHAPTER II
LITERATURE REVIEW

This study examined the effects of memory provoking music on the chemically dependent adolescent female. This chapter contains information concerning: (a) chemical dependency, (b) chemically dependent adolescents, (c) gender differences in the chemically dependent, (d) relapse behavior, (e) research in music, and (f) memory and music.

Chemical Dependency

With the end of prohibition in the 1930’s the scientific and medical communities began to look at alcoholism and drug addiction with some interest. In the 1990’s the researchers are still asking some of the same questions about chemical dependency. Is addiction a disease, a bad habit, or a morality issue? Disagreement exists among professionals and numerous publications ponder the answer to these questions and many more (McMurran, 1994; McNeece & DiNitto, 1994).

There are many psychological theories regarding addiction and its causes but none seem to satisfy all the facts known about chemical dependency. Many factors must be accounted for in any explanation of addicted behavior, such as: (a) biological factors through predisposition, (b) hereditary and genetic make-up, (c) psychological factors influenced by each person’s own learning history, and (d) cultural and social factors (McMurran, 1994). These factors interact together to determine the character
and scale of addictive behavior in each person. Thus alcoholism and drug addiction are probably over-determined, requiring more than one factor to explain them.

One of the many theories that continues to be researched is that of classical conditioning and how it applies to addiction. Ivan Pavlov (1849-1936) was a physiologist who developed the principles of classical conditioning. He studied the digestion of food in dogs and how much dogs salivated when they were fed. He discovered that the dogs began to salivate when they heard the food pails banging together. The dogs had learned to associate the entrance of the pails with being fed. Other experiments with dogs showed that when food was given to the dog in combination with the sound of a buzzer, that eventually the buzzer noise itself would make the dog salivate. Both of these experiments are examples of classical conditioning (McMurran, 1994).

The importance of this theory of classical conditioning in addiction is that specific stimuli, through being so regularly paired with the use of alcohol or drugs, may come to elicit a desire to indulge in the same substances. An example of this is given in a work by Heather and Robertson as they describe the case of an office worker who has drinks after work and then comes home every evening at about 9:00 p.m. The level of alcohol in his system begins to dwindle by the time he gets home and leads the office worker to desire more alcohol to revive the favorable feelings of intoxication. His response is to have another drink. Over time, by repeated association, simply returning home begins to trigger the desire to drink (McMurran, 1994).
Chemically Dependent Adolescents

In the mid 1970's a sharp increase in the use of every class of legal and illicit drugs was recorded by a national survey among junior high and high school students. Some estimates indicate that there are now more than 300,000 teenage alcoholics in the United States alone. Just as with adults, there is no clear single explanation as to why teenagers become addicted to drugs and alcohol.

There are many factors that appear to influence the onset of adolescent addiction. Research indicates that these include; behavioral factors, psychological factors, as well as peer and family influences (McMurran, 1994). Drug use at such an early age can have devastating physical, emotional, social, and developmental consequences. The progression of abuse to addiction is accelerated in adolescents and they have a greater chance of becoming addicted (McMurran, 1994).

Adolescents have limited experience in developing coping skills and sometimes teenagers use drugs and alcohol as a means of coping. Teenagers mistake the good feelings they get from drugs and alcohol with positive feelings associated with achievements and healthy relationships. When adolescents use drugs to cope they stop learning nonchemical coping skills. That makes them more vulnerable to accidents, injuries, impulsive and illegal acts, risk-taking behaviors, sexually transmitted diseases, short term memory impairment, and decline in cognitive and motor performance (Morrison, Rogers, & Thomas, 1995). Among the more serious consequences of adolescent drug and alcohol use is a rise in emotional problems. The “co-occurrence of severe emotional difficulties and drug use is not a coincidence” state McNeece and
DiNitto (1994) in their book titled *Chemical Dependency: A Systems Approach* (p. 200). Adolescents may use drugs and alcohol as a way to hide emotional problems or to cope with them.

Peer influence is widely accepted as affecting the use of alcohol and drugs among adolescents. Family factors also stimulate teenagers substance use; parental modeling of substance use, the family's tolerance or approval of use, conflict within the family, low bonding, unclear rules for behavior, and inconsistent rewards and discipline (McMurran, 1994).

National advertising, radio, and television also has played an important role at shaping attitudes toward the use of drugs and alcohol. Role models for adolescents; athletes, musicians, actors, and even politicians, have glamorized and even promoted the use of alcohol, tobacco, and drugs (Macdonald, 1987). One study of television sports programs showed 685 advertisements for beer, wine, and wine coolers during 443.7 hours of sports programming. Adolescents watch television and through these ads are exposed to and educated about drinking. In one survey 73% of the general public expressed the opinion that advertising has a significant impact on adolescents and their alcohol consumption (Morrison et. al., 1995).

The drug epidemic of the 1970's prompted a number of studies that measure commonness of drug use within the adolescent population. The National Institute on Drug Abuse has reported the use of drugs by high school seniors annually since 1975. The survey of over 16,000 twelfth graders monitors frequency of drug use, attitudes about drug use and use of substances at earlier grade levels. Also sponsored by the
same agency is a survey which covers a wider range of young people called the National Household Survey of Drug Abuse. This survey allows for comparisons of drug use among different age groupings. Both of these studies were based on questionnaires and personal interviews and report the commonness of drug use in the specific areas of lifetime, yearly, monthly and concurrent drug use. Results of these surveys indicate that there is a high prevalence of alcohol and drug use among teenagers in all regions of the United States (Morrison et. al., 1995; Macdonald, 1987).

Another survey called Monitoring the Future Survey in 1993 reported that 87% of high school seniors use alcohol, 76% within the last year, 51% in the last month, and daily use was reported by 3.4%. This survey is discussed in an article by Sandra F. Morrison, Peter D. Rogers, and Mark H. Thomas titled Alcohol and Adolescents. Further conclusions from the survey were that significant differences in daily drinking and amounts of alcohol consumed at one sitting were found between genders. Males reported 5.2% versus females reported 1.6% drank daily and the number of drinks in a row for males far outnumbered females (Morrison et. al., 1995).

In 1977, Jessor and Jessor developed an interactive, social-psychological framework to account for problem behaviors in adolescents called the problem behavior theory. The theory is that problem behaviors occur in clusters and involvement in one problem behavior is associated with involvement in another. Problem behaviors are defined as behaviors that depart from societal norms and include alcohol, drug, and cigarette use, rebelliousness, delinquency, aggression, poor work and school ethics, and sexual activity.
Longitudinal research indicates that a developmental sequence occurs within the adolescent with problem behaviors. The sequence starts with delinquency, progressing to drinking alcohol and smoking cigarettes, then to smoking marijuana which moves onto problem drinking, and then to the use of harder drugs (McMurran, 1994; Macdonald, 1987; Morrison et. al., 1995). Where substance use is concerned it is important to make the point that while there is a progression it is not an inevitable progression.

Among the greatest health risks to adolescents who use drugs and alcohol are that they are involved in violent deaths including accidents, suicides, and homicides (Macdonald, 1987; Morrison et. al., 1995; Ed. Galanter, 1995). The leading cause of death among adolescents is accidental injury. Three out of four of these deaths are from motor vehicle accidents and a large portion of those are alcohol and drug related (Morrison et. al., 1995). About one half of all homicides are connected with the use of drugs and alcohol among adolescents. The third leading cause of death for 15 to 24 year olds is suicide in the United States. Both fatal and nonfatal suicide attempts have been linked to chronic and acute alcohol and drug use. Alcoholics succeed in committing suicide 6 to 20 times more than that of the general public, and alcoholic women accomplish suicide far more than alcoholic men. Adolescent females who abuse alcohol and drugs are at especially high risk for suicide (Ed. Galanter, 1995).

Gender Differences in the Chemically Dependent

Current research indicates that females who are chemically dependent differ from males in specific ways. Men and women have very different physiological reac-
tions to alcohol, experience different social consequences as a result of drinking, and may distinctly experience other forms of psychological damage as a result of addiction.

There are also genetic factors which may influence the etiology of substance abuse in women. Women who are alcoholics are more likely to come from alcoholic parents than men. In a study completed by Glenn and Parsons, the rate of maternal alcoholism was 11.1% for men and 25% for women. The rate of paternal alcoholism for men was 35.8% and 50% for women. The men with two alcoholic parents was 6.17%, and women with two alcoholic parents was 16.7% (McNeece & DiNitto, 1994).

Other physiological factors include that women generally reach higher blood-alcohol levels than men of the same weight after drinking the same amount of alcohol. That is to say that women tend to absorb alcohol faster and become intoxicated sooner (Straussner, 1985; McNeece & DiNitto, 1995; Schneider, Kviz, Isola, & Filstead, 1995). Women also experience more detrimental consequences of drug use at lower levels and in a shorter amount of time than men. Women’s bodies are different in that they have more fatty tissue and a lower percentage of water. When drugs are introduced they tend to have a slower rate of absorption, which in turn leads to a greater concentration of these substances in the blood stream. The result is greater risk of damage to the body and higher potential for overdose (Straussner, 1985; Nelson-Zlupko, Kauffman, & Dore, 1995; Schneider et. al., 1995; McNeece & DiNitto, 1994).
Alcohol metabolism is effected by the balance of hormones in a woman’s body. Studies have shown that women become more readily intoxicated just prior to menstruation. Another important finding is that oral contraceptives may inhibit alcohol metabolism. Both alcohol and oral contraceptives metabolize in the liver and will keep the alcohol significantly longer in the body (McNeece & DiNitto, 1994; Straussner, 1985). Differences in alcohol metabolism may account for what is called the telescoped development of alcoholism in women. This means that women apparently develop alcoholism more rapidly than men (McNeece & DiNitto, 1994; Schneider et. al.,1995; Straussner, 1985).

A study by Pascale and Evans (1993) contrasted drug pattern use between males and females. A large scale survey was used over a 14 year period of time and five cohort groups of high school students were surveyed at three year intervals. Approximately 2,000 juniors from 15 area high schools in northeast Ohio took part in the study. The survey used was similar to the National Institute of Drug Abuse survey talked about earlier in this literature review. The authors concluded that females reported higher aspirin, amphetamine, and barbiturate use than males. Females also reported a higher frequency of marijuana use than males, although not significant statistically.

Higher amphetamine use in females is also supported by Donald Macdonald in his paper *Patterns of Alcohol and Drug Use in Adolescents* (1987). He states that stimulant use such as amphetamines could be contributed to females’ tendency to use them for weight loss. Other studies indicate that chemically dependent women report
more negative feelings about their bodies and are at higher risk for eating disorders (Nelson-Zlupko et al., 1995).

Social factors play a part in concealing substance abuse in women. Many addicted women are discouraged from seeking help by family members who see treatment as a threat to the family unit. There is still a terrible stigma placed on being a female alcoholic in society. For this reason, alcoholism is less likely to be identified as such and more likely to be ignored than alcoholism in men (Straussner, 1985; Schneider et al., 1995).

Chemically dependent women are more likely than men to have a history of psychiatric problems including a variety of affective symptoms. Women alcoholics are commonly identified as having poor self-esteem and feelings of inadequacy. A number of studies have reported that women who are substance abusers are more likely to suffer from depression (Schneider et al., 1995; McNeece & DiNitto, 1994; Ed. Gantler, 1995; Nelson-Zlupko et al., 1995). Substance abusing women experience higher levels of guilt, shame, and anxiety about their addiction than men (Nelson-Zlupko et al., 1995).

A substantial factor that may promote psychological distress in alcoholic women is the high rate of physical and sexual abuse reported by this population. McNeece and DiNitto report that women substance abusers suffer from a high proportion of rape and incest. They state that S. Covington found that rates range from 12 to 53 percent for childhood sexual abuse among chemically dependent women and are as high as 74 percent for all types of sexual trauma combined. Other reports indi-
cate that 29 to 54 percent of women in treatment for addiction have been raped at some time in their lives. This abuse should have significant bearing on the guilt, shame, low self-esteem, and depression mentioned earlier.

Relapse Behavior

Most research on adolescents substance abuse has been on the factors that influence the onset of chemical dependency, such as discussed earlier in this paper. There are several models proposed in current literature that try to make sense of the rather complicated issue of relapse among adolescents. Relapse rates are typically high for any population. Studies show a 50% to 90% estimated relapse rate regardless of the substance abused or treatment given (Robinson, 1991).

Perhaps one of the most important skills chemically dependent adolescents can learn and practice is how to handle stressful situations without the use of drugs and alcohol. An important element to teaching relapse prevention seems to be increasing teenagers perceptions that they can successfully cope with situations that pose risks. Alan Marlatt, Terence Gorski, and others have written extensive approaches to relapse prevention and developed a number of behavioral and cognitive techniques to aid the addicted in staying clean. The chemically dependent adolescent will generally try to identify potential risks in recovery and make plans to avoid those particular circumstances or incidents (McNeece & DiNitto, 1994).

A study written by Robinson (1991) predicts that those adolescents who are more successful at maintaining abstinence from drugs and alcohol have a higher level of achievement expectancy in maintaining sobriety, are able to identify more high-risk
situations to relapse, have a greater inventory of coping strategies for high-risk situations, and have a greater level of expectation that they have the power to implement those strategies. The thesis *Adolescent Relapse - A Function of Strategic Knowledge, Strategic Efficacy, Perceptions of Risk and Sobriety Expectations* (Robinson, 1991) examined some of the existing information available on relapse behavior in the chemically dependent population and explored how that information applied to adolescents. Eighty-six adolescents, aged 14 to 21 years, participated in the study. They completed four questionnaires and 27 adolescents also participated in a follow-up interview with the researcher. The results of the study supported the predictions made regarding fluency and magnitude of coping strategies in high-risk situations, and sobriety expectations.

**Research in Music**

There are two men who have been given credit for the beginnings of scientific research in music; they are Hermann von Helmholtz and Carl E. Seashore. Both men paved the way for the psychological study of music as a valid and useful way of understanding a variety of human behaviors. Herman von Helmholtz work, *On the Sensations of Tone as a Physiological Basis for the Theory of Music*, still serves as a basic reference for researchers in music cognition (Hargreaves, 1986). In 1919 a psychologist at the University of Iowa, Carl E. Seashore, published *The Psychology of Musical Talent*. This publication opened the door for research in music listening and led the way for the following research in music psychology. In 1938, Seashore pub-
lished the work *Psychology of Music* which developed the broad concept of music psychology as the science of human’s reactions to and interactions with music.

In 1956, L. Meyer developed a theory of emotion and meaning in music that acknowledges the existence of designated mood experiences, imagery, and memories in music perception, which can also cause emotional responses. He also contended that emotional experience in music is not different than emotional experiences in everyday life. The title of Meyer’s work is *Emotion and Meaning in Music*. Similar theories have been developed by Mandler and Berlyne (Unkefer, 1990; Taylor, 1993). Primary to all three theories is the concept of the arousal-inducing capacity of music, which leads to affective experiences.

Many studies have been conducted on the use of music in therapeutic settings. In her dissertation, Johnson (1991), investigated patient’s physiological and emotional responses to taped music programs in Intensive Care Units. The results indicated that there was a positive change in the emotional state of the music group except for the nervousness - worry category. This study provided information on the use of music as an intervention directed at reducing a patient’s level of stress.

Krebs (1978) investigated the effectiveness of music education for the mentally handicapped and supported several conclusions. The results support the theory that music aids the exceptional child in learning academic subjects such as mathematics, education, and language. Also, Krebs (1978) determined that music plays a role in memory retention, sensory education, the lengthening of attention span, and assists in
behavior modification of activity level, initiation, social interaction, self-help skills, and related attitudes.

Lee (1995) studied the clinical applications of music therapy with closed head injury patients. She supported a rationale for including music therapy as a part of interdisciplinary rehabilitation for this population. Lee used the Rancho Los Amigos Levels of Cognitive Functioning for therapeutic assessment and concluded that music therapy was shown to have a viable role in neuropsychological rehabilitation.

A qualitative study conducted by Hammel-Gormley (1996) at New York University involved six participants who had a history of childhood sexual abuse and mental illness. The participants introduced their own songs to music therapy sessions through singing, playing, analyzing, creating, and teaching. The data indicated that songs were used for several different therapeutic reasons by the participants, such as: (a) a stimulus to gain access to memories, (b) a means of gaining insight and validation, (c) a vehicle to recognize feelings, (d) a way to disclose feelings and experiences, (e) a method of building confidence, and (f) a direct expression of feelings about the therapeutic relationship. The participants used songs as inner resources of strength which helped them deal with their difficult lives. They came to understand the potential that music had to improve and maintain their mental health (Hammel-Gormley, 1996).

We are just beginning to understand the emotional and physical responses of human beings to music. There is limited research being conducted on the ability of specific types of music being able to elicit negative responses on particular popula-
Music and Chemical Dependency

There is a debate concerning whether heavy metal music can foster reckless and antisocial behavior in adolescents. Primary research has been done by King and Arnett.

Paul King (1988) completed a retrospective study of 242 males and 228 female adolescent patients in treatment at Lakeside Charter Hospital in Memphis, Tennessee. In this study he examined music preference, delinquency pattern, and drug use. The patients were divided into three groups: (a) the chemically dependent with emotional problems, (b) those with the primarily psychiatric or conduct disorder with some drug use history, and (c) those with psychiatric or conduct disorder but no drug use history. The adolescents were aged 13 to 18, predominately Caucasian, and from various socioeconomic backgrounds. The investigation divided music into eight categories; i.e., heavy metal, acid rock, hard core, pop, hard rock or rap, Hank Williams, Jr., and unspecified. King (1989) determined that the patients participated in specific categories of delinquent behavior: stealing, drug dealing, sexual activity, and violence as documented episodes of physical aggression.

The following are the results of the study: Out of 203 patients in the chemically dependent with emotional problems group, 57.1 percent preferred heavy metal music. Chemically dependent adolescents reported 71.9 percent participated in sexual activity and 49.8 percent of them stole. Incidents of violent behavior were 74.4 percent in this population. Out of 145 patients in the psychiatric or conduct disorders with some drug use history group, 39.3 percent preferred heavy metal music. Delinquent behavior of violence was reported in 57.9 percent of this population and 27.6
percent stole. Sexual activity was determined to be 52.4 percent in this group. Out of 122 patients in the no drug use group, only 16.4 percent listed heavy metal as their preferred type of music, 39.3 percent had some episodes of violent behavior, 14.8 percent stole, and 24.6 percent were sexually active.

The following conclusions were made from this study included in King’s book titled *Sex, Drugs, & Rock 'n Roll*: that disturbed adolescents who use drugs exhibit a high rate of violent behavior and sexual activity, their music preference contains themes of violence, hate, rebellion, and primitive sex, and is a significant part of their daily lives. Disturbed adolescents with only some drug use history also showed high rate of violence and sexual activity with less stealing. Heavy metal was also a significant part of their lifestyle. The adolescents who did not use drugs had the lowest rates of violent behavior, stealing, sexual activity, and heavy metal listening. Fifty-seven percent of the adolescents hospitalized for substance use named heavy metal as their favorite type of music, compared to sixteen percent of adolescents hospitalized for other types of psychiatric illnesses. This sample is taken form a relatively narrow population and cannot be generalized to represent adolescents as a whole.

Two studies initiated by Jeffery Arnett (1991a, 1991b) demonstrate the debate regarding the effects listening to heavy metal music has on typical adolescents. In his studies he attempted to describe some of the characteristics of adolescents who listen to heavy metal music and whether this particular population engages in reckless behavior. Participants for both studies were recruited from a poster displayed in an At-
The participants of the first study by Arnett (1991b) indicated on a self-report questionnaire the number of times they had engaged in a variety of reckless activities over the past twelve months, including driving-related behavior, sexual behavior, various kinds of drug use, vandalism, and shoplifting. Conclusions of the study were that males who listened to heavy metal music scored higher on the Sensation Seeking Scale. They were significantly more likely to have driven while drunk in the past year, nearly half were sexually active with someone they only casually knew, and over half had smoked marijuana. Use of other drugs was also higher among adolescent males who listened to heavy metal music. The same group had less satisfying social relationships with family and peers, yet were more self-assured in regard to dating and sexuality. Females who listened to heavy metal music reported a higher frequency of sex without the use of contraception, marijuana use, shoplifting, and vandalism.

True for both males and females, was a higher rate of drug use among adolescents who listen to heavy metal music. This finding is consistent with King’s study regarding the preference of adolescents who are drug users to listen to heavy metal music. Arnett states in this study that “it could be argued that heavy metal music aggravates a tendency among some adolescents to reject and defy the norms and standards of adult society, and that reckless behavior is one manifestation of this” (1991b, p. 587). It would be a mistake, however, to conclude that the music itself causes the
problems to which it relates in this study but is a symptom of many factors, as shown in the next study by Arnett.

In the second study by Arnett (1991a) participants were largely white male adolescents (75%) and were interviewed individually by the researcher. They answered 28 open-ended questions and interviews ranged from 20 minutes to two hours. A control group was used from a nearby high school and university. There were many themes developed from these interviews and the one most significant to the present study is that heavy metal music served as a purgative function, dissipating the participants accumulated anger and frustration. The participants listened to heavy metal music especially when they were angry and it consistently had a calming effect on their emotional state. This result does not lend itself to the argument that this music is dangerous but that it could be a soothing effect on adolescents emotions. These findings seem to support that heavy metal music can be used as a coping skill for anxiety and frustration. The sample for this study was taken from the general public and should not be used as a baseline for chemically dependent adolescents.

Music and Memory

Music frequently calls forth memories of people and events associated with times when the music was heard and can be a significant factor in the emotional use of music (Duncan, 1993). Duncan (1993) surveyed 87 radio listeners and found a significant relationship between the recall of memories and the likability of songs; this relationship was strongest in movie soundtracks. One of the conclusions drawn from the study was that songs which cue memories of shared emotions in an audience will
probably be well liked by enough of the audience to allow radio programmers to predict the probability of a song being a success.

Martin (1994) wrote a dissertation titled *Recall of Early Childhood Memories Through Musically Induced Mood States*. The purpose of the study was to examine the effects of musical mood induction on recall of childhood memories as a foundation to developing interventions for memory recovery with abuse victims.

Participants were 56 college students who were randomly assigned to four conditions: happy, sad, or neutral musical mood induction and a no-music condition as a control. Depressed personalities were screened out using the Beck’s Depression Inventory; the Multiple Affect Adjective Check List - Revised was used to measure mood change. Participants were assessed for total number of memories in each condition, mood congruence of one selected memory to that condition, and number of memories matching the mood condition. The conclusion of the study indicated that there was more memory recall in the three music treatment areas than in the no-music control group.

A dissertation by Marek (1993) explored the effects of mood on memory. Positive, negative, or neutral affect was induced in 135 participants using a musical mood induction. Immediately after listening to a tape the participants were asked to rate 21 trait words for likability. After a ten minute interval task, the participants heard another mood induction tape, and were asked to recall as many of the trait words as they could. The participants did not know they were being tested on their ability to recall the trait words. Listening to the music did produce a mood congruent
memory bias for positive, negative, and neutral trait words and did create global affective change in the participants.

The effects of music on mood and memory are further explored in an article written by Daghighi - Asli (1995), titled *Anxiety, Depression, and Mood Manipulations Predictors of Autobiographical Memory Recall*. This study’s purpose was to investigate the effects of relaxation on mood-states and different aspects of memory recall. College students participated for extra credit and were randomly assigned to the experimental group or the control group. Listening to 10 minutes of tranquil music was the relaxation technique used and was the only manipulated variable differentiating the experimental group from the control group. The control group waited for a ten minute period of time with no music before preceding with mood assessment. The participants’ moods were appraised using the Beck Depression Inventory, Beck Anxiety Inventory, and POMS-BI questionnaires. POMS-BI was used again after the ten minute wait or music tape to assess the effect of relaxation on six different mood states. The study found that the participants who listened to the ten minutes of music became less anxious. The results of the memory recall indicated a positive relationship between Confidence level rating and pleasantness rating of the autobiographical memory recall.

**Summary**

Psychological studies of music as a useful and valid way of understanding a variety of human behaviors are a product of this century. The studies presented in this chapter included both positive and negative aspects of music and its relationship to
human responses. Research by Johnson (1980), Krebs (1978), Lee (1995), and Ham-
mel-Gormley (1996), explored the use of music in therapeutic settings to produce de-
sired results. The research generated by Arnett (1991b) and Arnett (1991a), raise
question to whether adolescents who listen to heavy metal music are effected emotion-
ally by the music. The research by King (1988), suggests that chemically dependent
adolescents who listen to heavy metal music may be more likely to engage in a variety
of reckless activities.

The musical theory of Meyer acknowledges the existence of mood experi-
ences, imagery, and memories in music perception, which can also cause emotional
responses in humans. The section in this paper on memory and music deals specifically
with studies in which music is used as a catalyst for memory recall for a number of
different purposes. The research indicates that music can be used as a stimulus to gain
memories and a way to disclose feelings and experiences (Duncan, 1993; Martin,
1994; Marek, 1993; Daghighi-Asli, 1995).

Chemical dependency is addressed as a prelude to the segment on chemically
dependent adolescents, since they are the emphasis of this investigation. The section
on chemical dependency dwells mainly on the research of Ivan Pavlov and the theory
of classical conditioning as it relates to addiction. Research indicates that there are
many factors involved which influence the onset of chemical dependency in adoles-
cents (McMurren, 1994; Morrison et. al., 1995; Macdonald, 1987; McNeece &
DiNitto, 1994) and that a developmental sequence occurs within the adolescent with
problem behaviors (McMurren, 1994; Morrison et. al., 1995; Ed. Galanter, 1995).
Research on the relapse of chemically dependent adolescents is inadequate; the research that is available concludes that adolescents who are successful at abstaining from drugs and alcohol have better strategies for coping in high risk situations (Robinson, 1991; McNeece & DiNitto, 1994).

There are specific gender differences in the chemically dependent. Research cites physiological, psychological, social, and patterns of drug use as main topics for investigation. Studies by McNeece and DiNitto (1994), Straussner (1985), Schneider et. al. (1995), Pascale and Evans (1993), and Nelson-Zlupko et. al. (1995) support and discuss these specific gender differences.

We are just beginning to understand the emotional and physical responses of human beings to music. Research by King has questioned whether specific music has negative effects on chemically dependent adolescents, and his conclusions warrant some thought and discussion, especially in the light of the research that chemically dependent adolescents exhibit high rates of problem behaviors. These behaviors can be potentially harmful to the adolescents and to those around them. The purpose of this study was to determine whether music can elicit these behaviors and their responses automatically. This researcher thinks so. Pavlov’s theory of classical conditioning combined with the theory of musical memory recall as it relates to this study would conclude; specific music, being regularly paired with the use of alcohol and drugs, may elicit the desire to indulge in those substances when the music is heard at different times. The memories of those previous experiences return when the same music is heard.
Chemically dependent adolescents are characteristically risk seeking and anti-social; therefore, it makes sense that they would seek music that is perceived by authority figures as sensational and antisocial. Peer influence, rebelliousness, simplicity, raw power, and that desire to be different than their parents' generation all factor into the equation. Relapse prevention is about identifying potential risky situations and circumstances and having the coping strategies to deal with or avoid them. This researcher believes it is important to identify whether listening to memory provoking music can be a potentially high risk activity for chemically dependent adolescents and to discuss the implications of that hypothesis for their treatment and education.
CHAPTER III

METHODOLOGY

The purpose of this study was to determine whether or not chemically dependent female adolescents are influenced by the music they listen to and to what extent. The hypothesis was that listening to memory provoking music would evoke strong reactions in chemically dependent females. Through qualitative research methods the questions which guided the research problem were:

1. What were the participants' memories and feelings while listening to music they had previously listened to while using drugs and alcohol?

2. Does listening to the same music, at a later time, create a desire to behave in ways common to that person while under the influence of active chemical dependency?

This chapter contains information presented in this manner: (a) identification of the population and the sample, (b) the techniques for data collection, (c) overview of procedures, and (d) analysis of data.

Population and Sample

The population of this study consisted of seven adolescent females in treatment at the time of the study at Peninsula Village Psychiatric Facility located in Louisville, Tennessee. The seven participants were drawn from a population of twenty-five adolescent females who were in the reconstruction (long term) phase of treatment and who had graduated from the locked unit to the outside cabins. Patients having graduated from the locked unit signified that the adolescents had reached some degree of
stability and some dedication to getting better. Their diagnosis was typically conduct disordered or depression, and chemical dependency. Participants had some previous treatment and were considered to be “treatment resistant”. Additionally, the participants had been regarded as “out of control” by family, mental health professionals, or, often the court system prior to admission to the Village. Regardless of the specific diagnosis or problem, it was usually this out of control component that brought the adolescent to treatment.

The sampling of subjects from the chosen population were chosen for theoretical, not statistical, purposes. In qualitative research, the intent is to select a small purposive sample in order to acquire in-depth understanding (Gay, 1996). This type of selection requires that the researcher selects the sample of observations believed to yield the most comprehensive understanding of the subject of study, “based on the intuitive feel for the subject that comes from extended observation and reflection” (Babbie, 1995, p. 287). The females at Peninsula Village were selected because this researcher believes them to be a rich source of information on this particular study.

Techniques for Data Collection

Three methods were employed for this study to gain the information sought: (a) the questionnaire, (b) researcher observation, and (c) the personal interview techniques. The questionnaire was used to obtain the specific musical songs and groups the participants listened to while using drugs and alcohol. The questionnaire contained clear introductory instructions for completing the form (see Appendix A).
The form included open-ended questions that could be completed using one or two sentences and closed-ended questions.

After the questionnaire was completed by the participants of the study, the information was compiled, patterns established, and the musical songs were selected using data from the questionnaire. The interviews consisted of listening to memory provoking music (as prescribed by each individual in the questionnaire) with one song added that they had not listened to while using drugs or alcohol as a control. This control song was presented as the third song in each interview session. During the listening process, the researcher observed each participant for physical reactions to the music, and made note of body language and facial expressions. Then questions were asked of the participant by this researcher regarding their reactions to the music. A total of four songs per participant were used during each session and each session did not exceed two hours in length.

The personal interview method for data collection was chosen because it provides a unique opportunity for in-depth responses. The advantages of this technique include: (a) personalization of the study to the participant, (b) flexibility to clarify matters or repeat questions, (c) high response rates, (d) observing participants physical reaction to the interview questions, and (e) controlling the interview process (Babbie, 1995).

The interview was conducted with each participant individually using open ended questions (Appendix B). Each interview consisted of predetermined questions which were given in the same sequence for each participant with the control song as
third in the order. The use of open ended questions was adopted so that each particip-
and would feel free to respond with as much information as they chose to disclose.
Each participant was audio taped during the personal interview sessions.

**Overview of Procedures**

First, consent was obtained from the cooperating facility, the participant, and
their legal guardian for taking part in the study (Appendix C, D). One participant was
given the questionnaire first to check the instrument for accuracy and clarity. Changes
were made to the questionnaire from the participant’s comments and questions. The
changes made were the adding of one to three words on five of the questions to clarify
meaning. Then the pre-test questionnaire was administered by this researcher to the
six remaining participants at a time prearranged with the Director of the Girls’ Recon-
struction Program. The questionnaire was read aloud to the participants to facilitate
understanding because of varying cognitive abilities. The interview questions were
validated by first giving the testing to the initial participant. There were no corrections
made on this instrument. The same interview process was then used with the six re-
main ing participants. After the initial data were obtained and songs selected for the
testing, each of the participants was instructed to sit quietly and listen to a specific
song. They were then asked a series of five questions regarding their emotional and
physical response to the music played. All interviews were followed by a processing
session with a therapist for ethical purposes.

All interviews were tape recorded on location at Peninsula Village and were
destroyed upon completion of this study. Confidentiality was assured by the partici-
pants using pseudonyms for identification purposes. This pseudonym was the only means of identification on the tape recording and the interview transcripts. The transcribed interviews were shown to each participant along with a copy of the researcher’s summary analysis and each was asked to validate if their transcript and the researcher’s interpretation were correct.

Analysis of Data

The recorded interviews were fully transcribed by the researcher. No corrections were made to grammatical errors or to alter the style of speech. The function of the analysis was to identify themes or patterns that indicated how the participants reacted to memory laden music. Interview questions one and two addressed research question one presented earlier in this chapter, and interview questions three through five addressed research question two. Documentation from these interview questions would either support or deny the hypothesis statement.

The Peninsula Village Qualitative Research Group (Appendix E) was given the transcripts and the researchers conclusions and asked to validate the findings. The research group did validate the findings and made suggestions of additional themes. Added from the research groups’ recommendations were the themes of: (a) memories of death, suicide, and self harm, and (b) the broadening of the theme on guilt and remorse to include the intensity of the emotion felt.
CHAPTER IV

PRESENTATION AND DISCUSSION OF DATA AND FINDINGS

The purpose of this study was to determine whether chemically dependent adolescent females react cognitively and emotionally to the music they listen to and to what extent. In this chapter the findings from the analysis of the interview data are presented. The chapter begins with a description of the participants as a group followed by an introduction of each individual. In these descriptions, each participant is submitted using their chosen pseudonym and general characteristics are given. The purpose of these descriptions is to personalize the participants and allow the reader a basis for interpretation.

This chapter is organized by research question with data presented from the interviews to support or deny the purpose of the study. Themes that were developed through analysis of the data are presented in this chapter and the findings are discussed. Representative quotes from the participants are presented to support the themes.

Participant Description

The participants of this study included seven adolescent females in long term residential treatment at Peninsula Village Psychiatric Facility. Each participant had been in treatment through the Winter and Spring of 1997. Peninsula Village has a highly structured daily schedule. Patients have very little free time or flexibility in the participation of individual activities. The young person is placed in a clan of 10 to 12
adolescent females and everything is accomplished through the group process. There are no opportunities for the patients to listen to music other than directly supervised by adult staff members. This information is important to understand the depth of the responses received from the testing using their music as part of the instrument.

The participants disclosed liking a broad range of musical styles which included classic rock, metal, techno, rap, grunge, alternative, punk, industrial, new age, and country. The specific artists and bands that the participants preferred to listen to while using drugs and alcohol are listed in entirety in Appendix F. A sample of those they chose as their favorites were: Led Zeppelin, Grateful Dead, Pantera, Steve Miller, Pink Floyd, Janis Joplin, Cure, Nine Inch Nails, Tori Amos, Hole, 311, Phish, Smashing Pumpkins, Nirvana, Eric Clapton, and many more. The specific songs played during each interview session are listed in the order of presentation in Appendix G.

The participants’ reasoning for being attracted to these particular artists ranged from “it helped me to feel relaxed” to “I could connect with the music and zone off with it into my own world.” The complete listing of why participants were attracted to the music are reported in Appendix H.

Angie

Angie is a seventeen year old female who had been in treatment at Peninsula Village for ten months at the time of this interview. She stated actively using drugs and alcohol for approximately five years. Her drug of choice was pills and pot, but she stated “I don’t recollect saying no to anything.”
Angie reported always listening to music while she participated in using mood altering substances. Her favorite bands included Megadeath, Slayer, Pink Floyd, Pantera, Led Zeppelin, and Charlie Daniel’s. The specific songs she listened to were listed as: Can’t Speak, Comfortably Numb, I Alone, Fly to the Angels, Knockin’ on Heavens Door, I’m Tired of Being Alive, Cowboys from Hell, and Stairway to Heaven.

Angie is diagnosed with alcohol, cannabis, anxiolytic, and opioid dependence, as well as amphetamine, hallucinogen, and inhalant abuse. She is also diagnosed with oppositional defiant disorder and depressive disorder Nos. She talked about being very impulsive with violent behavior during the interview process but appeared to have a desire to communicate clearly and effectively.

**Blair**

Blair is a fourteen year old who has been in long term residential treatment for approximately four and a half months. She has actively used drugs and alcohol for the past two years. Her drug of choice was cocaine. She stated always listening to music while using mood altering substances. Her favorite bands or artists included Janis Joplin, Pink Floyd, Bjork, Hole, and Led Zeppelin. The specific songs that she listened to were reported as Me and Bobby McGhee, Whole Lotta Love or anything off Led Zeppelin II, Enjoy, and Lunatic Time.

Blair is diagnosed with polysubstance dependence, depressive disorder Nos., and oppositional defiant disorder. She seemed to be confused and overly dramatic about the details of her life. At one point during the interview process Blair was pressing her fingernails into her skin to the point where it left marks.
Music and Chemical Dependency

Courtney

Courtney is a seventeen year old female who has been in treatment at the time of this interview for approximately six months. She reported actively using mood altering substances for the past five years. She stated always listening to music while using drugs and alcohol. Her drugs of choice were cocaine, crack, and acid. Courtney stated that through music she felt numb and at peace with herself for periods of time. Her favorite bands included Grateful Dead, Janis Joplin, Pink Floyd, Allman Brothers, Tu Pac, Widespread Panic, and Phish. The specific songs she listened to while using drugs and alcohol were Sugar Magnolia, Casey Jones, Me and Bobby McGhee, Joker, Division Bell, Comfortably Numb, I Want to get High, Hits from the Bong, Purple Haze, Love Me Two Times, and Hello I love You.

Courtney is diagnosed with cocaine and polysubstance dependence, as well as depressive disorder Nos. and oppositional defiant disorder. She seemed to be effected severely by the music during the interview process, ranging from laughing to crying within an hour time period. Courtney also appeared to be in some distress about her lack of desire for sobriety.

Crystal

Crystal is a fifteen year old adolescent who has been in treatment at Peninsula Village for nine months at the time of this interview. She was actively using drugs and alcohol for six months prior to admission to treatment. Her drugs of choice were Zanax, and Somas. She stated sometimes listening to music while using mood altering substances. Her favorite bands included Sonic Youth, Nirvana, and Smashing Pump-
kins. The specific songs that Crystal liked to listen to while using drugs and alcohol were Son of a Gun, Jesus Doesn’t Want Me for a Sunbeam, My Girl, Polly, Rape Me, On a Plain, Bleach, Siamese Dreams, Rocket, and anything from The Crow Soundtrack.

Crystal is diagnosed with alcohol and cannabis dependence, major depression recurrent severe, and oppositional defiant disorder. She was openly hostile through the interview process, at one point wanting to hit the researcher.

Elizabeth

Elizabeth is a sixteen year old female who acted as the original participant to validate the questionnaire and interview questions. She has been in long term residential treatment for eleven months at the time of this study. She actively used drugs and alcohol for five years and her drug of choice was acid. She stated that she frequently listened to music while using mood altering substances. Her favorite bands or artists included Nirvana, Chemical Brothers, MOBY, and Eric Clapton. The specific songs that she listened to were reported as Rape Me, Cocaine, Come as You Are, My Girl, Tears in Heaven, Wonderful Tonight, and anything from MOBY.

Elizabeth is diagnosed with inhalant, cannabis, and alcohol dependence; major depression recurrent severe and oppositional defiant disorder. She has multiple failed treatments and multiple suicide attempts. She was sad and thoughtful throughout the interview process.
Mary

Mary is sixteen years old and has been in treatment at Peninsula Village for a period of eleven months at the time of the interview session. She stated her drug of choice was "marijuana all the way" and has actively used drugs and alcohol for three years. She is diagnosed with cannabis and alcohol abuse, bipolar disorder, and conduct disorder adolescent onset.

Mary reported always listening to music when using mood altering chemicals. Her favorite bands included Jane's Addiction, Cure, Ramones, Doors, Pink Floyd, Nirvana, and Lemonheads. The specific songs that she liked to listen to while using drugs and alcohol were Three Days, Open, Just Like Heaven, Take Warning, Healthy Body Sick Mind, Frances Farmer Will Have Her Revenge on Seattle, Prison Sex, Blood Stairs, Police Truck, and Love Her Madly. During the interview process, she seemed to get excited from the music. She was unable to think clearly or recognize that she was making contradicting statements.

Melissa

Melissa is a seventeen year old female who has been in long term treatment for four months. She has actively used mood altering substances since the age of twelve. Her drugs of choice were crack and heroin. Melissa stated always listening to music while using drugs and alcohol and "if music wasn't playing then something was missing." Her favorite bands or artists included Tori Amos, Lords of Acid, Master P, Pink Floyd, Outcast, and Enigma. The specific songs that Melissa liked to listen to while
using drugs and alcohol were Bout it Bout it, Oh Shit, Comfortably Numb, Sadness, Little Earthquakes, Hey You, Jazzy Belle, Southern Star, and College Park.

Melissa is diagnosed with polysubstance dependence, depressive disorder Nos., and conduct disorder adolescent onset. She became increasingly agitated during the interview process. Melissa seemed to get lost in the music to the point where she was no longer aware of her own behavior.

Findings

In the following sections of this chapter the perceptions of the participants experience of the music is described and discussed. The research questions are discussed through a thematic analysis of the data. The questions that guided the research problem were:

1. What were the participants’ memories and feelings while listening to music they previously listened to while using drugs and alcohol?
2. Does listening to the same music, at a later time, create a desire to behave in ways common to that person while under the influence of active chemical dependency?

The analysis of the data revealed eight themes that described the participants experience of the music. They were:

1. A significant amount of the memories that emerged were about using mood altering substances.
2. There was a strong current of intense emotion throughout the interview sessions. The participants had strong negative feelings emerge after listening to the songs
they had identified as “using songs”. Some of these included guilt, remorse, power, depression and euphoria.

3. The participants revealed memories about death, suicide, and self harm.

4. Memories of participants’ sexual experiences or encounters emerged from listening to the music.

5. The participants used the music to escape or to withdraw from reality, family, problems, or feelings.

6. The participants wanted to use mood altering substances after hearing music associated with their own drug use.

7. The participants wanted to act on violent impulses after listening to specific songs from their drug use.

8. During the song that was not a part of their own drug history several themes emerged: (a) there was a decrease in the intensity of emotional reaction, (b) there was a decrease in the stimulation of memory, and (c) there was a decrease in the severity of physical reactions.

Sample statements from the interviews will be given to substantiate these themes as the findings are discussed and described in detail.

**Memories About Using Mood Altering Substances**

During the interview process the participants were asked the question: what were the specific memories you had while listening to the song? The answers to the question were extremely varied and interesting. One common thread was that the music almost always brought back memories of the participants’ drug use. A total of
twenty eight songs were played in the interview process (including seven control songs) and the participants had memories about using during nineteen of those songs.

Angie stated after listening to the song The Badge by Pantera:

...sitting in the living room with some of my friends listening to music so loud you couldn’t talk and smoking marijuana, cigarettes, and drinking whiskey. I just felt like I faded into another world. I was just sitting there smoking pot, a lot of pot.

Blair recounted:

Sitting in the corner of my room that had shattered glass in the floor and chain smoke, chain smoke, and chain smoke. I got high so many times to that song. There was this mirror that was half shattered cause I kicked it and I would look in the mirror and my eyes would be bloodshot. There are just so many things I did to this song [Enjoy by Bjork].

Courtney listened to Me and Bobby McGhee by Janis Joplin and stated: “I had this girlfriend I was with all the time. There was a river park by my house and we’d always take this tape and sit on the dock. We’d get high and listen to the tape. Smoke pot.” When Courtney was asked about memories from listening to the song Comfortably Numb by Pink Floyd, she said: “Sure that was my using song, the song I lived by.” She continued: “I remember going to his concert and during that song I remember how messed up I was. My ex-boyfriend…. we shot heroin to that song. That came up. I remember doing that.”

Courtney remembered being at a Grateful Dead concert after listening to the song Sugar Magnolia. She stated:

That song was playing and I started going into a bad trip. I didn’t know what to do. The girl I was with left and I was by myself next to this man and like, I was freaking out. He was patting my head saying it’s O.K., it’s O.K.. I freaked out and ran up the stairs and I fell. I was really messed up. I had taken 13 hits of acid and was real like, I don’t know how to explain the feeling but it was like, beyond para-
noid. I was loosing my mind, running around. I found a bathroom and I sat in the
bathroom stall for the rest of the show, throwing up blood. That comes up.
(Courtney)

Elizabeth listened to the song Voodoo Child by MOBY and remembered:

I was tripping acid, this was just before I got clean and I was at a park with some
friends, we were going through the parking lot and somewhere off in the distance
there were a group of people practicing something, I don’t know if it was Voodoo,
but there was a lot of screaming and yelling and I know I got really freaked out by
it and I assumed it was about Voodoo. Just the things that they were screaming
reminded me of that....

Melissa stated after listening to Comfortably Numb by Pink Floyd: “The next
memory I had was when I ran away from home. I stole my parents car and went over
to this guy’s house who was having a party and I tried heroin.”

Mary talked about the song Burn by The Cure bringing up memories of “lying
in my bed at night. I used to smoke a lot of dope in my room, alone. I have a bunch
of star stickers over my bed. I would lay there and look at them.” She also stated:

It reminded me of a period of my life, when The Crow [movie] came out. Once,
me and my best friend, who is a guy my age, took a bunch of cold pills and went to
see that movie. We fell asleep in the theater, I remember that. (Mary)

Participants Felt Intense Emotion

The range of emotions experienced during the interview session by the partici-
pants was varied and substantial. Angie expressed intense emotion throughout the in-
terview session. She stated her feelings as “tense, hating life, sad, hopeless, calm,
dreamy, sneaky, and comforted.” Those emotions took place within a one hour period
and occur directly because she heard four songs. During the song Stairway to Heaven
by Led Zeppelin, Angie stated: “I felt really independent and really powerful, not
physically, but hidden. Powers that I possess that no one knows about that I can use to my advantage... sneaky almost.”

Blair went from feeling trapped, to sad, to angry while listening to the song Enjoy by Bjork. During the song Crucify Me by Tori Amos she reported feeling “real sad” and talked about how she “had this sleepy feeling”. During Led Zeppelin she said she “felt that dead empty feeling.” This researcher believes she was talking about her depression. When Courtney described her feelings and emotional reaction to hearing the song Comfortably Numb by Pink Floyd she used all these words, “anger, lonely, sad, and empty.” She said: “I wanted to cry. I still want to cry. It’s coming from, I don’t know, it really upsets me. Partly because I get really pissed off. Partly I get really sad. It’s the same longing stuff, I wish I could still be there.”

Crystal spoke of feeling “frantic inside like I shouldn’t be listening to this,” and “that scared feeling” occurring while listening to the song Dead Souls by Nine Inch Nails. She talked about “my stomach started hurting and nausea” as physical reactions to hearing the song. At the end of the song she summed up what the song meant to her as “just depressed and hurt.” Mary stated feeling “intense” after listening to Burn by The Cure. She goes on to say she felt “really good inside” and then sums up her experience of the song as “being alone and being content. Desperation really.” Mary experienced a wide range of emotions during each of the four songs she listened to. During the song Frances Farmer by Nirvana she felt “excited,” “hyper,” “angry,” “happy,” and “sad.”
Melissa seemed to experience more remorse over her actions and behaviors while under the influence of alcohol and drugs than most of the other participants.

Bout It Bout It by Master P, was an emotionally moving song for Melissa. During this song she talked about being a part of the drug culture and some of the consequences of that lifestyle. She stated:

I cheapened myself with his best friend. He just got back from long term treatment. He started using again. I started hanging around him a whole lot. That’s how I got back at this guy, through his best friend. Really sick. I degraded myself, I devalued myself to get his attention. (Melissa)

After hearing the song Comfortably Numb by Pink Floyd, Melissa stated:

My ex-boyfriend had a heavy heroin addiction and our little group, I asked them what heroin was like and they said it felt like you are in God’s hands. I remember the first time I did it. I did it between my toes so I wouldn’t have any tracks. Then the guy that I ran away with, we broke into someone’s house and we stole clothes and jewelry and stuff I could pawn, like the TV set. Just so I could get a hotel room.

When she was asked about her specific feelings after listening to this song she said she felt “really disgusted with myself. I felt isolated. I felt tense and anxious.”

Memories of Death, Suicide, and Self Harm

Elizabeth had several memories of death and suicide from listening to the song Tears in Heaven by Eric Clapton. She remembered:

When I was smoking a lot of pot, I would listen to this song and be real upset. There was this one summer that was like a death summer, a guy I had known got caught under one of our dams we used to dive on. The water sucked him under and he died. He was drunk. And then one of my older brothers friends committed suicide on a train trestle. He jumped off and hung himself, then when the train came by, it cut the rope, and he fell on the rocks. Then this little boy that I baby-sat at the pool for a while, he got in a fight with his mother. And he’d been in the boy scouts. And he decided, in order to punish his mother and to really give her a scare, by hanging himself off his bunk bed. She got really scared and broke down
his door. They took him to the hospital, but they had to pull the plug on him because he had so much brain damage and didn’t come out of his comma. It just reminded me of a lot of deaths. About a week before that, I had tried to kill myself. When the song says ‘and I know I don’t belong here in heaven’ it reminded me of how a lot of times I would get angry at God, saying ‘Why did you let them go but not let me go…’. (Elizabeth)

Blair recalled incidents when she had been harmful to herself. During the song Enjoy by Bjork she remembered: “there was this time that I was sitting in the corner holding a piece of glass. I was really high on acid. It was one of the times I cut my inner thigh, I was listening to that song.” Also after listening to the same song she recalled:

I was into WICCA when I was at home. When I first started getting into things negative, I have three girl friends who loved Bjork, and we’d listen together. I’m feeling so much stuff right now I’m getting really overwhelmed. We use to do some of the craziest shit. We were sitting in a circle out in this field. Two of the girls had drums and there was a billion candles. There was this big one that was blue that had three wicks, it smelled like some kind of spice. There were three big white candles around it. We were sitting there and oh God, we had this razor blade except it was a whole lot longer with a handle. Like when I used a lot of cocaine I’d carry this blade around with me to cut up lines. We took the blade and cut ourselves and mixed our blood together and took this real nasty glitter stuff that was like powder. You like take it and put it on one hand, it depends on what color hair your grandmother had, mix food coloring in with it and put it over the cuts. We were all wearing black shirts and we put them back on. (Blair)

Courtney described using the music to handle the death of a friend. After listening to Comfortably Numb by Pink Floyd she stated:

When one of my friends died, I listened to that song for three days straight. It was something I did to intensify my mood, whichever mood I was in. When I was angry, I listened to angry music, when I was sad I listened to that kind of music. Destroying myself inside even more. I would hurt myself even more. (Courtney)
Music and Chemical Dependency

Memories About Sexual Experiences

The participants memories included many things but one of the areas which stood out to this researcher was the details of significant sexual experiences and how the specific songs brought those memories to light. Courtney remembered “I had my first bisexual experience to that song [Sugar Magnolia] with the girl I was with at that concert.”

Crystal’s specific memories while listening to Dead Souls by Nine Inch Nails were:

Memories of having sex with my boyfriend and being there but not really being there and I just remember the music. I was in the music, I could hear it and that’s all I could concentrate on and I could feel. Two memories came up about having sex. One time with my boyfriend and another time with this boy I didn’t know very well.

Crystal also talked about that she “honestly got turned on” by the song Rocket by Smashing Pumpkins.

Melissa had several memories that came up about sexual experiences. The song Comfortably Numb “made me think of all the people I’ve slept with, unprotected.” During the Master P song Bout It, Bout It, she stated:

A scary feeling just came up cause I remember having a shotgun pointed at my head. Reminds me of my best friend and me at a hotel and I was sleeping with this guy who’s girlfriend was pregnant and she was mean. I was terrified of her… (Melissa)

She also talked about another time when:

I slept with this guy and he told me that he thought I was so beautiful and I had a great personality. He said he never said that to a girl before and I feel stupid because I believed him. Well, actually I didn’t believe him. I didn’t care, yes I did care. I convinced myself that he was telling the truth and slept with him in a hotel with a bunch of other people in the room. They were knocking on the door, and then after that I got grounded for a month. (Melissa)
**Participants Used the Music as a Means of Escape or to Withdraw**

This theme permeated throughout most of the interview sessions. There seemed to be a great desire to escape or to withdraw from reality, family, problems, or feelings and to use the music as an outlet for this. Angie talked about a memory that came up while listening to Stairway to Heaven by Led Zeppelin. She stated:

"Driving down a long country road in the spring and summer, drinking with the music really loud. When it was really loud it was like I was an independent person, but when the music got turned off I was just an ex-boyfriend’s possession cause I could hear him. It’s like if I can’t hear you then your not really there. It’s like an escape. I think that’s where the feeling of being powerful comes in. If it’s a long song like this one, then I don’t have to hear you for a long time." (Angie)

She continued with another memory: “well a lot of drinking memories about this song. Listening to it, drinking, at my house, by myself. All alone drinking, with my eyes closed. Feeling like I could just fly away” (Angie).

When Melissa heard the song Little Earthquakes by Tori Amos she stated: “wanting to be back on my swing and withdraw.” She talked about wanting to turn the music back on “cause when I listen to music… I could focus entirely on the music and not what’s going on with me.” Crystal “just wanted to go back. Like my wardrobe was right in front of me and I could change clothes and be back to where I was and just listen to the music. Be back in my house.” These were her statements after listening to Rocket by Smashing Pumpkins.

Mary described her experience during Love Her Madly by the Doors stating:

"I basically forgot where I was and want to go back there to where I was carefree, before I really got in trouble. I thought I had everything under control. Sometimes I think that would be good to go back to."
During the song Frances Farmer by Nirvana she said: “I Didn’t want to be in this environment at all. I wanted to get up and jump around and not be here at all” (Mary).

Courtney talked about just wanting to “live with the music,” after listening to Janis Joplin sing Me and Bobby McGhee. She stated:

It still feels like I can do that even though I’m not high. That’s pretty weird cause I thought that it was cause I was messed up that I could listen to music like that, so it was different. After the song was over it took me a while to get back, I had drifted off. My eyes got real thick. (Courtney)

While listening to Sugar Magnolia by the Grateful Dead Courtney stated:

It was like my whole body went numb like I was high. It is real weird, like tingly, just complete euphoria, like you can just sit back and smile like everything’s great. Like wow… I still feel it. I’m not completely back yet.

**Participants Wanted to Use Mood Altering Substances**

The theme was encountered in the interviews that participants wanted to use mood altering substances after listening to music that they listened to during their own use. The responses where powerful and specific in their cravings or desire to use again. During the song Comfortably Numb by Pink Floyd, Melissa stated:

I wanted to use. It made me think of old friends. This was our favorite song and it made me think of heroin and it made me think of my drug use and the way I could connect with people was through the drugs. (Melissa)

When Angie was asked if she wanted to act on any specific behaviors after listening to the same song she stated: “Yeah, shooting dope.”

Crystal said after listening to Dead Souls by Nine Inch Nails: “I wanted to use. I didn’t want to get myself into the same situations where I was only half there,
not really vulnerable but I wanted to use, to smoke pot.” After listening to Sugar Magnolia by the Grateful Dead, Courtney stated:

It doesn’t seem right to listen to that and not be getting high. Cutting out lines, in the beat of the music. Rolling joints to the beat of the music. I wanted to use so much I actually felt like I was.

Blair listened to Whole Lotta Love by Led Zeppelin and was asked the question: Do you want to act on any specific behaviors after hearing this song? Her reply: “Yeah, I would really like to use some drugs right now.” The researcher asked “What drugs?” and Blair stated: “That group and Bjork was the main groups I used cocaine with. I was listening to Led Zeppelin the first time I ever smoked crack. I’m having compulsions right now, I really want to use.” Elizabeth stated after hearing the song Tears in Heaven by Eric Clapton:

Wanting to use more than anything just to not think about it. That was my immediate reaction cause whenever I listened to it I was already wasted and it was a change listening to it not wasted letting those memories come back...

Elizabeth’s memories during that song were very powerful memories about death and her own suicide attempts.

**Participants Wanted to Act on Violent Impulses**

This was the theme that I found most disturbing, probably because this researcher was the target of some of the violent impulses. Crystal had a violent reaction to hearing the song Rape Me by Nirvana. She disclosed:

Well I was angry and I wanted to yell at you ‘how dare you disrespect him’ and so my eye lids where twitching cause I was wanting to look at you and say ‘You shouldn’t be doing this you stupid blah, blah, blah…’ I felt real tense during the whole thing and I was crying just because of the memories and hurt. (Crystal)
When asked if she wanted to act on any specific behaviors after listening to this song she said: “yeah, because I wanted to get up and have compulsive behavior and physically hit you because you’re not suppose to be doing this. Throw your radio around and just scream ‘this is wrong’.” Mary’s initial reaction to hearing the song Frances Farmer by Nirvana was “I felt angry, not angry really more like let’s go kick someone’s ass.”

Blair actually acted on her impulses. During the song Enjoy by Bjork, she stated:

First I had chills go up my back and I could really feel it. Then my eyes watered up and I started crying. Something I notice that I do, ... I was like pinching at my fingers, clawing at myself. Look, I have fingernail marks in my skin from doing that. That doesn’t make sense to me. (Blair)

Angie was the most effected by her desire to act violently. During the song Badge by Pantera this theme kept reoccurring. When asked if she wanted to act on any specific behaviors while listening to this song she stated: “Yeah, you want me to tell you the specific behaviors? Hitting people that I’m angry with. ... also being very vulgar mouthed with my Mom. Saying I hate you, bitch, and walking out.” This researcher asked her about having anymore behaviors and she said: “Just a lot of giving the world the finger kinda behaviors. Like shaving my head or piercing my body in weird places, cutting, stuff like that. ...on myself.” When Angie was asked about her emotional reaction to hearing this song she stated:

The instant I heard it, like the very first minute I heard the song, I felt rage, a lot of feelings of wanting to ragefully act out. ... not for any specific reason just because I wanted too. That’s just how I reacted to that kinda thing. It made me feel and then I acted on it.
Angie talked about “wanting to, like do anything, not necessarily punch something but do something to cause blood to come. And like hurt other people for hurting me…” This statement was made after the song Comfortably Numb by Pink Floyd was played for her.

**Control Song**

The design of this research project included the use of a control song. It was included to allow the researcher to determine if the reactions that were stimulated by the music were because the participants had used drugs and alcohol to them, or was a byproduct of the music alone. From the song that was not a part of their own drug history, several themes emerged: (a) there was a decrease in the intensity of emotional reaction, (b) there was a decrease in the stimulation of memories about using mood altering substances, and (c) there was a decrease in the severity of physical reactions. There were still memories that come up during the control songs and there was emotion involved, however, the intensity was diminished from the previous songs. There was one participant who wanted to use after listening to her control song. Most of the participants physical reactions reported from the control songs were less tense than other songs. Examples of the comments were: “I started breathing,” “I was able to relax,” and “I wanted to dance…be goofy, have fun, kinda joke around, dance.” The amount of using memories decreased with two participants recounting experiences from their drug use.
One of the problems encountered with the control song was that the researcher had no way of knowing if indeed there was no history between the song and the participant. Blair actually knew all the words to her control song, Crucify Me by Tori Amos, and sang along during the interview. The song did not bring up any intense reactions but a memory of a peer in treatment with Blair and a longing to see her.

Mary was so engrossed in figuring out what her control song was and who was singing it that she stated: “I didn’t breathe very much, I guess because I was trying to rack my brain to remember who it was.” The song Gone by The Black Crowes brought up strong emotion in Mary, during the song she was “confused” and “excited.”

Crystal talked about having memories of her father listening to R.E.M. and stated that “maybe I could listen to that (Star 69 by R.E.M.) when I leave here.” She said her specific feelings about the song were:

I felt more relaxed. I think it’s R.E.M. I never used to them. I felt more safe with myself cause I could trust that nothing was going to come up about it. Just kinda like, well it might not be healthy relief, but I thought just thank God it wasn’t another Nirvana. (Crystal)

After listening to Aqualung by Jethro Tull, Courtney stated:

That’s amazing how much different I feel in just ten minutes after listening to one song. I don’t feel so pissed off any more. I don’t feel like crying. That’s just weird, I never noticed it made so much impact.

When she was asked if she wanted to act on any behaviors after listening to the song she stated: “no, it wasn’t like the other. No impulses like.” When Courtney was asked to describe what the song meant to her, she said: “calming chaos.” Courtney
believes that this song helped calm her down from the previous song which brought up some intense emotion and memories for her.

Melissa wanted to use after listening to her control song, I Shall Believe by Sheryl Crow. She talked about sitting on her swing in the backyard at her parents' house. "It still reminded me of drugs. I wanted to drink wine and take pain killers, smoke cigarettes outside with my parents not home."

Further Discussion of Findings

This researcher feels very strongly about the duty or obligation of the educator or clinician to explore this area with the chemically dependent adolescent. Anything that can evoke the kind of reactions described in this paper must be discussed. The chemically dependent adolescent is at high risk for relapse and any intervention that will help identify potential triggers should be utilized.

This research proved to be a powerful tool for healing in the treatment milieu. The participants of this study spent much energy processing, exploring, and developing ideas, memories, emotions, and reactions that were born from the music and interview sessions. Do not however, misunderstand this researcher's passion. It is not about banning the music or even making young people give up the music they love. The passion is about educating the adolescent so that they can make intelligent healthy decisions based on their own needs and recovery. The adolescent has then taken back their power to choose and begins to take responsibility for their recovery. Therefore, this researcher strongly urges that music be used as a treatment intervention and that
adolescents be educated about the reactions and memories their “using music” can evoke.

**Summary**

In this chapter the researcher attempts to weave a picture of the participants and their experience of the music. The themes that emerged from the data analysis were presented and discussed. The study concluded that listening to memory provoking music will evoke strong reactions in chemically dependent adolescent females. The research questions were answered through this presentation of thematic analysis using quotations from the participant interview sessions. The research questions that guided the research problem were:

1. What were the participants’ memories and feelings while listening to music they had previously listened to while using drugs and alcohol?
2. Does listening to the same music, at a later time, create a desire to behave in ways common to that person while under the influence of active chemical dependency?

Question number one was answered by the presentation of the following themes.

1. A significant amount of the memories that emerged were about using mood altering substances.
2. There was a strong current of intense emotion throughout the interview sessions. The participants had strong negative feelings emerge after listening to the songs they had identified as “using songs”. Some of these included guilt, remorse, power, depression and euphoria.
3. The participants revealed memories about death, suicide, and self harm.

4. Memories emerged from listening to the music about the participants sexual experiences or encounters.

   Research question number two was answered by the presentation of the following themes.

1. The participants used the music to escape or to withdraw from reality, family, problems, or feelings.

2. The participants wanted to use mood altering substances after hearing music associated with their own drug use.

3. The participants wanted to act on violent impulses after listening to specific songs from their drug use.

4. During the song that was not a part of their own drug history several themes emerged: (a) there was a decrease in the intensity of emotional reaction, (b) there was a decrease in the stimulation of memory, and (c) there was a decrease in the severity of physical reactions.
CHAPTER V

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

The primary problem of this study was to investigate the emotional and cognitive relationship between music and the perceptions of chemically dependent adolescent females. The purpose was to determine whether listening to memory-provoking music would trigger adolescent females to desire or crave mood altering substances. The hypothesis was that listening to memory provoking music will evoke strong reactions in chemically dependent adolescent females. This project attempted to explore emotional and cognitive reactions to memory-provoking music that might impair a young person’s recovery from chemical dependency.

The adolescent females from the reconstructive program of Peninsula Village Psychiatric Facility were selected as the population for this study. This group consisted of a total of seven females in treatment during the winter and spring of 1997. The participants were given a questionnaire regarding the music they listened to while using mood altering substances. Musical selections were made for each individual participant from the responses on the questionnaire and an interview session was designed. The interview consisted of listening to a specific song followed by a series of open ended questions. This process was repeated for a total of four songs per adolescent. Each participant was interviewed by this researcher in a tape recorded session that lasted an average of one hour and thirty minutes. The tape recordings were transcribed and analyzed inductively for thematic purposes. The qualitative research
group reviewed the transcripts and the researcher’s themes for validation and two suggestions were made.

Summary of Findings

The analysis of the data revealed eight themes that described the participants experience of the music.

1. A significant amount of the memories that emerged were about using mood altering substances.

2. There was a strong current of intense emotion throughout the interview sessions. The participants had strong negative feelings emerge after listening to the songs they had identified as “using songs”. Some of these included: guilt, remorse, power, depression and euphoria.

3. The participants revealed memories about death, suicide, and self harm.

4. Memories of participants sexual experiences or encounters emerged from listening to the music.

5. The participants used the music to escape or to withdraw from reality, family, problems, or feelings.

6. The participants wanted to use mood altering substances after hearing music associated with their own drug use.

7. The participants wanted to act on violent impulses after listening to specific songs from their drug use.

8. During the song that was not a part of their own drug history several themes emerged: (a) there was a decrease in the intensity of emotional reaction, (b) there...
was a decrease in the stimulation of memory, and (c) there was a decrease in the severity of physical reactions.

Conclusions

The following conclusions were drawn as a result of this study.

1. Chemically dependent adolescent females react emotionally and cognitively to the music they listen to while using drugs and alcohol.

2. Listening to the same music does create a desire to behave in ways common to that person while under the influence of active chemical dependency. The participants wanted to use mood altering substances, act on violent impulses, and escape or to withdraw from reality, family, problems, or feelings.

3. Listening to memory provoking music will evoke strong reactions from chemically dependent adolescent females. There was a strong current of intense emotion and feelings emerged of guilt, remorse, power, depression, and euphoria.

4. Listening to music to which this population used mood altering substances brought back memories of actual drug use. It also stimulated memories of death, suicide, self harm, and sexual experiences or encounters.

5. When the participants listened to music that was not a part of their own drug history there was a decrease in the intensity of the emotional reaction, the intensity of the physical reaction, and the stimulation of using memories.

Recommendations

The following recommendations are made for future research based on the findings of this project and resulting conclusions.
1. A study on the emotional and cognitive reactions of male chemically dependent adolescents to memory provoking music would be appropriate. It would be interesting and beneficial to see the differences between the male and female populations.

2. The research could be broadened and replicated with adolescents in a community setting to contrast the reactions between “normal” teenagers and a more disturbed population.

3. Continued research be conducted with chemically dependent adolescents to add to the body of literature and to add to the knowledge base regarding that population.

4. Concentrate research on females who are chemically dependent to add to the body of literature and to continue to gain insight into gender differences.

The findings of this study and resulting conclusions form the basis of the following recommendations for application.

1. Adolescent treatment facilities educate the patient population regarding the potential emotional and cognitive reactions possible from listening to music that they used mood altering substances to.

2. Clinical personnel provide guidance that will help chemically dependent adolescents identify potential triggers that could sabotage their recovery.
REFERENCES
REFERENCES


APPENDIX A
QUESTIONNAIRE

Read First: Your responses to the questions will be treated as confidential and will not be associated with your name. Please make up an appropriate pseudonym (false name) to use for this questionnaire and remember it for later use.

1. List your chosen name.

2. How long have you been in treatment at Peninsula Village (approximately)?

3. Are you chemically dependent? Yes or No

4. How long did you actively use drugs and/or alcohol?

5. What was your drugs of choice (the last one)?

6. Did you ever listen to music under the influence of drugs or alcohol?

   Never ----- rarely ----- sometimes ----- frequently ----- always

If you answered rarely, sometimes, frequently, or always for question #6 please continue with the rest of the questionnaire.

List as many as you can remember:

(a). What kind (broad description) of music did you listen to?

(b). What was your favorite kind or type of music to listen to while using drugs and alcohol?

(c). List any specific musical group or artist that you listened to the most while using drugs and/or alcohol?

(d). List at least 3 specific songs you listened to while using drugs & alcohol?

(e). What attracted you to this music, group, artist, or song?
APPENDIX B
INTERVIEW QUESTIONS

Your responses to the questions will be treated as confidential and will not be associated with your name. Please use your pseudonym (false name) for this interview that you used on your questionnaire. You are to sit quietly while the songs are played. Then immediately following each specific song, I will ask you a series of questions about your experience of the music. Please answer to the best of your ability.

1. What were your specific feelings while listening to this song?

2. Did you have any specific memories while listening to this music? If so, what were they?

3. What was your physical reaction to hearing the music?

4. Did you want to act on any specific behaviors after listening to this song? If so, what were the behaviors?

5. What was your emotional reaction to hearing the music?

6. Think for a minute.... If you could describe what that music meant to you in one or two words, what would they be?

I am going to be interviewing some of your peers. I ask you to not discuss this interview with your peers until our processing group at the end of this project. I want your peers answers to be spontaneous and I don’t want your peers to think about the questions in advance. I would appreciate your cooperation. You are encouraged to talk about this experience with your staff.
PARTICIPANT INFORMATION SHEET

Dear Village Patient:

I am currently working on a Master's degree at the University of Tennessee. As a part of that degree program I am writing a Thesis in the area of Therapeutic Recreation. With the permission and cooperation of Peninsula Village I will be conducting research this Spring Semester 1997. The purpose of the research is to determine whether listening to memory-provoking music can influence your behavior. I would like to invite you to participate in this research. Participation in this project is completely voluntary and you can withdraw at any time without penalty.

The project starts with filling out a questionnaire which will take approximately 20 minutes. Then you may be asked to participate in a conversational interview that includes listening to music. The interview session will be conducted by myself and will last no more than two hours. The interview will be audio taped. In order to ensure that the interview be kept confidential in the written research paper, you would be asked to use a pseudonym (false name) throughout the interview. The contents of the interview will be shared with members of your treatment team and a research team. The tapes will be destroyed immediately after they are transcribed. If the research project were to be published, there would be no data included that could identify you or any other participant. The only people who will have access to your real name are the professional staff of Peninsula Village and myself. Dr. Mary Dale Blanton, who is my advisor in this research project, will be included in discussions regarding the content of all interviews.
Participation in this study does not involve any anticipated physical risk, however, the study does have the potential to cause emotional unease. Each interview will be followed by an opportunity for you to express feelings and deal with any issues or memories that come up. You, the participant, are under no obligation to answer the questions or complete the interview. You may withdraw from participation at any time.

If you agree to participate in this study I will need for you to sign the consent statement below. Your parents have already agreed to your participation in this study but the decision is up to you. If you have any questions pertaining to the project or your participation in it please do not hesitate to ask. Thank you.

Anne Burnett Young
Activities Coordinator
Peninsula Village

I have read the above statements and understand the research procedures, my role in the project, and the potential risks involved in my participation.

Signature_________________________ Date_________________________

Please print name_________________________
APPENDIX D
PARENT OR GAURDIAN INFORMATION LETTER

Dear Parent or Guardian of Peninsula Village patient:

I am the Activities Coordinator for your young person at Peninsula Village and have had the pleasure of working at the Village since its founding, eleven years ago. I am also a graduate student at the University of Tennessee, Knoxville currently working toward a Master’s degree in Therapeutic Recreation. With the cooperation and consent of Peninsula Village and the help of my thesis committee chairperson, Dr. Mary Dale Blanton, I am conducting research that will serve as my Master’s thesis. The title of my Master’s Thesis is: Emotional and Cognitive Reaction to Memory Laden Music in Chemically Dependent Adolescent Females. The purpose of this research is to investigate the emotional and cognitive relationship between music and the perceptions of chemically dependent adolescent females. As I have worked with the adolescent female population over the years, I have noticed the music they listen to can produce strong emotional reactions. This research is designed to determine if listening to memory-provoking music will trigger adolescent females to desire or crave mood altering substances. The project attempts to explore emotional and cognitive reactions to memory-provoking music that might impair a young person’s recovery from chemical dependency. The risk involved in this study is that when your young person hears the music they may suffer emotional discomfort or stress. Such reactions might include, but are not limited to: lying, violent impulses, disrespectful oral comments, cursing, the impulse to steal, the desire to run away, sadness, shame, grief, or the desire to use drugs and alcohol. If any of these reactions occur they would be dealt with
therapeutically through processing and traditional Village standards. Your young person would then receive counseling regarding the design of coping skills to help with this issue post discharge. I believe the information gained from this study has the potential to benefit your young person and many recovering adolescents by helping them identify potentially harmful triggers.

The female patients who are in the reconstructive (long term) phase of treatment at Peninsula Village, diagnosed chemically dependent, and listened to music while using drugs and alcohol, are invited to participate in this research. If a patient agrees to participate in the research, she must fill out a questionnaire. Six patients will be selected to continue with the research. After completing the questionnaire, a conversational interview will take place. The interview will include listening to music they have identified as memory-provoking and then answering questions delivered by myself. Each interview will last no longer than two hours. The interviews will be tape recorded using only pseudonyms and will be kept in a secured location. These audio tapes will be destroyed immediately upon completion of this research, target date is June 1997. For the purpose of the written paper: the responses given will be treated as confidential, will not be associated with your young persons name, and will be analyzed with all participants in the study. Information gained from the interview process will be shared with your young person’s treatment team.

Participation in this research is completely voluntary and each patient must give her individual consent to be a part of the study. Patients may refuse to answer any questions asked or withdraw from the project at any time. A decision not to participate in
this study will have no impact on services received at Peninsula Village. If you give consent for your young person to participate in this research, please sign and return the attached Parental Consent Form in the enclosed envelope immediately. If you have any questions or would like to discuss your young persons participation in this research project please contact me at the Village at 423-970-1848 or 1-800-255-8336. Thank you.

Anne Burnett Young
Activities Coordinator
Peninsula Village
PARENTAL CONSENT FORM

The purpose of this research is to determine whether listening to memory-provoking music will trigger adolescent females to desire or crave mood altering substances and to investigate their emotional and cognitive reactions to music. I understand that participating in this project has some emotional risk as outlined in the attached letter. The research involves: patients filling out a questionnaire, participating in a music listening session, followed by a conversational interview. The interview will last no longer than two hours and will be audio taped in order to assure the accurate recording of the patient’s statements.

I understand that my young person’s participation in this research is entirely voluntary and that she may withdraw from participation at any time and may refuse to answer any questions without penalty. I understand that I may withdraw permission for the participation of my young person, at any time.

I understand that all of my young person’s responses will be shared with the treatment team to provide a therapeutic resolution to the project. I agree that my young person’s name will not be published in the written research project, but will be described by pseudonym. No photographs or video tape of your young person will be taken or used in this project.

I understand that I may contact the researcher at any time if I have further questions about the project or about my child’s participation in it.

Researcher: Anne Burnett Young
Peninsula Village
PO Box 100
Jones Bend Rd.
Louisville, Tennessee, 37777
423-970-1848

Thesis Committee Chairperson: Dr. Mary Dale Blanton
The University of Tennessee, Knoxville
Dept. of Health, Leisure, & Safety
1914 Andy Holt Ave.
Knoxville, Tennessee, 37996-2700
423-974-1285

I give permission for my young person to participate in this research, following the terms that are outlined in this consent form.

Signature ____________________________________________

Name (please print) ______________________________________

Date __________________________________________________

Young person’s name ____________________________________
PENINSULA VILLAGE QUALITATIVE RESEARCH TEAM

1996 / 1997

Pat Duke, M.Ed.
Jean Bolding, MSSW
Robert Pegler, CAS
Vance Sherwood, Ph.D.
## SUMMARY OF PREFERRED BANDS AND ARTISTS OF THE PARTICIPANTS

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APPENDIX G
SPECIFIC SONGS FROM INTERVIEW PROCESS

ANGIE  The Badge by Pantera, Comfortably Numb by Pink Floyd, Melissa by
The Allman Brothers, and Stairway to Heaven by Led Zeppelin

BLAIR  Enjoy by Bjork, Me and Bobby McGhee by Janis Joplin, Crucify Me by
Tori Amos, and Whole Lotta Love by Led Zeppelin

COURTNEY  Me and Bobby McGhee by Janis Joplin, Comfortably Numb by Pink
Floyd, Aqualung by Jethro Tull, and Sugar Magnolia by Grateful Dead

CRYSTAL  Dead Souls by Nine Inch Nails, Rape Me by Nirvana, Star 69 by
R.E.M., and Rocket by Smashing Pumpkins

ELIZABETH  Voodoo Child by MOBY, Rape Me by Nirvana, Viscous Games by
Yello, and Tears in Heaven by Eric Clapton

MARY  Burn by The Cure, Love Her Madly by The Doors, Gone by The Black
Crowes, and Frances Farmer by Nirvana

MELISSA  Little Earthquakes by Tori Amos, Comfortably Numb by Pink Floyd, I
Shall Believe by Sheryl Crow, and Bout It Bout It by Master P
ATTRACTION TO THE MUSIC

Written as reported without editing.

ANGIE Dangzig - Glen- he’s fine and mysterious. I thought he was so gifted. 
Long hair. Promises of freedom. It sounded so awesome. The guitar, the growling 
was so “masculine”.

BLAIR It helped me to feel relaxed and I just enjoyed this type of music.

COURTNEY I felt like I was part of the music - I could connect with the music and 
zone off with it into my own world. I felt numb and at peace with myself for periods 
of time and they enabled me to be able to relax and have fun.

CRYSTAL The apathetic attitude and being able to do whatever you want to do 
and still have money and get - away with anything.

ELIZABETH The apathetic attitudes of Nirvana. The touch of Eric. The speed in 
Techno.

MARY I loved to dance to upbeat, fast music on speed (Op. Ivy, Mudhoney). 
I loved music that would make me feel more fucked up (Pink Floyd, Jane’s Addiction, 
Nirvana). The Doors were just great to smoke pot to. The Lemonheads made me feel
happy since 7th grade. The Cure is my favorite - been listening to for six years. Cannibal Corpse, Rage Against the Machine, and Tool is angry, disgusting, and my Mom hated it.

MELISSA To the music I could either dance to it or it sounded right in my head. I could sing to it. The groups from around where I lived I knew and hung out with a couple of times before I came in here. Tori Amos I've listened to since I was in 6th grade, she has a beautiful voice. Techno or rap I could dance to at raves or clubs. When I was in other peoples cars and they had a system rap went really well because of the base in it. I always had to have music to listen to while I was using no matter what it was. If there wasn't any music while I was using then it would be like something was missing. Hearing music always reminds me of when I was on my swing in my backyard and I used out there daily.
APPENDIX I
March 3, 1997

To Whom It May Concern:

Peninsula Village is a long term residential treatment facility for dual diagnosed adolescents. We have a national reputation as one of the “best” treatment centers for disturbed young people in the country. We have excellent staff who are qualified, dedicated, and experienced, at helping troubled teens heal. A part of the basic Village philosophy pertains to giving each adolescent the best possible chance for success at achieving optimal mental health and maintaining sobriety. This can only be achieved by providing opportunities for the patients to discover and experience situations that could trigger problems or stress. The master’s thesis topic proposed by Anne Burnett Young can enhance the treatment our patients are receiving and has the potential to improve therapeutic techniques used for future generations of Village patients. I do not perceive any physical risk to the patient population from this study that is not already a part of the established treatment program. Anne Burnett Young has permission to pursue her Master’s Thesis Study at Peninsula Village during the University of Tennessee Spring Semester 1997.

Sincerely,

Angela M. Montgomery
Administrative Director
To Whom It May Concern:

Anne Burnett Young has the permission and cooperation of Peninsula Healthcare to pursue her thesis spring semester 1997 at Peninsula Village.

Sincerely,

David H. McReynolds
Chief Operations Officer
Covenant Behavioral Health

DHMcR/gtp
VITA

Anne Burnett Young was born in a small community in the foothills of the Great Smoky Mountains. She attended public school in Newport, Tennessee and graduated with honors from Cocke County High School in 1977. Anne left home to attend the University of Tennessee, Knoxville and earned a Bachelor of Science degree in Music Education in 1982.

She began her professional career with Peninsula Village in 1986 and is employed as the Activities Therapy Coordinator at that facility. Ms. Young is proud to be a part of one of the top psychiatric treatment facilities in the country for troubled adolescents. Ms. Young received a Master of Science degree in Therapeutic Recreation from the same University in 1997. She is a Certified Addiction Specialist from the American Academy of Health Care Providers in the Addictive Disorders located in Cambridge, Massachusetts. Ms. Young is specifically dedicated to helping adolescents find and maintain sobriety.