The social potential of music for addiction recovery

Klisala Harrison

Abstract
This article examines music and music scholarship vis-à-vis research findings in addictions sciences. It explains how music is socially useful for preventing and treating addiction. Making music with others, and all of the social and cultural activities that go into doing so—musicking—can foster psychosocial integration and social cohesion, via specific cultural and musical mechanisms, and in ways that can salve addictions. Alexander’s social dislocation theory of addiction serves as the theoretical framework for the study. I draw empirical support for the discussion from my long-term ethnographic fieldwork on Indigenous addiction rehabilitation settings in Vancouver, Canada. My analysis of those settings finds that connecting socially via musicking in ways that can prevent and treat addiction happens through different ways of being, ideas and focuses of attention—such as constructs of ethnicity, around spirituality/religion, and social and political values—that are shared among musicking people and perceived via their eight senses (the auditory, visual, tactile, gustatory, olfactory, vestibular, proprioceptive, and interoceptive). This article responds to a lack of music and cultural research on the correlation between social disconnection and addiction as well as a lack of study on the social potential of musical cultures to prevent and treat addictions. The article lays groundwork for future research on the roles that musicking can play in addiction recovery.

Keywords
Ethnicity, Indigenous music of North America, multisensory, music and addiction, psychosocial integration, red road to recovery, social cohesion, social disconnection, social and political values, spirituality/religion

1. Introduction
Health studies have found that being disconnected from social networks of culture—what social psychologist Bruce Alexander calls “psychosocial dislocation” (Alexander, 2001, 2008, 2017)—makes humans vulnerable to addictive behavior. This article considers the inverse: how addiction might be addressed by people connecting with one another via musical culture, including via all the kinds of social and cultural actions that go into making music happen—what Christopher Small called musicking (Small, 1998). Alexander terms participating in social and cultural groups psychosocial integration, which emphasizes integration’s psychological processes and benefits (Alexander, 2008).

Psychosocial integration reduces the likelihood that a person becomes, and increases the likelihood of his or her ceasing, being addicted to any substance or activity, for example, drugs, alcohol, work, or sex. This possibility is supported by a robust literature in psychology and other health sciences, which usually ignores cultural aspects and uses different terminology. One key alternative term is “social cohesion”, a phrase Alexander considers synonymous with psychosocial integration (2008, p. 59) although it emphasizes social interactions not psychological experiences. Social engagements, which must be experienced and perceived by people in order to prevent or treat addiction, include bonding, spirituality, peer support, abstinence-oriented norms, and rewarding activities, among others (Moos, 2006, 2007).

Corresponding author:
Klisala Harrison, Department of Philosophy, History and Art Studies, PO Box 59, Helsinki, Uusimaa 00014 Finland.
Email: klisala.harrison@helsinki.fi
Reflecting on these among other health sciences findings, while drawing on topical music studies, this article asks: How can one connect socially via musicking in ways that prevent and particularly treat addiction? The article takes as an ethnographic case study, and inspiration for health science and culture-based theorizing, musicking of the red road to recovery: a musical approach to recovering usually from drug and alcohol addictions that is widespread throughout Indigenous Canada and the USA. The case focuses on Vancouver, British Columbia (BC), Canada.

Drawing and building on previous studies, the first broad aim of the article is to highlight what music practitioners and scholars working within a wide variety of cultural contexts, beyond (and including other) Indigenous ones, can learn from red road approaches regarding psychological and social processes of musicking that prevent addiction and promote recovery. In so doing, it points out some gaps in the music literature regarding music as it can be applied towards addictions prevention and treatment. The second broad aim of the article is directed at health scholars and practitioners working with addiction recovery: to give new insights on what music and musicking can offer.

When so doing, this article focuses on understudied social qualities of musical culture vis-à-vis addictions. I complement a robust series of studies of human brain and biological reward systems involved in both substance addiction (Tucker, Vuchinich, Black, & Rippens, 2006; Tucker, Vuchinich, & Rippens, 2002) and music (Menon & Levitin, 2005; Zatorre & Salimpoor, 2013), as well as their interrelationships, by mapping social elements of music that impact addiction prevention and recovery. I highlight a variety of ways of understanding connecting socially around music—beyond music as biological reward (see Fachner, 2006, 2017)—that can aid stable remission and generate better long-term prognoses.

In focusing on the social in lived musico-cultural contexts, I also contribute to the understudied area of therapeutic uses of music towards addiction prevention and recovery (Mays, Clark, & Gordon, 2008; Murphy, 2017), which has garnered recent scholarly interest (Murphy & Fridman, 2017). Social and cultural aspects of music and musicking have been particularly neglected.1

2. Psychosocial dislocation makes people vulnerable to addiction; promoting social connectivity, psychosocial integration, and social cohesion prevents and treats addiction

In his book The Globalisation of Addiction: A Study in Poverty of the Spirit (2008), Alexander presented a detailed historiographic study that questions if there is any co-relation between addiction and a lack of psychosocial integration, or dislocation—Karl Polyani’s term. Psychosocial integration refers to “a profound interdependence between individual and society that normally grows and develops throughout each person’s lifespan” (p. 58). Beginning and ending with Vancouver, Alexander offered ample evidence supporting the hypothesis that when psychosocial integration is not possible, for instance as “free-market society subjects people to unrelenting pressures towards individualism, competition, and rapid change, dislocating them from social life” (2008, p. 3), addictions of all sorts proliferate—to “gambling, shopping, romantic love, video games, religious zealotry, television viewing, Internet surfing, an emaciated body shape” (2008, p. 1), or drugs and alcohol. Historical evidence in different periods and locations around the world ranges from a “gin craze” following free-market economics’ arrival in 1700s England; to an alcoholism epidemic across Europe as free-market society began to flourish across 1800s Europe; to a rise in opium addiction in China following free trade imposed by the British in the 1800s (2008, pp. 129–151).

Among Indigenous people of Canada and the USA, widespread addictions followed a purposeful breaking of their cultures by colonizers (see Alexander, 2008). Cultural erasure and forced assimilation during the colonial period included mandatory schooling—residential schools (in Canada) and boarding schools (in the USA). In Canada, from 1879 to 1996, children were forcibly removed from their parents to often distant residential schools. In the schools, run by the federal government and Christian churches (Catholic, Anglican, United and Presbyterian denominations), children suffered corporal punishment for speaking their home languages, singing and dancing in Indigenous styles, or practicing Indigenous spiritualities (see Milloy, 1999). Another key instrument of forced cultural erasure and assimilation was a ban on Indigenous groups gathering for music, dance, or ceremony. Section 3 of Canada’s Indian Act prohibited Indigenous singing, dances, and rituals from 1886 to 1951. Still continuing today is the placement of Indigenous children who are in foster or state care with non-Indigenous families. This devastates social connections among Indigenous people and in so doing, intergenerational transmission of cultural knowledge. There exists a parallel history in the USA, which informs the red road to recovery in both countries.

Alexander, in the final chapter of his book, lists various social actions—including participatory arts and music-making—that can “control” addiction when taken by individuals interacting in groups. Actions like performing arts and musicking, he writes, form instances of “(c)oncerted social action (that) can domesticate today’s globalising free-market society, bringing dislocation to heel” and promoting experiences of social bonding (Alexander, 2008, p. 363).

My writing on music will reflect on Alexander’s call for concerted social actions in a way that extends a developed literature on social groups, identity, and health, also known
as the social cure approach. Haslam, Jetten, Cruwys, Dingle, and Haslam’s book *The new psychology of health: Unlocking the social cure* (2018), for instance, references Alexander’s theory when linking it to the social cure approach, and summarizes various studies (across diverse settings including structured therapy groups, therapeutic communities, mutual support groups and naturally occurring social groups) showing that social groups and identities play an important role in addiction onset and recovery (pp. 175–202).

Alexander’s 2008 call put a practical, artistic spin on a range of emerging research results in addictions studies. Scientists publishing in journals of substance misuse treatment, psychiatric research, social work, public health, urban health, community health, epidemiology, and behavioral medicine as well as clinical psychology, among other fields, were demonstrating through qualitative, test-based research results that the contemporary presence of addictions correlated positively with low levels of social cohesion, social interaction and social support (Groh, Jason, & Keys, 2008; Oei & Gordon, 2008, pp. 94–95; Viney, Westbrook, & Preston, 1985). Regarding the prediction of addiction treatment outcomes, research on opiate and gambling addictions demonstrated that high levels of social support (as a kind of social network variable) predicted success with addictions recovery (Oei & Gordon, 2008; Scherbaum & Speka, 2008). A variety of studies found that support networks, especially friendships with non-alcoholics, facilitated recovery from alcoholism (Groh et al., 2008, pp. 444–445). One study found that social cohesion—often defined as self-reported trust and connectedness in neighborhoods—was inversely related with addiction whereas cohesion in families or among friends was not (Li & Delva, 2012; a contradictory result about families appears in Alcalá, Sharif, & Albert, 2016).

Other research results suggested that it is not social cohesion itself that promotes addictions recovery. Rather, it is the psychosocial mechanisms resulting from living in a community with strong interpersonal connections, for example social support, positive affect, and heightened perceptions of safety and security emerging from the trust and connectedness one perceives with one’s neighbors in communities of high social cohesion (Reitzel et al., 2013; for related studies, see Andrews et al., 2014 and Fleischer, Lozano, Arillo Santillán, Reynales Shigematsu, & Thrasher, 2015). By contrast, the presence of addictions may correlate with high levels of societal estrangement, including disaffiliation, which refers to the “detachment from social institutions through the weakening of associative bonds and relationships, social isolation and unstable social networks” (Thompson, Jun, Bender, Ferguson, & Pollio, 2010, p. 419).

To state the main research results in general terms, it has been found that the higher the level of social cohesion and social connectivity a person experiences in a group, the lower the rate and severity of addiction tends to exist in that group, as well as vice-versa—but the reasons for this likely lay in the personal experiences of that cohesion or connectivity rather than the presence of cohesion or connectivity itself. Rare studies presented a dark view of high social cohesion, and particularly its subcategory social capital, which refers to social networks, norms of reciprocity, and trust in neighborhoods or communities that develop through social cooperation, and which can be used towards any purpose including furthering addictive behavior (Martins et al., 2017). Norms and attitudes of one’s important social groups must be taken into consideration (Dingle, Stark, Cruwys, & Best, 2015).

Moving beyond English-speaking and often Caucasian groups forming the main focus of the above studies, additional quantitative research on a variety of language, ethnic, and religious groups produced similar results. For one example, the biopsychosocial-spiritual model of addiction—including the social and psychological elements discussed above and addressed in the present article—were found relevant in the Middle East in Jordan, an Islamic country (Ghaferi, Bond, & Matheson, 2017). Other studies focused on ethnic minorities (Li & Delva, 2012).

However, how social cohesion and psychosocial integration are generated during a behavioral intervention—the key focus of this music-related article—is a question that addictions research has been poor at addressing. In music studies, though, many scholars have noted what musicians know well—that making and engaging music facilitates social cohesion and connectivity (Creech et al., 2014; Johnston, 1988; Lowe, 2013; Stubbington & Marika, 2007; for a list of further literature, see Sarazin, 2017, p. 489).

3. Case study: Connecting socially via Indigenous musical events on the red road to recovery

The red road to recovery features, more specifically, a series of gatherings around Indigenous culture that incorporate singing, drumming, and (musical) ceremony as the most central components alongside prayers and other expressions of spirituality; talking circles for participant discussions and sharing; guidance from Indigenous elders, community leaders, and addictions counselors; and shared food and (non-alcoholic) drink. The red road has different names such as the red road to wellness (Gone, 2008), or—in reference to cultural practices of North America’s Plains—the sweetgrass trail or way of the pipe (Waldram, 2008). In Vancouver, some participants index it with the slogan Culture Saves Lives. Gatherings around music are called cultural healing circles in Vancouver.

Red road musicking presents a fascinating case through which to illuminate and theorize the social aspects of musicking vis-à-vis addiction. Red road events are quite effective when it comes to drug and alcohol addictions treatment, as quantitative studies have shown—although
these do not analyze musical processes in any detail. One study based in San Francisco measured the effects of an addictions treatment program that included red road activities like talking circles as well as related sweat lodges and seasonal ceremonies, both of which feature drumming and singing (a fact not mentioned in the study report). Of 490 participants, 29% reported using alcohol or drugs in the 30 days before treatment. After six months, only 5% reported using alcohol or drugs (Nebelkopf & Wright, 2011). Another study investigated culturally informed treatment in remote BC. The treatment program combined Western psychotherapeutic treatment methods, elements of Alcoholics Anonymous and Indigenous cultural activities (like ritual and song). Over one-half of the participants were sober one year after completing the six-week program (Anderson, 1993). Another US study found enculturation in Indigenous culture to be a significant predictor of sobriety, and that involvement in traditional activities (which could include song as well as spirituality) was a predictor of alcohol cessation (Stone, Whitbeck, Chen, Johnson, & Olson, 2006). Another treatment program that included talking circles and sweat lodge ceremonies, the latter of which always incorporate singing and drumming (also not mentioned in the program’s report), showed that participants gained transformational experiences from participating like increased insights into relapse triggers, commitment to recovery, connections to Indigenous values and coming to terms with childhood trauma (Edwards, 2003). Resonant with these findings, participants in cultural healing circles in Vancouver often referenced singing and drumming—as key to their personal addictions recoveries.

3.1. Research method

As a Canadian/Finnish ethnomusicologist, I obtained data for the ethnographic case study using ethnographic methods such as participant observation, fieldnotes, and interviews. Ethnography as a social science method adapted to ethnomusicology involves in-depth study of music in and as culture. Ethnomusicologists undertake rigorous, systematic documentation then analysis of specific musico-cultural characteristics (summarized in Moisala, 1991). Such ethnography trusts the ethnomusicologist as a social science-trained researcher—who ideally has formal music training also—to thematize qualitative ethnographic data according to specific parameters (Moisala, 1991); identify the most significant data; analyze those; and present research results publicly (see McCurdy, Spradley, & Shandy, 2015; Spradley, 1979/2016a, 1980/2016b). Before publication and for fine-tuning of the results, feedback is often invited from researched community members (via community ethics reviews or feedback interviews), not only academic peers. Ethnomusicologists ideally work in-depth in communities longitudinally, over many years. In taking such a methodological approach, I contribute to the tradition of medical ethnomusicology, which works broadly with health and well-being issues in musical cultures (Gouk, 2000; Koen, Lloyd, Barz, & Brummel-Smith, 2008). I put ethnomusicology to use in a way that works towards the solving of concrete social problems within academe and beyond (Harrison, Mackinlay, & Pettan, 2010; Pettan & Titon, 2015).

Towards the current article, I gathered ethnographic data over eight years. I learned and practiced powwow and hand drumming within cultural healing circles in Vancouver in 2004–2007, 2009–2011, and 2016. I focused on weekly healing circles at five organizations: Aboriginal Front Door, the Hey-Way’-Noqu Healing Circle for Addictions Society, Native Education College, the Positive Outlook program of Vancouver Native Health Society, and the Drug Users Resource Centre (see Harrison, 2009 for organizations’ priorities and procedures). I conducted semi-structured research interviews with healing circle participants and leaders in 2005 and 2016. The research was informed by my two decades of continuing involvement with music genres relevant to healing circles. I frequently witnessed, since the late 1990s, Indigenous powwow and hand drumming at various Indigenous rituals and events including potlatches, sweat lodge ceremonies, yunwipi ceremonies (Lakota shaking tent ceremonies), and public presentations like in festivals, protests or teaching contexts. My research locations have been the Pacific Northwest Coast of BC; Ontario, Canada; and Denver, Colorado, USA.

3.2. Cultural healing circles of powwow and hand drumming

This section and the remainder of the article draws on a following ethnographic description of cultural healing circles: a format through which participatory, group music-making of the red road to recovery unfolds. It involves a group sitting in a circle, and undertaking activities guided by an Indigenous elder or, less frequently, an experienced participant, usually male. Cultural healing circles center on making music—powwow and hand drumming and singing in Vancouver—but also involve ritual, as this ethnographic fieldnote describes:

I am welcomed into a healing circle of about 20 First Nations and Métis—key terms describing Indigenous Canadian people. Usually thirty to forty people sit in the circle, but the officiating elder has been away for two weeks. I sit too and close my eyes. Elder Gerry Oleman (St’át’imc First Nation) sings a song to a rattle. “The rattle,” he says, “attracts the spirits. They come right to it.” Sage burns in an abalone shell, which is passed around the circle, counterclockwise. I chat with the woman on my left and the man on my right. Both are Indigenous street people. The woman passes me the shell, and I smudge my feet, asking for blessing on the path that I walk. Oleman still sings and shakes the rattle.
Out of a medicine bag, he picks a talking stick carved from elk horn. His medicine bag (bright red) lies on a buffalo hide, on which rests fifteen hand drums. He introduces a special event, a short film on residential schools, which we watch. Then each person speaks, in counterclockwise order, in a talking circle.

The woman next to me says that when Oleman sang and shook his rattle, prayer came through her like the wind; it was like God was speaking through her; she “doesn’t know how to say it”; it was so “beautiful, so spiritual.” She talks about how angry she feels that her sister was “cheating” while in addiction recovery.

Participants pick up all of the hand drums. Oleman leads us in singing several songs and we drum along. He calls out, “For all the little boys who went to residential school, man” and “for all the little girls who went to residential school.” People sing with more gusto and volume after the words about residential school. (fieldnote, August 24, 2007)

The format of Vancouver’s cultural healing circles may start with a smudge ritual. Plants considered sacred smoulder in an abalone shell or other vessel. In urban BC, the plants are cedar from the Pacific Northwest coast, tobacco from the south, and sage and sweetgrass from the Plains or other arid areas in Canada or the USA. The officiate or elder starts to burn the plants, fanning their smoke with his hand, or perhaps an eagle feather or eagle wing fan (since the eagle typically is considered a sacred bird).

Participants sit in a circle, which many Indigenous Canadian and US groups call a sacred shape, meanwhile the officiate may make introductory remarks or sing, for example, a prayer song. In counterclockwise direction, considered the sacred direction by North America’s Pacific Northwest Coast First Nations, among others, each participant smudges him or herself. One wafts the smoke over oneself by scooping the smoke over one’s head, around one’s body, and around or under the feet. Another person may smudge one’s back. People may pray during the smudge, and the officiate may sing and drum softly. The purpose of smudging here is to clear negative energies from the body, and to initiate a way of being considered appropriate for singing and drumming. It also sets a collective spiritual tone. It is, in volume, a quiet activity. The cultural healing circle may be happening in an Indigenous community center or other institution—in Canada, often funded with provincial or national government health money.

In the cultural healing circles, frank talk follows smudging and precedes music-making. Again in counterclockwise fashion, each participant has a chance to speak his or her mind. When speaking, participants typically reflect on their life situations. Since the circles focus on substance misuse, at least some participants address that or related issues. For example, one might talk about how he or she has been struggling with a treatment program for substance misuse and is able or unable to stick with treatment; another might share how an Indigenous ceremony helped him or her including towards addictions recovery; another might recall how he or she got out of jail last week, and how life is for him/her now. Additional themes in Vancouver include other aspects of health, well-being and lack thereof (e.g., other illness or abuse might be discussed), family life, other social relationships and Indigenous traditional culture. Frequently, spirituality is acknowledged and appreciated in the overcoming of, and when struggling with, hardships. Peer support towards abstaining from addictions is frequently given.

Often making music—singing and drumming Indigenous musical genres—is talked about as key to personal addictions recovery. To give a specific example from Vancouver, on one occasion, a drummer shared that when he was a child in the 1950s, he would sing “Indian” songs and there would be Indian dances on the Interior Salish reserve where he lived. He said that although he did not know the significance of a “potluck” or feast/potlatch, there would be food, dancing, and singing all night. He used to sing Indian songs, and people would ask him what he was singing, but then, at that time, the “alcohol was talking.” He told that he has been an alcoholic for many years. He felt ashamed of who he was. He went to residential school. But powwow drumming in healing circles really helped with that shame. He had been employed for a year when he told that story. He attributed his ability to hold a steady job to the cultural healing circles.

For another example, John Sam told in an interview that he started to drum when he was a youth, after struggling with abuse in foster care. Later, he turned to drugs and alcohol to cope. In his late 20s, Sam started to sit at the powwow drum, but by his 30s, he started powwow drumming regularly on the red road, and stopped using alcohol and drugs. Sam said that listening to powwow drumming helped with abstinence, when he started using drugs and alcohol again for a brief time after years sober.

One time I had seven years nine months clean and sober, and I went back out again. There’s times when I was drinking and I knew that it [powwow drumming] was still there. Every once in a while I put in a powwow tape for maybe 5–10 seconds to remind me that that’s still there. With that reminder, I finally cleaned up again and then just kept on doing powwow drumming. (Sam, 2016)

Having a relapse would be something that a person who was attending a cultural healing circle could and would tell about to other participants. He or she would get support for his or her personal situation in this way, and always would be given encouragement to be abstinent. For additional personal stories about red road music-making being key to Indigenous addictions recovery, and an extended discussion of musical stories told in cultural healing circles, see Harrison, 2009.

Before or after the talking circle, an officiating elder usually shares what are called teachings: understandings
derived from histories, traditions, visions, and stories. Some teachings decode Indigenous ethnic-related significance and symbolism attributed to the songs, rituals, or other aspects of the red road to recovery. Symbolism abounds to the extent that one PhD dissertation used a hermeneutic approach when analyzing the red road (Ramirez, 2006). Many teachings involve symbolism of the medicine wheel, a pan-Indigenous North American symbol of Plains origin, which is visually represented by “a circle bisected by two perpendicular lines that cross at the center point and terminate at the outer edge” (Gone, 2008, p. 157). Teachings represented by the medicine wheel, with its red, white, yellow and black quadrants, are often newly invented and reinterpreted. In one teaching that addresses colonial abuses vis-à-vis addiction, the East represents acknowledging trauma; the South, acknowledging that the trauma happened to Indigenous people; the West, forgiving trauma and forgiving the unforgivable; and the North, making change by returning to Indigenous cultural activities if one has not been involved. Other teachings shared by elders are spiritual. Other teachings have to do with music.

As part of sharing teachings, elders may explicate government policies of forced cultural assimilation. This is the case with T’ítq’ət First Nation elder Fred John—my powwow drumming teacher—who commented in his autobiography about prolific work that he has done with residential school survivors and their descendants: “Sometimes, I have to explain what happened in those schools so that the young generations understand and can heal too. So they can forgive their parents and maybe even their grandparents” (in Smith, 2014, p. 68).

Learning and teaching about Indigenous singing and drumming is key to cultural healing circles. Participants learn to perform music repertoires of powwow drumming and hand drumming. During powwow drumming, some songs performed are the same as those heard at local powwows. In Vancouver, males and often females sing powwow songs in a group typically headed by a male lead singer who decides which song to perform, sings the first phrase of the song solo and decides when to end the song. Singing uses unique voice formations of timbral variation produced in the head, throat (including rhythmic pulsing techniques) and chest. Vocal timbre frequently being produced in the chest reflects historical songs of Pacific Northwest Coast First Nations and Interior Salish in BC, but is atypical of the northern powwow style that uses a falsetto, head voice (Browner, 2004, p. 73). The singing group collectively provides drum accompaniment as each singer sits around, and strikes, a large powwow drum (up to 100 cm approx. in diameter) with a deep wooden frame covered ideally by buffalo hide on top and bottom. For powwow songs, the singers/drummers often follow an ABB form that includes four so-called pushups, or repetitions of the form, per song. The melody of each of these sections almost always descends in pitch. In the second B section, a drummer chosen by the lead singer strikes irregularly timed honor beats—accented and improvised drum strikes used to express prayer. The honor beat drummer may rotate for each of the four repetitions of ABB. He or she sounds honor beats at a louder volume than a quiet, steady drum-beat kept by the rest of the drummers.

The powwow, also of Plains origin, today is widespread throughout North America as a competitive or community-oriented dance event in which people of all Indigenous backgrounds take part. Before each song sung at a cultural healing circle, the officiate may call “crow hop,” “sneak-up,” or another powwow song genre (Browner, 2004), like the war dance song, chicken dance song, shake/ruffle song, sneak-up song, side-step song, round dance song, fancy contest song, trick song, double beat song, and duck-and-dive song (see Scales, 2012). Local Indigenous songs not part of powwow event repertoire (and not necessarily using the ABB form) may be performed powwow-style meaning using the sounds indexed above.

Hand drumming songs in the healing circles come from any Indigenous group that a singer feels he or she has authority to share a song from. A group leader or other participant may choose the song. All participants then sing, and learn if necessary, the song together. I have participated in performing Navajo and even Maori hand drumming songs in addition to Indigenous ones from North America’s Pacific Northwest Coast and songs heard in Vancouver in the sweat lodge ritual, also of Plains origin.

During hand drumming, the leader of a drum group—who may be male or female—can teach by imitation vocal styles and drum beats from his or her Indigenous home-nation. During hand drumming, each participant is nonetheless welcome to sing according to the vocal techniques of his or her individual background. For Indigenous people from southwestern BC and the province’s interior, hand drumming rhythms typically are steady or symmetrically repeated patterns whereas for Indigenous people from the northern Pacific coast of BC, rhythms vary considerably and subtly as they arguably derive from the speech patterns of traditional languages (see Halpern, 1967, 1981).

Several Pacific Northwest Coast First Nations song genres performed on both powwow and hand drums are the prayer song, paddle song, and friendship song. These include locally and regionally specific microtonal variation techniques that unfold between and over repetitions of a song (detailed in Halpern, 1967, 1981). The song genres would typically be presented in ritual contexts, such as for a prayer song, a house cleaning ceremony (a shamanistic practice—not discussed here due to sacredness), or, for the other two genres, in a winter ceremonial like a feast or potlatch occurring in a traditional ceremonial space (called a big house or long house), at an intercultural Indigenous gathering among different Pacific Northwest First Nations, or at an adapted public performance. Such song genres allow cultural healing participants to access Indigenous socio-cultural formations that are external to cultural
healing circles. To flesh out the example of paddle songs, among the Coast Salish—particularly the Musqueam (xʷməθkw̓əy̓əm), Squamish (Skwxwú7mesh Úxwumixw), and Tsleil-Waututh sub-groups on whose traditional territory Vancouver is built—dancers will enter winter ceremonies to paddle songs. Typically male singers play hand drums while women standing in the ceremonial house clap together hand-held wooden paddles. Tiny wooden paddles sewn on dancers’ regalia clatter as they take a single step forward, then make a paddling motion (sometimes with a wooden dancing paddle), then step forward and paddle again. Paddle songs in these Coast Salish groups include the polyphony of singers vocalizing a microtonal melody (that also varies microtonally upon repetition) a full tone apart in pitch and less, including using pitches sung so close to each other as to create a “beating” effect of sound-wave interference. Paddle songs also are sung in annual canoe journeys: Contrasting mechanized travel and the dying out of canoe travel that implies, each summer Pacific Northwest Coast Indigenous people paddle dugout canoes to various coastal Indigenous communities, sharing their cultures and connecting more deeply along the way. On the red road to recovery, sobriety is highly encouraged, and if a participant stays sober, he or she may be invited to such presentations of these song types occurring in Indigenous communities yet beyond cultural healing circles. Such presentations may be public or ceremonial. Participants in cultural healing circles and on the red road to recovery may increasingly participate in powwow as well as hand drumming contexts. Such extended participation becomes part of deepening psychosocial integration and social cohesion in Indigenous community that a cultural healing participant can experience if abstinent.

There are some people and songs that are left off music of the red road to recovery in Vancouver, however. Several male-only healing circles exclude women from drumming music genres of the northern powwow of central and eastern Canada and the USA, as is typical in those locations. Women can sit beyond the powwow drum circle and sing if they wish or know how—which sometimes they don’t. Arguments for male-only drum groups in Indigenous communities have to do with gender complementarity and women taking other roles (Hoefnagels, 2012). If singing and drumming are considered to be addictions prevention or treatment, when they engage men only, any prevention or treatment obviously excludes women. It is debatable to which extent only sitting near a drum during a drumming session promotes active engagement in Indigenous community. Various music studies have found that listening to music also promotes social cohesion however (e.g., Boer & Abubakar, 2014; Rodríguez, 2005). In Vancouver, though, most cultural healing circles include Indigenous women as singers and drummers of animal hide drums, which mirrors various Indigenous ceremonial practices of the Pacific Northwest Coast.

Most cultural healing circles exclude people unable to stay sober for any length of time from making music for the reason already given—that substance use or misuse around an Indigenous drum is disallowed. Thus, addicted people cannot actually make music in cultural healing unless they have remained sober for a required length of time beforehand (e.g., 48 hours). There are some programs in the Downtown Eastside of Vancouver, one of Canada’s most impoverished neighborhoods, that have intentionally broken away from that prohibitive trend. They have made a point of including participants in drumming or singing who are in active addiction, for instance high or drunk at the time. A middle-ground has been found by facilitators who include high or drunk participants in talking circles but not the actual drumming or singing. Initiators of the break-away drum circles argue that active cultural participation is most useful towards Indigenous addictions treatment compared to less or non-active roles. They use singing and drumming, and talking within ritual that is accessible to all, as gateways to psychosocial integration in Indigenous communities (Bowen, 2016; John, 2005; Sam, 2016).

Last, most songs from the winter ceremonies of Pacific Northwest Coast First Nations are considered off-limits. Strict rules around song use by specific individuals, in ritual contexts only, prevent their use for anything else. Fred John, who has offered cultural healing circles throughout Vancouver, commented, “We let them sing that; we don’t do that. We’ve identified that a lot of the songs are standard and can be used all over the country, but [other] songs are different” (John, 2005). In such ways, the psychosocial integration that the cultural healing circles offer is not unlimited, and serves—for those who can access them, with varying degrees of active engagement—as a starting point for psychosocially integrating into a variety of Indigenous cultural formations beyond.

4. The social potential of music for addiction recovery

Although many music studies observe that musicking promotes social cohesion or related terms (e.g., Garcia, 2013; Gay, 1991; Pearce, Launay, MacCarron, & Dunbar, 2017), the relevance to preventing and treating addiction has never been discussed in any detail. What are key findings in music scholarship about musicking promoting cohesion, and how do these relate with addiction recovery? The red road to recovery is used as a context for inspiring a main academic contribution of this article in the form of new scholarly insights, and directions for future research.

4.1 Music-making and involved talk

In music scholarship, one of the most detailed theorizations of how social cohesion is produced during making music appears in a book chapter and article featuring music psychologist Stefan Koelsch as one co-author (Koelsch,
Offermanns, & Franzke, 2010; Koelsch & Stegemann, 2012). Koelsch together with Thomas Stegemann observed six social functions of music that, ultimately, produce a seventh C, social cohesion. The six Cs name actions taken by an individual in order to connect within a group. These are: contact with other individuals when making music; social cognition around trying to figure out the “intentions, desires and beliefs” of individuals who created a musical composition, which a study of non-musicians listening to the atonal music of Arnold Schönberg and Anton Webern found suggested that music engages areas of the brain dedicated to social cognition; co-pathy “in the sense that interindividual emotional states become more homogenous (e.g., reducing anger in one individual, and depression or anxiety in another), thus decreasing conflicts and promoting cohesion of a group”; communication, about which neuroscience and behavioral studies have found that the neural substrates and cognitive mechanisms in the brain for musical syntax and language syntax substantially overlap; coordination of actions for instance when making music in a group; and cooperation between music-makers (Koelsch & Stegemann, 2012, pp. 440–441). Cooperation furthers interpersonal trust, in so doing increasing the likelihood of cooperation in the future. Produced social cohesion strengthens confidence in reciprocal care and in similar engagements with other people happening in the future (Koelsch & Stegemann, 2012). Psychosocially integrating may be considered a part of the seven Cs in that it concerns how an individual integrates into group music-making contexts.

To use the cultural healing circles as an illustrative example that points to how Koelsch and Stegemann’s model could be extended, contact is present when people meet in the healing circles in order to make music—but also to talk during healing circle events. Regarding social cognition, trying to figure out who composed a piece of music is mostly irrelevant to that Indigenous musical context because who created a song and why typically isn’t the focus. So-called cultural healing is. Besides, song authorship is usually not attributed and valued in the same way as in Western contexts—a song is usually said to have come to a person from another source, for instance a dream, a supernatural being or sounds of nature (see Harrison, 2002). No doubt social cognition is at play, but its presence should be studied and tested in culturally diverse musical contexts. Koelsch and Stegemann put forth that co-pathy may be generated among people making any music in a group, and although untested in the case of the healing circles, this is believable there. Certainly the talking circles have an emotionally leveling atmosphere as people are reassured and reassuring in receiving and offering social support. Finally, hand and powwow drumming and singing, like people making many kinds of music live, involves communication. One needs to communicate in a group somehow in order to make the music effectively, particularly through the coordination of drumming and voices, which necessitates interpersonal cooperation. To address this section’s question, these six Cs are relevant to addiction treatment and recovery in that they are claimed to result in social cohesion.

The precise model submitted by Koelsch and Stegemann is limited to a Western musical viewpoint, but after it is critiqued in relation to diverse cultural contexts as in the above paragraph, it could be expanded to be a theory that is sensitive to cultural and musical difference. Cultural healing circles fit Koelsch and Stegemann’s initial model—except that contact happens at least also via talk in addition to music-making, cognition takes a different focus than in the Western art music example provided in Koelsch & Stegemann, 2012, and I suggest that culturally bound processes pertinent to the seven Cs, including but not limited to social cognition in music, be tested across diverse cultural contexts. An interculturally relevant expansion of the seven Cs could thus be arrived at.

Talk that happens around the music-making—for instance the talking circles—involves the first six Cs as well, but differently. Music scholars Tal-Chen Rabinowitch, Ian Cross (both music and science specialists) and Pamela Burnard (a music education specialist) explained that music-making generates musical connectivity in ways different from speech, which is a more explicit form of communication. However, talk is nonetheless cohesion-promoting because it is a shared focus, an idea detailed in sub-section 4.3. Music and talk can result in intersubjectivity, whereby individual cognitive and affective dynamics are shared (Rabinowitch, Cross, & Burnard, 2012b).

Music-making, by contrast, involves what Rabinowitch, Cross, and Burnard call floating intentionality, a type of semantic indeterminacy that “permits specific, but not necessarily uniformly emotional experiences to peacefully coexist, and thus promotes accord between players” (Rabinowitch, Cross, & Burnard, 2012a, p. 485; see also Cross, 2005). In semantic indeterminacy, aesthetic experience does not block diverse emotional experiences. As a process, music-making also involves flexibility as a prerequisite for keeping pace with rapid musical communications. It includes what Rabinowitch, Cross and Burnard call “disinterest”, from the Kantian phrase disinterested pleasure about arts “as the experience of pleasure without presupposing the existence of a pleasurable object” (Rabinowitch et al., 2012a).

Beyond these theories and findings, the leap to productively addressing addictions through musical connectivity has not yet been taken in an academic study until here. I point out that the musical end-result of social cohesion or its being experienced as psychosocial integration has properties that both protect against and can be used to treat addictions.

4.2 Multisensory aspects of musicking

Human beings have eight senses. They are the auditory (hearing), visual (seeing), tactile (touch), gustatory
(taste), olfactory (smell), vestibular (movement), proprioceptive (body awareness), and interoceptive (felt sense of internal physical bodily states). This section addresses what the seven senses beyond the auditory contribute to the theorization of musicking for social connectivity, social cohesion, and psychosocial integration as informing addictions prevention and recovery. Treatments of all of the eight human senses have been neglected in socio-cultural studies of music, health, and well-being, even though multisensory studies are on the rise in physiology-centered studies.

A fresh contribution that musical example of the red road to recovery suggests for the current music, health, and well-being literature is that all of the seven senses beyond and including the auditory have important roles in bringing people together via music and musicking including towards addiction recovery. All of the senses can conceivably be involved in generating common experiences of a group, which serve as further bases for shared understandings and social cohesion. Participants in cultural healing circles share the smoky smell of sacred plants burning. The visual elements of being together in a drum group include people seeing the same thing—each other, one or more drums, any ritual paraphernalia. The proprioceptive sense, referring to where our bodies locate in space and how they are moving (felt as sensations of force, weight, and heaviness), activate when people physically drum at the same time. Hand drummers, for example, share the experience of their standing or sitting—both of which activate the vestibular sense of balance located in the inner ear. The interoceptive sense, how one feels physiologically in one’s body, may be affected by hunger or thirst, addressed in cultural healing circles in Vancouver with group breaks for coffee, tea, and snacks.

The music literature on social connectivity, more generally, addresses how social cohesion is generated via musical sound and movement—indeed, “community” and “culture” form bases for innumerable ethnomusicology, musicology, and community music studies. Various studies observe that dance produces social cohesion (e.g., Farrer, 2004). Another relevant area of music study concerning both music and movement—implicitly relevant to cohesion—is that of entrainment, which refers to the “process by which two or more independent rhythmic processes interact, leading in some cases to synchronization” (Clayton, Sager, & Will, 2004, p. 4; see also Phillips-Silver, Aktipis, & Bryant, 2010). There has been musical work on muscular bonding, the idea that people bond socially as they coordinate their muscle movements (Kogan, 1997; McNeill, 1995). Remarkably, music scholarship has not yet put in dialogue the terms psychosocial integration and social cohesion with health science literatures in any systematic way, and particularly not within a systematic multisensory analysis—two further research directions that this article encourages.

4.3 Developing social connectivity, psychosocial integration, and social cohesion through musicking

This section uses the case study of musicking of the red road to recovery to introduce the idea that when people connect around various music-related ways of being, ideas and focuses of attention (see Rabinowitch et al., 2012a), this can be useful in preventing and treating addiction. For example, in cultural healing circles, drummers put their attention on the sound they make, and how to make it, when drumming and singing together. I just pointed out how participants also share certain multisensory ways of being. Since psychosocial dislocation is arguably at the root of addiction, and psychosocial integration can prevent or assist in treating it, I will argue that it is worthwhile to heed a broad variety of common experiences around and through which people may cohere and psychosocially integrate during addictions recovery, and via musicking. People who come together with the shared intention to make music usually, at the same time, engage, strengthen, or promote other kinds of social formations, constructs, and processes.

The red road case shows how diverse can be the interpersonally shared focuses that grow psychosocial cohesion via musicking (see also Reddish, Rischer, & Bulbulia, 2013) as well as why the diversity might be a particular strength of music and musicking when considered vis-à-vis addictions recovery. Certain socio-cultural focuses that participants share during red road musicking have been studied in addictions health science already: spirituality/religion and peer support. Others I will discuss—like ethnicity and social and political values, including those of mass movements—are less studied, but the music literature highlights them as generators of social cohesion.

In addictions science studies, religion or spirituality around which people connect socially has been found to positively correlate with successful addictions recovery. People reporting high levels of religious affiliation are more likely to recover from addictions (Booth, Curran, & Han, 2004; Havassy, Hall, & Wasserman, 1991; Pardini, Plante, Sherman, & Stump, 2000). It has been hypothesized that faith and spirituality help people in managing life stressors (Moos, 2007, p. 542). Relevant for addiction prevention and treatment, the importance of music for promoting social cohesion and integration within religious or spiritual institutions has been widely noted (e.g., Alude, 2011; Andemicael, 2017).

Cultural healing circles incorporate a shared focus that is spiritual or religious. Officiating elders will discuss and emphasize aspects of the singing and drumming relevant to Indigenous spiritual ideas and/or Christianity, which has been subject to syncretism with Indigenous spiritualities. Emphases on such spirituality and religion are key parts of the red road to recovery, for example when a drummer strikes honor beats to prayer, during the powwow drumming of cultural healing circles. In Vancouver, teachings...
related to Indigenous spirituality that are Plains in orientation may simultaneously evoke local and regional elements. This allows easy access for both local Indigenous people and people identifying with pan-Indigenous or Plains constructs; it eases participant adoption of the spirituality taught by officiates/elders. One example grounded in Plains beliefs, but resonant with Northwest Coast beliefs, concerns how to treat a powwow drum. Cultural healing circle participants are taught that the powwow drum is a living being that must be offered tobacco or otherwise symbolically fed. The drum must be wrapped in cloth for storage—which is also the practice for sacred Northwest Coast masks. Even though cultural healing circles have strong Plains spiritual influence, individual elders and participants may discuss spirituality, including prayer and spirit beings, in regional and local terms. Another example is disallowing people who are high or drunk from drumming. This resonates with regional Coast Salish beliefs about alcohol. Following colonial encounter, Coast Salish added alcohol to a list of factors that can pollute one’s spirit and life force. Some Coast Salish say that the projection of a person’s “spirit power,” one’s síw̓ə̓l, “does not mix” with alcohol (Robinson, 1963, pp. 109–110, 138). In cultural healing circles with their spiritual aspects, alcohol use does not have a place, according to this regional, traditional viewpoint.

Valuing peer support for abstinence is also important to participation in cultural healing circles. As mentioned, peer support is given as people share difficult stories during talking circles, or inspiring stories—such as how undertaking Indigenous singing and drumming supports addiction recovery. The addictions science literature finds that friends and peer support prove immensely helpful to addiction recovery—particularly a social network that clearly advocates for and supports maintaining sobriety (McCrady, 2004). People with friends, family and co-workers who encourage abstinence are more likely to achieve remission from drug and alcohol use (Albertsen, Borg, & Oldenburg, 2006; Beattie & Longabaugh, 1997; Bond, Kaskutas, & Weisner, 2003). In this perspective, cultural healing circles serve as a kind of mutual aid society that, through peer support, prioritizes sobriety and monitors for addictive behavior. Disallowing people from drumming when they are high or drunk is one example of such monitoring. Many government-funded health and community centers in Canada that offer red road drumming often also organize addictions counseling that monitors for and helps with addiction relapses. Sometimes elders, who officiate drumming, work as such drug and alcohol counselors for drumming participants. Both abstinence-specific support—what is being described here—and the general support experienced through social cohesion and psychosocial integration in cultural formations will support addictions recovery. General support has been found to be useful to abstinence, similar to abstinence-specific social support. Psychology scholar Rudolf Moos writes that general support works as a “substitute” when abstinence-specific support is not available (Moos, 2007, p. 541).

Now I come to the interpersonally shared focuses (in italics) in cultural healing circles that, in my view, have received too-limited study in addictions science on sociality’s relationships to addiction recovery and prevention. First are music and musicking. Cultural healing circles have making music as a main shared focus among participants—in Vancouver, performing powwow and hand drumming songs. A group making music and musicking (undertaking socio-cultural activities in order to create a musical event) are well recognized by music scholars as shared focuses of attention and action (after DeNora, 2000; Small, 1998). In cultural healing circles, constructs of ethnicity—Indigenous ethnicity and ethnicities specifically—are also shared focuses. Indigenous participants connect among themselves via markers of Indigenousness, for example the hand and powwow drumming and singing sounds. The symbol of the medicine wheel is one key visual marker of indigeneity. Others include the frame drums and the eagle feathers used during the smudge ritual.

Addictions science has started to study ethnic groups, but the studies have not yet produced convincing results about what ethnicity contributes to the connectivity useful for addictions prevention and recovery. In music scholarship, ethnicity has long been found to be a social construct and experience around which people cohere through music (e.g., Farrer, 2004; McLellan, 2004). Ethnicity is a foundational concept of ethnomusicology, with its extensive focus on socio-cultural relationships. As a mechanism around which to develop social cohesion, ethnicity could be studied much more in addictions science.

Spirituality/religion, peer support, music, musicking and ethnicity, in addition to being shared attentional focuses, are aspects of red road music-events that have enough value to participants that they recur constantly. As studies in anthropology (e.g., Robbins, 2013) and ethnomusicology (Harrison, 2015) demonstrate, such social values are important elements around which people cohere. In the cultural healing circles, another social value is strongly present: inclusivity. When one walks into a cultural healing circle in Vancouver, the utmost feeling is of being included. People tend to look one in the eyes; say “welcome” or “hello”; offer tea, coffee, a snack or a drum beater; and speak an affirmation, for example, “Good to see you” or “Great to meet you.” One’s gender, the way one dresses, one’s socio-economic class, or one’s ethnicity does not affect this treatment. When I brought a colleague from Finland to a drumming circle when conducting fieldwork, she told that it was the most inclusive and welcoming social context that she had ever been in.

The values also are and involve ideas, in this case culturally and geographically specific ones. I will illustrate this with the example of how elders with whom I have worked perceive themselves as promoting inclusivity through music repertoire choice. Elders such as Gerry...
Oleman and Fred John understand themselves as promoting inclusivity when they select songs associated with diverse Indigenous groups and places, for participants to sing and drum. Musical elements from the Northwest Coast and from other Indigenous locations, the elders say, may be understood by cultural healing circle participants as sonic “identity markers” that may remind them of their cultural heritages, and enable them to revive what Fred John poetically called their “spirit of identity.” John commented,

So the songs also represent, maybe…Now, each nation throughout North America, they recognize a song that maybe happened when they’re a baby or when they were little. It revives that spirit again. It brings it back. So any song they hear will automatically trigger that memory and say, “Oh, I like that sound. Where’s that drum coming from? Where’s that drum coming from?” They’ll go. They’ll look for that sound. And it makes them feel good. They’ll feel like it’s bringing them back to the purification time when they were little or when they’ve been raised before the hardship started. And they understand the condition that their parents were in, grandparents maybe did those kinds of ceremonies or they had big gatherings and always included the songs of their area. So what I was teaching…was for them to, the ones who came in and really [were] interested in singing and learning, to revive their spirit of identity. It makes them feel good and they enjoy and [it] lifts a lot of hard things that was bothering them [when] they are that weak, that made them feel really bad. But after that, singing and hearing the songs, it lifts that…And the people that come here, some of them went home and did singing with their family, you know, where they come from, and before too long their grandmother and their mother [were] singing. They were singing their songs they haven’t sung. That is because they weren’t allowed to sing [due to laws and government policies of forced cultural assimilation]. They were not allowed to use any of their songs or ceremonies. And it was given back to them to go ahead. It wouldn’t disturb them anymore if they went ahead and did, but still it was too far forgotten that a lot of them would not go there anymore. (John, 2005)

In cases where cultural healing participants have experienced loss of active participation in their local and historical cultures for instance due to residential school, people and placed associations of powwow music allows it to become a sonic portal through which the participants may be able to access Indigenous musical culture.

The choice of powwow songs, to tie this example to genre, enacts the value of inclusivity in the way interpreted above as follows: Powwow songs already have within them regional sonic contents (e.g., words in local Indigenous languages, or use of a particular timbre and voice placement) that may resonate with individuals’ backgrounds. Tara Browner writes that “all pow-wows [including the songs] have a larger, underlying tribal or regional framework, and by either merging with or deviating from it participants reinforce personal tribal affiliations” (Browner, 2004, p. 4). Psychosocial integration in Indigenous cultural formations is thus supported at a local or regional level, not only at a pan-Indigenous level as one might suspect of a genre spread throughout Indigenous North America. This suggests how red road music activities may succeed as addictions treatment because Indigenous people become (more) enculturated into Indigenous frameworks (see Stone, Whitbeck, Chen, Johnson, and Olson, 2006). Many Indigenous accounts of the red road characterize this type of psychosocial integration as a lifelong process characterized not by “grand sweeps of transformation” but rather “small turns of thought and feeling” (Kimayer, 1993, p. 176; Waldram, 2008, p. 5). The red road to recovery is understood as a lifelong journey, and thus departs from a Western medical focus on being cured (Waldram, 2008).

Political values are also important shared focuses during musicking. The red road to recovery involves a series of political values because it may be considered a social mass movement and makes use of valued political discourses. Addiction-treatment workers and writers Don Coyhis and William White (2002) locate the red road—popularized starting in the 1980s—within five overlapping and widespread Indigenous North American sobriety movements, some reaching back to the 1700s and 1800s. Different versions of this addiction recovery process have appeared in treatment programs throughout Indigenous Canada and the USA (e.g., Vick, Smith, & Herrera, 1998), where it continues to disseminate.

To rally Indigenous people around a goal (sobriety) and cause (sobriety of Indigenous people), the red road incorporates: symbolic aspects that Indigenous people can identify with, such as the medicine wheel and teachings related to it, many concerning colonial experience; pan-Indigenous music that people from any Indigenous group can freely participate in; and inclusive values that embrace diverse kinds of participants as well as local, regional and continental musical manifestations of indigeneity with which the participants might identify (see Aborgast, 1995; Thin Elk, 1993). Social movements, including the red road, often include music as a key element (Eyerman & Jamison, 1998; Peddie, 2016). Social anthropologist and ethnomusicologist Cornelia Nuxoll, for instance, notes that music in a mass movement will allow people to cohere socially (Nuxoll, 2015).

Proponents of the red road to recovery use valued political discourses in efforts to attract participants interested in Indigenous rights broadly, and to attract funding, for instance from Canadian governments or settler populations. White Bison, Inc.—a US-based organization that devotes itself to disseminating the red road approach via tours and media—refers to Article 7 of the United Nations’ Convention on the Prevention and Punishment of the Crime of Genocide (1948) in motivational discourses about why colonizers’ actions towards Indigenous people in Canada and the USA have resulted in cultural dislocation and, in turn, Indigenous people turning to addictions. Article 7
defines genocide as “any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such: killing members of the group; causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; [and] forcibly transferring children of the group to another group” (White Bison, Inc., 2015). White Bison’s media offers examples of massacres or spreading smallpox via blankets, hangings (e.g., of Canadian Métis leader Louis Riel or 1862 mass hangings in the USA), forced relocation (e.g., to reserves or reservations, sometimes far away), forced sterilization of Indigenous women (the Canadian provinces of British Columbia and Alberta had sterilization legislation), and residential or boarding schools. Talk that motivates the red road to recovery also articulates the valuable relationships between music and addictions prevention and treatment. It argues that re-connecting to Indigenous musical and cultural traditions can salve addiction for Indigenous people (John, 2005; White Bison, Inc., 2015).

In addictions science studies, then, religion or spirituality around which people connect socially has been found to correlate positively with successful addictions recovery, as has peer support. However, there exist many additional, possible shared focuses of attention, including music and musicking as well as social constructs engaged by these—such as ethnicity and values. In cultural healing circles of the red road that apply music, one finds musicking, ethnicity, and social and political values as well as a social mass movement towards addiction recovery. I explained that in cultural healing circles, an array of multisensory ways of being, ideas and attentional focuses shared by people, and acted upon musically, can serve as common ground for building the psychosocial integration and social cohesion that, according to Alexander, prevent addiction and promote recovery. Music creates psychosocial integration and social cohesion via a variety of ways of being, ideas, and focuses of attention that can be at play in single musical moments, all being shared by participants and bringing people together therefore, yet also often relating (as in the example of local paddle songs adapted to the powwow drum) with broader musico-cultural formations (like winter ceremonials) likewise facilitating social connectivity.

5. Conclusion

As the addictions science literature has found, social connectivity including in the forms of psychosocial integration and social cohesion is useful to both preventing and treating addictive behaviors. In general, the more social connectivity is experienced by individuals within a group of people, the lower their levels of addiction tend to be; less social connectivity associates with greater likelihoods and realities of being addicted.

Extending these findings to music, the present article identified and studied means through which music and musicking can promote aspects of social connectivity relevant to addictions prevention and treatment. The article reviewed key theories and findings in music research about how music-making and involved talk can generate social cohesion, including through what are called the seven Cs, through semantic indeterminacy and through disinterested pleasure. Reflecting on an ethnographic case study of Indigenous musicking on the red road to recovery in North America, the article offered insight for expanding a model, offered in Koelsch and Stegemann 2012, to include diverse musico-cultural contexts that produce social cohesion.

Within multisensory musical events, key concepts from music research such as entrainment and muscular bonding can be important in creating social connectivity. However, music, health, and well-being research about or relevant to generating social connectivity, social cohesion and psychosocial integration has neglected full and precise treatment of the senses beyond and in relation to the auditory: the visual, tactile, gustatory, olfactory, vestibular, proprioceptive, and interoceptive. Musicking on the red road to recovery illustrates how all of these sensory experiences can be at play in musical events.

This article offered key findings on the relevance to addictions recovery of shared ways of being, ideas, and focuses of attention among participants in music and musicking. Empirical support for the discussion was drawn from my long-term ethnographic study of Indigenous addiction rehabilitation settings in Vancouver, Canada. I indicated how diverse shared focuses of attention can be in that musical context, for example involving constructs of ethnicity, around spirituality/religion, and social and political values. The constructs imply ideas and ways of being that may be held in common, as may be aspects of participants’ multisensory experiences of the events. Via shared ways of being, ideas, and focuses of attention that emerge through different dimensions of musical culture, musicking people can together develop meaningful social connections, psychosocial integration, and social cohesion. This, in turn, can mitigate the social dislocation or disconnection that arguably is at the root of addiction. These are qualities that music practitioners working with addictions can bear in mind, but I also offered new directions for research on music - addictions relationships: I highlighted focuses of attention, ideas, and experience that have received limited study in addictions science, but that the music literature illuminates as generators of social cohesion. These are ethnicity, and social and political values including those of mass movements. The article further illustrated something of what health practitioners can learn about what music has to offer to the social cure approach to addiction recovery. During experiences of music—understood broadly to include the various sensory engagements and social aspects of a musical event—different musical ways of being, ideas, and attentional focuses can unfold at one time or in one
musico-cultural formulation. They permeate mind and body; encompass thinking, being, and acting. These overlaid musical experiences that participants in a musicking group share constitute multiple and at times multisensory pathways to potentially bring people together, via a specific sensory, mental, and bodily experience that may have implications far beyond when broader cultural actions and arenas are engaged. In such ways, music’s many pathways to social connectivity hold potential for promoting addiction recovery through enhancing psychosocial integration and social cohesion.

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ORCID iD

Klisala Harrison https://orcid.org/0000-0002-2269-9065

Peer review

Elizabeth Tolbert, Peabody Conservatory of the Johns Hopkins University, Department of Musicology.
Genevieve Dingle, University of Queensland, Faculty of Health and Behavioural Sciences, School of Psychology.
Kathleen Murphy, Loyola University New Orleans, School of Music.

Notes

1. This article extends the author’s work on music and addictions emergent from 18 years of research on socio-cultural aspects of music in one of Canada’s poorest urban neighborhoods, Vancouver’s Downtown Eastside. There, clinical and community practitioners use music in diverse ways to address high addiction rates as well as associated human rights and capability development questions (Harrison, in press).
2. The first study to quantitatively explore how social networks affect perceived social cohesion in multi-dimensional ways came from obesity studies in 2015 (Gesell, Barkin, Sommer, Thompson, & Valente, 2016).

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