



Opinion

Volume 8 Issue 2 - April 2026
DOI: 10.19080/GJARM.2026.08.555731

Glob J Addict Rehabil Med

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Finding Voice Through Blackout Poetry in Recovery



Elizabeth Knickerbocker-Gavidia^{1*} and Joanne Loewy²

¹MT-BC, Fellow, The Louis Armstrong Center for Music and Medicine, USA

²The Louis Armstrong Center for Music & Medicine, Icahn School of Medicine, Mount Sinai Hospital, New York, USA

Submission: April 20, 2026; **Published:** April 29, 2026

***Corresponding author:** Elizabeth Knickerbocker-Gavidia, MT-BC, Fellow, The Louis Armstrong Center for Music and Medicine, USA

Abstract

Our nation's ongoing opioid crisis imposes substantial physiological, emotional, and systemic burden, particularly when early withdrawal risk levels of heightened stress reactivity, reward dysregulation, and impaired executive functioning. These responses reap limited engagement with the usual and customary verbally mediated treatment approaches. Music therapy is increasingly acknowledged as a bottom-up, affect-focused intervention, rendering results that have proven capacity to support regulation, motivation, and engagement in substance use disorder treatment. This opinion paper extends that framework by proposing a new and novel addition to an approach that may provide a structured, music adjacent, creative experience. Creative models may serve as uniquely well-suited for individuals with opioid use disorder. They are grounded in neurobiological models of addiction and research on music-evoked emotion, when introduced during detoxification and early stabilization may show efficacy. Selective transformation of discovered text can engage attentional, affective, and reward-related processes while reducing risks associated with music-evoked craving.

Blackout poetry is framed as a hybrid intervention bridging verbal and embodied creative processes together with cognitive scaffolding and emotional distancing, that offer opportunities for mastery at a time of heightened cognitive and emotional overload. Clinical reflections of past research suggest compatibility with music therapy practice, particularly within harm-reduction and recovery-oriented models. Emphasizing the need for systematic, mechanism-focused, this article will provide 'Blackout Poetry' as a new and novel therapeutic contribution that has shown efficacy within music therapy and substance use treatment contexts. It is my hope that it may provide an example of a unique model that may be implemented and explored within a creative treatment modality.

Keywords: Music therapy; Opioid use disorder; Blackout poetry; Substance use treatment; Creative arts therapies; Harm reduction; Emotional regulation; Early recovery; Music-evoked emotion

Abbreviation: OUD: Opioid Use Disorder; SUD: Substance Use Disorder; SUT: Substance Use Treatment

Opinion

Opioid-related deaths have escalated, particularly since COVID increasing more than fourfold between 2001 and 2016, and the economic burden of addressing opioid use disorder (OUD) and related overdose issues now exceed one trillion dollars each year, placing significant pressure on U.S. and other North American systems [1,2]. Physiologically, OUD aligns with what Dr. George Koob, Professor and Chair of the Committee on the Neurobiology of Addictive Disorders at the Scripps Research Institute, describes as a shift into a "reward deficit and stress surfeit disorder," a chronic stress state marked by intensified anxiety, autonomic arousal, and pervasive negative affect during withdrawal [3]. Emotionally, individuals often endure profound dysphoria, impaired affect regulation, and heightened sensitivity to stress,

further compounding the burden of the disorder [3]. These states risk impairment of verbal reflection, executive control, and top-down regulation, suggesting a need for interventions that directly influence affect, physiology, and embodied experience, which comprise the core elements of music therapy.

Music therapy in substance uses treatment shares common goals of supporting engagement, enhancing motivation for change, promoting emotional regulation and self-expression, and reducing substance-related harm within a person-centered framework. Grounded in a harm-reduction philosophy, music therapy is conceptualized as an integrative approach that meets clients where they are, values autonomy, and supports safe coping and meaning-making [4]. Clinical writing on work with women

with addictions further emphasizes goals of empowerment, relational safety, identity development, and trauma-informed care, highlighting how music therapy integrates responsively within group therapy and psychosocial treatment settings [5]. By fostering a stronger therapeutic bond and easing emotional expression, music therapy enhances traditional treatment approaches, situating recovery-oriented care as effective and engaging for patients [6]. Common music therapy experiences implemented in substance treatment include lyric analysis, collaborative songwriting, improvisation, and receptive music listening to address goals such as readiness for change, enhancing insight and agency, affect regulation and connection, and stress reduction [7].

Collectively, these aims and practices suggest that the value of music therapy lies not only in its alignment with existing treatment models, but in its capacity to engage affective, neurological, and physiological systems that are often inaccessible through verbal means alone. Therefore, better understanding of how music therapy supports change in substance use treatment, requires examination of the mechanisms of music-evoked emotion and the neurocognitive processes that shape meaning-making, motivation, and regulation. This perspective also may create space to consider structured, music-based experiences that draw on similar emotional and cognitive pathways while offering a contained, accessible entry point for individuals in the early stages of recovery. Research on music-evoked emotion has identified its impact on psychological and neurocognitive mechanisms such as expectancy, emotional contagion, and memory activation. These processes are evident in blackout poetry, where individuals select resonant words from existing text to construct new meaning [8]. Neuroscientific findings show that music-evoked emotions activate limbic and reward pathways, including the amygdala and nucleus accumbent [9]. Peak emotional responses further correlate with dopamine release during anticipatory and consummatory reward phases of both music-making and music-listening experiences [10]. These processes are clinically relevant for OUD populations, who experience reward-deficit and stress-surfeit states that reduce sensitivity to natural rewards [3].

Experiences of mastery, such as completing a blackout poem, may support early stabilization during detoxification. Music-based interventions in substance use disorder (SUD) treatment have demonstrated benefits in motivation, emotional regulation, and engagement [6,11]. Blackout poetry parallels lyric analysis while reducing risks associated with auditory triggers, as certain music stimuli can evoke cravings in individuals with SUD [7,12]. By utilizing curated texts rather than evocative music, blackout poetry offers reflective potential while reducing sensory load [13]. Facilitated sessions that incorporate soft instrumental accompaniment can provide grounding and structure while encouraging emotional exploration [14]. Blackout poetry activates cognitive and emotional systems compatible with

the neurobiology of addiction [3,6]. In selecting words, one's attentional focus, emotional appraisal, and executive functioning draw on neural systems involved in decision making and affective evaluation [7]. These processes engage brain regions associated with self-regulation, which are often disrupted during withdrawal [3]. The structured limitation of available words offers cognitive scaffolding, promoting creativity within boundaries that may be accessible for individuals experiencing cognitive overload or emotional flooding [13]. Additionally, transforming external text into a self-generated narrative may support narrative identity reconstruction, an important component of recovery [13]. Given that excessive stress activation weakens reward signaling, micro reward experiences, such as poem completion or group sharing in a rhythmic context may promote motivation [3]. When paired with ambient musical support, blackout poetry further enables music-assisted emotional regulation without exposure to potentially triggering lyrical content [8,12].

Blackout poetry provides a structured, yet expressive intervention uniquely suited to individuals in detoxification or early stabilization [13,15]. It permits emotional distancing, as participants use preexisting texts rather than confronting blank pages, while still supporting agency, coherence, and emotional expression [12]. The modality can also complement traditional music therapy interventions, such as songwriting or lyric analysis, by offering a low-demand entry point [8], that is well-suited for socialized expanded development. Clients may incorporate phrases from their poems into group songs, -as illustrated in a resource book created by my colleague while she was at the Metropolitan State Hospital in Norwalk, CA, facilitating group sessions in in-patient psychiatry- which includes collaborative lyric development supported by gentle guitar accompaniment [7,13,14]. This integrative approach encourages clients to engage across a continuum of expressive practices without overwhelming emotional activation [8,12]. These theoretical considerations are reflected in clinical practice through the following vignette, which illustrates an inpatient group music therapy session on a detoxification and rehabilitation unit.

Music therapy was provided in an open group for 10 adults ages 33–69 with mixed substance use disorders. The following clinical vignette focuses on one group member John, a 58-year-old man with opioid use disorder and a history of multiple rehabilitation admissions. This vignette describes his participation in a blackout poetry intervention using familiar, neutral song lyrics (“Feeling Good,” “What a Wonderful World,” and “Three Little Birds”) accompanied by a simple C Major chord progression played live on guitar. John is a regular participant in music therapy groups across readmissions, though his level of active engagement varies from session to session. At the start of this experience, I observed him to appear withdrawn and hesitant to engage; however, as the steady guitar accompaniment continued, his focus increased and he demonstrated sustained attention to the lyric sheets. As

the intervention progressed, John selected words and phrases with growing intentionality, and observable shifts in affect emerged, including increased engagement and an increasingly settled posture. During processing, he expressed surprise at the meditative and grounding quality of the experience and read his completed poem aloud to the group with increased confidence. The structured nature of the blackout poetry intervention appeared to support sustained attention and emotional distancing while facilitating affective expression, offering a sense of accomplishment and promoting interpersonal connection without requiring extensive verbal disclosure.

My introduction to blackout poetry occurred during clinical training through a session plan created by a classmate that I later adapted and implemented across multiple settings [14]. In inpatient addiction treatment, blackout poetry has facilitated emotional expression among individuals experiencing withdrawal-related distress [13]. In skilled nursing environments, the technique allows older adults to reflect on memories and personal meaning without requiring complex verbalization [15]. Across populations, blackout poetry provides a consistent structure that supports self-expression, collaboration, and regulation [13,15]. This personal clinical experience, alongside emerging research outside of music therapy, underscores the need for studies examining the mechanisms underlying blackout poetry within music therapy, as its therapeutic potential appears broad yet remains largely untouched and certainly undocumented [13]. Blackout poetry offers a clinically meaningful, aligned, and emotionally accessible modality for individuals who may be experiencing opioid use disorder, particularly during early withdrawal when cognitive load and emotional volatility are high. It draws on established mechanisms of music-evoked emotion, supports reward activation through creative mastery, minimizes risks associated with music-triggered cravings, and promotes identity reconstruction through narrative formation. Given the severity of the opioid crisis and the methodological limitations of existing music therapy research in SUD treatment, there is a pressing need for systematic, mechanism-focused studies to evaluate blackout poetry's therapeutic contributions and to

deepen understanding of expressive, low-demand interventions within music therapy practice.

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DOI: [10.19080/GJARM.2025.08.555731](https://doi.org/10.19080/GJARM.2025.08.555731)

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