The Prevalence of Hip Hop Music in Music Therapy Education & Practice

Dannyele C. Crawford

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The Prevalence of Hip Hop Music in Music Therapy Education & Practice

A THESIS

Submitted in partial fulfillment of the requirements
For the degree of Master of Science
In Music Therapy

by

Dannyele C. Crawford, MT-BC
Molloy College
Rockville Centre, NY
2021
The Prevalence of Hip Hop Music in Music Therapy Education & Practice

by

Dannyele C. Crawford

A Master’s Thesis Submitted to the Faculty of

Molloy College

In Partial Fulfillment of the Requirements

For the Degree of

Master of Science

May 2021

Thesis Committee:

Dr. Adenike Webb
Faculty Advisor

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Committee Member

Dr. Suzanne Sorel
Director of Graduate Music Therapy

Date

Date

Date
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Abstract

Despite the popularity and significance that hip hop music holds in our society today, there is a grave absence of hip hop music in music therapy academia and practice. This study explores the prevalence of hip hop music in music therapy education and practice. Two populations, current students and new clinicians, were surveyed for this study to ascertain the prevalence of hip hop music both in current music therapy practice and in the current music therapy education system. This study involved the collection of data surrounding the participants’ experience with hip hop music prior to their studies, in their music therapy training/education, and their clinical work. Research findings indicate that the majority of music therapy students and clinicians were not exposed to hip hop music and techniques within their academic curriculum, which has led them to feel underprepared for and hesitant about the clinical use of hip hop. Hesitations about the clinical use of hip hop included lack of knowledge of the genre and fear of cultural appropriation. This study aims to provide valuable insights for music therapy educators, students, and clinicians, to further diversify music therapy academic programming, advanced training, and future clinical work.

Keywords: music therapy, music therapy education, hip hop music, hip hop culture
Acknowledgements

I would like to express my deepest gratitude to the following people who have shown me endless support throughout my journey here at Molloy:

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To my Nana, who was always my number one fan. Thank you for bringing music into my life. I would not be who I am today without you. Though you could not physically witness my journey, I felt your presence the entire way and I hope that I am making you proud with every step.

To all of my family and friends, who have supported me in every way possible, my village. I am so lucky to have you all in my corner. This would not be possible without your constant wisdom and presence.

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I would also like to thank the faculty of Molloy College’s music therapy department, as well as all of my past and current supervisors, for always believing in me and pushing me to be the best that I can be. I am grateful for everything you all have taught me during this time, and I hope to use that knowledge to make you all proud.

Lastly, to all of my peers, especially my cohort, I am truly glad that our paths met at Molloy. I am grateful to have been surrounded by such thoughtful, intelligent, talented, and supportive individuals. You all have been such a major support system during my journey, and I am grateful to have gone through this process with each and every one of you.
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The Prevalence of Hip Hop Music in Music Therapy Education & Practice

Music therapy is defined by the American Music Therapy Association (AMTA) as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (American Music Therapy Association, n.d.). Music therapy is used to help people of all ages with varying diagnoses to achieve both musical and nonmusical goals through the act of musicking. Bruscia (2014) also defines music therapy as “a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change” (p. 20). Music therapy is used to promote clients’ well-being and to enhance their quality of life despite their diagnosis or life circumstances and continues to grow as a profession and expand to various new areas of need. Music is the medium through which change occurs within music therapy, and to bring about change, music therapists must be familiar with the immediate needs and preferences of their clients.

Though music therapy is intended to enhance the well-being and health of clients of various cultural backgrounds and different ages, the music therapy profession does not appear to equally explore the effectiveness of all styles and genres of music, hip hop music in particular. There is a grave absence of hip hop music in music therapy education and practice. Hadley & Yancy (2011) have stated that many music therapists may not be comfortable with incorporating hip hop music into their therapeutic practice and implementing hip hop-based interventions due to their unfamiliarity with the genre or conflicting feelings about the glorification of violence, misogyny, and profanity that are prominent within the hip hop culture. There is also a concern of cultural appropriation surrounding the clinical use of hip hop music (Rose, 1994). However, hip
hop music is now the most popular genre of music, especially among today’s youth, surpassing the previously top-selling genre, which was country music ("Charts | Billboard," n.d.; Travis, 2013). Everyone’s experience and preference of music is different, therefore music therapists must learn to navigate and provide various genres of music for their clients, whether they are familiar with them or not. With this said, it should be expected of our academic and training programs to provide music therapists with the knowledge and tools needed to do this effectively.

The absence of hip hop music in the music therapy profession also speaks to the lack of diversity within the field. The music therapy profession is mainly comprised of white, cis-gendered women, and thus lacks representation for marginalized communities, specifically BIPOC (Black, Indigenous, People of Color) (Kim & Whitehead-Pleaux, 2015). Hip hop music is unique from other genres in that it is inexplicably linked to the Black experience (Harper & Jackson, 2017). It is not representative of the typical demographic of music therapists, which is why hip hop has not naturally been included in music therapy education and practice. Integration of hip hop music and culture can provide creative release and promote cultural consciousness within underserved Black and Brown communities, further enhancing opportunities for dialogue and authenticating their identities as Black and Brown individuals (Heath, 2006). Hip hop music is seen as a hidden transcript that emerged from the exclusion BIPOC felt regularly and their struggles of finding space in a world that was built to work against them (Lamotte, 2014). Hip hop music has also been linked to having a large social impact and is deeply rooted in social activism, being a catalyst for social change, which are major concerns for present-day Black and Brown communities (Cummings, 2017; Jaffe, 2014; Wilson, 2007). Hip hop music and culture can be used as a tool for social advocacy and integrated into music therapy interactions to help Black and Brown clients process their feelings about the social injustices they face regularly.
Though hip hop music was born out of an environment full of oppression and societal epidemics, it has transcended all divisions of race and socioeconomic status and has now become a multibillion dollar music industry (Travis, 2013; Tyson, 2002). With the genre’s continuously growing popularity and the level of importance the genre holds in marginalized communities, hip hop music should be further welcomed and explored in music therapy academia and practice.

**Literature Review**

**Hip Hop in Academia**

Hip hop has gained and continues to gain interest in multiple fields of study in academia, such as musicology, African-American studies, education, sociology, and English (Söderman, 2013). Harmanci (2007) made claims that universities need to find new ways to reach out to new groups of students in a world of education that is increasingly becoming competitive as time passes, therefore, universities may need hip hop more than hip hop needs universities.

Researchers have found that hip hop is a successful and useful tool to reach urban youth in that it can be used to address issues of race, gender, and class in American society (Emdin, 2010; Hill, 2009). Jaffe (2014) has also found that hip hop offers an intellectually productive and enjoyable framework for undertaking urban research and teaching urban studies, therefore engaging a broader public eye in academic research. It provides opportunities for researchers and students to analyze urban inequalities and offers a forum for attempts to bridge social divides (Jaffe, 2014).

In Söderman’s (2013) study, where he interviewed well-known hip hop scholars, he found that hip hop scholars worry that the academization of hip hop may reduce hip hop to just being a tool for diversity within university politics. These scholars expressed that hip hop acts as both a door opener and as a trap in academia, as hip hop scholars and students are often isolated
from the remainder of academia as a result of people associating hip hop with a lower status within university hierarchies. Despite the rise of hip hop courses in academia, some university officials still only view hip hop as a trendy curriculum addition that only cheapens the reputation of a university (Oguntoyinbo, 2016). This has caused these scholars, especially those that identify as Black individuals, to have to legitimize and translate the study of hip hop culture to appease university politics, which can cause the content to slightly drift from the authenticity of hip hop culture ("Hip Hop Studies | St. James Encyclopedia of Hip Hop Culture - Credo Reference," n.d.).

Emdin (2010) has stated that it is important to understand the difference between teaching about hip hop and the use of hip hop as a teaching tool. There are educators who have no connection to and education on hip hop culture that are exploiting hip hop pedagogy by using hip hop as a teaching tool without actually teaching about hip hop. Ultimately, researchers suggest that, though hip hop acts as educational bait for recruitment purposes, it is important that it be defended and protected by ensuring that authentic hip hop scholars are brought into academia to teach the elements and culture of hip hop effectively (Söderman, 2013).

**Hip Hop in Music Therapy Practice**

Currently, hip hop music is the most popular genre of music among today’s society, surpassing the previously top-selling genre, which was country music ("Charts | Billboard," n.d.; Travis, 2013). Though rap music was born out of an environment full of oppression and societal epidemics, rap music has proven to transcend all divisions of race and socioeconomic status and has now become a multibillion dollar music industry (Travis, 2013; Tyson, 2002). Hip hop was created as an artistic response to oppression, which is a feeling that marginalized communities,
such as BIPOC and the LGBTQ+ community experience often. Hip hop culture thrives on creativity, making the hip hop genre a viable option for music therapy (Viega, 2016).

Research has shown that many music therapists do not feel comfortable incorporating hip hop music into their therapeutic practice due to their unfamiliarity with the genre or conflicting feelings about the glorification of violence, misogyny, and profanity that are prominent within the hip hop culture, finding it offensive (Hadley & Yancy, 2011; Kobin & Tyson, 2006; Uhlig et al., 2016). The lack of personal experience with hip hop leads most therapists to have their perceptions influenced by the portrayal of hip hop music by the media and society, which tends to be negative (Tyson, 2002; Viega, 2016). Another common and major concern found among music therapists is the fear of appropriating the culture that is hip hop as a result of unfamiliarity (Hadley & Yancy, 2011; Viega, 2016). Viega (2016) suggested that music therapists should work toward becoming proficient in one of the musical elements of hip hop. He found that proficiency and experience with the hip hop genre will promote therapists to use the style authentically and will allow them to demonstrate a therapeutic presence that is based on cultural respect and rapport, therefore avoiding cultural appropriation (Viega, 2016). Kobin & Tyson (2006) have also found that gaining proficiency positively impacts the client’s view of the therapist’s empathy and relatedness, therefore helping to build the therapeutic relationship. This is an opportunity for music therapists to use hip hop culture and rap music positively to connect with clients (Gonzalez & Hayes, 2009).

**Hip Hop Music & Mental Health in Music Therapy**

Hip hop music has many therapeutic implications in the same way that other musical genres do. Contrary to popular belief that hip hop music is a celebration of crime, sex, and substance abuse, it can serve as a form of therapy for clients, providing a creative outlet through
a genre that is inherently linked to the experience of struggle, hardship, and oppression (Harper & Jackson, 2017). Researchers have also found that hip hop music can be implemented for the refinement and benefit of psychotherapy and psychoeducation, enhancement of recruitment and retention in psychiatry, and to help with anti-stigma campaigns and public health education in a wide range of communities due to its popularity across the nation (Sule & Inkster, 2014).

**Hip Hop as Therapy**

Research shows that interventions, such as music listening activities, songwriting, lyric substitution, and improvisation or “freestyling,” can be beneficial in promoting wellness and working towards the goals for music therapy clients (Hadley & Yancy, 2011). Hip hop can be used to provide a consistent and protective safe space for marginalized individuals (Kruse, 2016). Kinney (2012) discovered that songwriting within the hip hop genre promotes resilience and self-expression for clients, especially those with mental health concerns. She also found that hip hop music is an effective outlet that youth can use to confront adversity. Other researchers have also discovered that clients show an improvement in engagement, a decrease in aggressiveness, enhanced self-esteem, and improved emotional self-awareness, improved self-image, and further developed coping skills through the clinical use of hip hop music (Kinney, 2012; Levy, 2019; Tyson, 2002; Uhlig et al., 2016). Hip hop music acts as a form of cathartic release and can be used as a medium for developing a sense of belonging simply through experiencing the culture of rap (Sulé, 2016; Viega, 2016). Also, the history of hip hop music and its culture are rooted in promoting agency, empowerment, esteem, personal growth, change, connection, and community, all of which are common goal areas among music therapy clients (Solli, 2015; Travis, 2013; Viega, 2016). Researchers have also found that rapping can enhance self-regulative skills during an emotional expression process (Uhlig et al., 2017). Research has
deemed it important to remember that the role of rap music and hip hop music is to use it as a means for emotional regulation and expression without judgement and unconditional positive regard (Viega, 2017).

Studies have shown that the clinical use of hip hop in group work is pertinent as well in that it can help to reinforce group norms, help the group members provide mutual support for one another, and can help the members in building intimate and meaningful relationships with one another (Levy, Emdin, et al., 2018). Methods in which these outcomes can be achieved, in a culturally sensitive process, include lyric writing, studio recording, and group performances of hip hop cyphers. This can leave room for analysis and processing of issues that are of personal importance to each member to help promote empowerment while being supported by their peers (Levy, Cook, et al., 2018). Overall, researchers of the use of hip hop in therapy are advocates for the use of hip hop to nurture the mind, body, and spirit of an individual (Coward, 2017). The benefits of incorporating this genre into clinical work are apparent, which is why further research and action is necessary to properly integrate this into music therapy processes.

**Multiculturalism in Music Therapy Education & Practice**

Music therapy is a multicultural phenomenon given that music therapists will inevitably work with clients from a wide variety of racial and ethnic backgrounds (Moreno, 1988). As our society becomes more diverse, music therapists continue to face a growing pressure to respond to the needs and values that are associated and embedded within different races and cultures (Toppozada, 1995). Music therapists, will always find themselves treating an increasingly diverse clientele, teaching an increasingly varied student body, and interacting with colleagues of varying backgrounds and cultures, especially considering that the world is only going to continue becoming culturally pluralistic (Shapiro, 2005; Whitehead-Pleaux & Tan, 2016). Toppozada
(1995) suggests that this points to the need to diversify the musical and cultural sensitivity training for music therapists across the United States. Meeting these needs will involve redesigning most music therapy education programs across the country, offering more courses and training on multiculturalism and music genres/styles from minority cultures, which are often not included or thoroughly explored in music therapy academia. Research shows that a majority of the music therapy community supports the addition and expansion of multicultural training for music therapy students (Toppozada, 1995). Moreno (1988) even suggests that redesigning formal music therapy education is necessary in ensuring that clinicians are effective in their roles as music therapists.

Shapiro (2005) suggests that the multicultural aspects of music therapy treatment, such as language barriers, musical selection, and customs, are essential to providing effective therapy to our diverse clientele. Learning the music representative of the various cultures and races encountered daily can lead therapists to better relate to a wider range of clients. Research has also shown that multicultural music education improves people’s attitudes toward other cultures and world views, which is essential that we do as therapists to successfully work with clients (Toppozada, 1995). This creates the question of how music therapy academic programs and music therapy clinicians can work toward effectively implementing multiculturalism in training and practice (Shapiro, 2005).

Cultural differences have historically and continue to be the sources of inequality and oppression in our society, which is why cultural differences between the therapist and client must be acknowledged and appreciated within the therapeutic relationship (Hadley & Norris, 2016). It is also important to note that most music therapists hold a privileged position in society, as the majority are “white, heterosexual, non-disabled, Christian, middle class, and educated” (Hadley
This speaks directly to the social class and cultural capital upheld within the music therapy field, which then shows why music therapy training programs emphasize Western classical music training. Lightstone & Hadley (2013) suggest that all music therapy training programs need to place recognition on the diverse music genres and skills that do not fit into what musicians have been conditioned to know as traditionally academic music. This directly speaks to the avoidance of the use of hip hop music in music therapy education and practice due to occasional themes of misogyny, violence, and drug use that may come up, which may be deemed as inappropriate (Hadley & Yancy, 2011). By excluding hip hop music from music therapy practice, certain cultures are alienated as this music is an integral part of the cultural identity of many clients (Hadley & Norris, 2016). To dismiss a genre or musical style as inappropriate or worthless is to dismiss the identities and lived experiences of clients. It is essential to acknowledge and cater to the cultural differences between clients and within music of varying cultures because it helps to establish the therapeutic relationship, building trust between you and your client (Kim & Whitehead-Pleaux, 2015). The benefits of expanding training in multicultural music and cultural/racial sensitivity for music therapists are apparent but the absence of literature discussing how this can be accomplished poses a challenge and makes it more difficult to realize.

**Research Questions**

This proposed study will seek to explore the prevalence of hip hop music in music therapy education and practice. The two research questions being addressed in this study are:

1) How confident do music therapy students and new music therapy clinicians feel using hip hop music and tools in their clinical work?
2) What hip hop tools, if any, do music therapy academic and training programs provide to their students to use in their clinical practice?

Surveying current students and new clinicians will be important to this study because the results will show the prevalence of hip hop music both in current music therapy practice and in the current music therapy education system.

Based on the author’s personal experience and knowledge of hip hop culture, hip hop music, and music therapy, hip hop tools were developed to be used in a clinical context. For the purposes of this study, the following were considered hip hop tools:

1) Freestyling: a style of improvisation, with or without a beat, in which lyrics are recited with no particular subject or structure. Freestyle lyrics are most often improvised and unmemorized but can be prepared as well.

2) Songwriting: the process of writing a song, within the hip hop genre in this case, with lyrics, instruments, rapping, and/or singing.

3) Song sharing: the process of the therapist sharing hip hop songs with clients or having clients share hip hop songs with the therapist, possibly based on a theme or discussion.

4) Lyric analysis: using existing songs and examining/analyzing the lyrics to facilitate meaningful discussion in sessions.

5) Music technology: the use of music production software (DAWs, DJ software, etc.) to create hip hop music or beats to facilitate a music therapy intervention.

6) Cypher: the act of freestyling in a group/circle, with each participant taking turns to present their rap/verse.
Method

Methodology

This study used a post positivistic approach, which critiques and amends positivism. Post positivism recognizes that there is an objective truth, but also considers that biases of the researcher may influence what is being collected and observed. This approach holds onto the idea that a natural order exists and is in place, but that there are unknowable dimensions to that truth that will only be revealed through further investigation (Cohen, 2016). After careful consideration, it was determined that a quantitative study, conducted through survey-based research, was most effective in answering the research questions of this study. Using survey-based research for this study provided the opportunity for the researcher to reveal the objective truth behind whether or not music therapy students and new music therapists felt confident in using hip hop music, tools, and techniques in their clinical work, and if music therapy academic and training programs were providing their students with the tools and training necessary to effectively use hip hop music and techniques in their clinical practice. While uncovering these objective truths, the survey drew data that showed how varying populations, educational backgrounds, and personal backgrounds impacted the participants’ perceptions of the prevalence of hip hop music in their music therapy education and practice.

Participants

Interested persons were eligible to participate in this survey if they were 1a) a music therapy student who is currently enrolled in an accredited music therapy program at the undergraduate or graduate level or 1b) a new music therapy clinician who had graduated from an accredited graduate or undergraduate music therapy program and had received their board certification within the past 5 years of receiving this survey, 2) studying or practicing in the
United States, and 3) fluent in or had a basic understanding of the English language. A total of 104 participants responded to this online survey. All 104 responses were completed fully, but three of the responses were completed by participants who did not meet all of the inclusion criteria, therefore, only 101 responses were analyzed. The participants included 83 (82.2%) women, 11 (10.9%) men, and 6 (5.9%) non-binary folks. One (1%) participant chose not to identify their gender. A majority of the participants were between the ages of 20-29 (n=82; 81.2%), followed by 30-39 years (n=15; 14.9%), 40-49 years (n=3; 2.9%), and under 20 years (n=1; 1%). When asked about their race, 79 participants (78.2%) identified as being white, 14 (13.9%) identified as Black or African-American, 2 (2%) identified as American Indian and Alaskan Native, 12 (11.9%) identified as Asian, and 1 (1%) identified as Native Hawaiian/Pacific Islander. Nine (8.9%) reported being Hispanic or Latino while the remaining 92 (91.1%) reported being non-Hispanic. Of the 101 participants, 59 (58.4%) reported being credentialed music therapists (MT-BCs), and 54 (53.4) reported being music therapy students. Table 1 provides the demographic profile of the participants.

Of the 59 participants who reported being credentialed music therapists, 16 participants (27.1%) have been certified for less than a year, 16 participants have been certified for 1 year – 1 year and 11 months, 6 participants (10.2%) have been certified for 2 years – 2 years and 11 months, 8 participants (13.6%) have been certified for 3 years – 3 years and 11 months, 10 participants (16.9%) have been certified for 4 years – 4 years and 11 months, and 3 (5.1%) have been certified for 5 years. Table 2 provides information on the MT-BCs’ demographics.

Of the 54 participants who reported being music therapy students, 25 participants (46.3%) were studying at the undergraduate level, 25 participants (46.3%) were studying at the graduate level, and 4 participants (7.4%) are in a graduate equivalency program. Fifty
participants (92.6%) have begun clinical work in their academic program, while the remaining 4 participants (7.4%) have not. Table 3 provides information on music therapy students’ demographics.

Table 1. Demographic Information (n=101)

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*This question allowed participants to choose more than one answer, which is why there is an overflow in the number of participants concerning this specific question. Five participants chose more than one race, identifying themselves as multi-racial.

**13 participants identified as being both music therapy students and MT-BCs.

Table 2. MT-BC Demographic Information (n=59)
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Table 3. MT Student Demographic Information (n=54)

<table>
<thead>
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<th>Variable</th>
<th>N of Participants</th>
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<td><strong>Began clinical work</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>No</td>
<td>4</td>
<td>7.4</td>
</tr>
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</table>

Participants were recruited from the following Facebook pages:

1) MT-BC Study Group
2) CMTEs for MT-BCs
3) Music Therapists Unite!
4) Music Therapists for Social Justice
5) Music Therapy Leaders
6) Black Music Therapy Professional Network
7) Music Therapy Intern and New Professional Network
8) Music Therapy LGBTQ/Allies Connection
9) Music Therapy Students/Interns Community
10) The Latinx Music Therapy Affinity Group (LMTAG)
11) Therapeutic Uses of Rap & Hip Hop

These Facebook groups were used to recruit participants because they provided access to both music therapy clinicians and students. These Facebook groups had a wide variety of members, whereas mailing lists from the American Music Therapy Association (AMTA) and the Certification Board of Music Therapists (CBMT) mostly provided access to clinicians as opposed to students. Both demographics needed to be equally represented in this survey and using these Facebook groups provided the best opportunity for that.

**Procedure**

*Research Protocol*

**Recruitment Process.** Following IRB approval, the investigator contacted the administrators of the Facebook groups listed above and requested permission to share the link to the survey on their platform, allowing the opportunity to recruit and distribute the survey to a wide range of participants. After being granted permissions, the investigator created a post (Appendix B), serving as the recruitment message, containing the survey link for this study attached, in addition to the inclusion criteria so that all information was easily accessible for eligible participants. Participants were asked demographical questions, whether they were a music therapy student and/or professional, about their experiences with hip hop in their music therapy education and practice (their audition process, classroom experience, and clinical work), about their educational experiences, their level of preparedness surrounding the use of hip hop in their music therapy work, and about how important they felt gaining knowledge and skill related to hip hop music was to the development of music therapists. The participants were provided with informed consent before starting the survey. They were also given the option to stop their participation in the study at any time if they wished to do so. Only the data in fully completed
surveys were analyzed once the survey was closed. This survey was left open for 2 weeks to leave ample time for participants to respond.

**Data Security.** Data for this quantitative study was collected through the use of a cross-sectional survey distributed through Google Forms. Participants’ responses were anonymous, therefore protecting their identity. Google Forms is a secure system, that encrypts all data and is compliant with privacy regulations, such as the General Data Protection Regulation (GDPR). Also, the data was password-protected with a password only available to the primary investigator and advisor. Participants’ responses were stored on the primary investigator’s locked computer, and data was only shared with the thesis advisor involved in this study. Data will be stored for 3 years following the completion of the study.

**Data Analysis.** The data was collected within a 2-week time frame and analyzed using the tools provided by Google Forms. Crosstab reports, filtered results, and comparative data were used to identify pattern and trends within the responses provided by the participants.

**Results**

**Hip Hop in the Music Therapy Academic Experience**

**Research Question #1: What hip hop tools, if any, do music therapy academic and training programs provide to their students to use in their clinical practice?** Of the total number of participants (N=101) included in the analyses, 35 (34.7%) reported that they were offered the opportunity to audition with music outside of the Western Classical genre, while the remaining 66 participants (65.3%) reported not having that same opportunity, which is reflected in Figure 1. When asked if their academic/training program introduced them hip hop music and techniques within their curriculum, 23 participants (22.8%) said they were, while the remaining 73 (77.2%) said they were not. This is presented in Figure 2.
Of the 23 participants who reported being introduced to hip hop music and techniques during their schooling, 11 participants (47.8%) reported being introduced to hip hop freestyling techniques, 20 participants (87%) were introduced to hip hop songwriting techniques, 15 participants (65.2%) were introduced to hip hop song sharing techniques, 20 participants (87%) were introduced to hip hop lyric analysis techniques, 20 participants (87%) were introduced to hip hop music technology techniques, and 2 participants (8.7%) were introduced to the use of the hip hop cypher (Figure 3.)
Music Therapy Students’ & New Professionals’ Experience of Hip Hop in Clinical Work

Research Question #2: How confident do music therapy students and new music therapy clinicians feel using hip hop music and tools in their clinical work?

Hip Hop Familiarity

Participants were asked to identify how familiar they are with hip hop culture, the 5 elements of hip hop, on a scale of 1 to 5 (Figure 4):

1: Very unfamiliar: Having no knowledge of hip hop culture and its elements.
2: Somewhat unfamiliar: Having limited knowledge of hip hop culture and its elements.
3: Neutral: Having common knowledge of hip hop culture and its elements.
4: Somewhat familiar: Having above average knowledge about hip hop culture and its elements.
5: Very familiar: Having extensive knowledge of hip hop culture and its elements.

Twenty-three participants (22.8%) reported being very unfamiliar, 17 participants (16.8%) reported being somewhat unfamiliar, 16 participants (15.8%) reported being neutral, 31
participants (30.7%) reported being somewhat familiar, and 14 participants (13.9%) reported being very familiar.

Of the 79 participants who identified as “White” in this survey, 22 (27.8%) reported being very unfamiliar with hip hop culture, 15 (19%) reported being somewhat unfamiliar with hip hop culture, 12 (15.2%) reported being neutral about their familiarity of hip hop culture, 23 (29.1%) reported being somewhat familiar with hip hop culture, and 7 (8.9%) reported being very familiar with hip hop culture (Figure 5).

Of the 14 participants who identified as “Black or African American” in this survey, 1 (7.1%) reported being very unfamiliar with hip hop culture, 1 (7.1%) reported being neutral about their familiarity of hip hop culture, 6 (42.9%) reported being somewhat familiar with hip hop culture, and 6 (42.9%) reported being very familiar with hip hop culture (Figure 5).
Of the 2 participants who identified as “American Indian and Alaskan Native” in this survey, 1 (50%) reported being very unfamiliar with hip hop culture and 1 (50%) reported being somewhat familiar with hip hop culture (Figure 5).

Of the 12 participants who identified as “Asian” in this survey, 1 (8.3%) reported being very unfamiliar with hip hop culture, 2 (16.7%) reported being somewhat unfamiliar with hip hop culture, 4 (33.3%) reported being neutral about their familiarity of hip hop culture, 4 (33.3%) reported being somewhat familiar with hip hop culture, and 1 (8.3%) reported being very familiar with hip hop culture (Figure 5). The one participant who identified as “Native Hawaiian and other Pacific Islander” in this survey reported being somewhat unfamiliar with hip hop culture (Figure 5).

![Figure 5. Hip Hop Culture Familiarity by Race](image)

Participants were also asked to identify their familiarity with the hip hop music genre on a scale of 1 to 5 (Figure 6):

1: **Very unfamiliar**: Having no knowledge of the hip hop music genre.
2: **Somewhat unfamiliar**: Having limited knowledge of the hip hop music genre.
3: **Neutral**: Having common knowledge of the hip hop music genre.
4: Somewhat familiar: Having above average knowledge about the hip hop music genre.
5: Very familiar: Having extensive knowledge of the hip hop music genre.

Twelve participants (11.9%) reported being very unfamiliar, 17 participants (16.8%) reported being somewhat unfamiliar, 20 participants (19.8%) reported being neutral, 37 participants (36.6%) reported being somewhat familiar, and 15 participants (14.9%) reported being very familiar with the genre.

Of the 79 participants who identified as “White” in this survey, 11 (13.9%) reported being very unfamiliar with hip hop music, 17 (21.5%) reported being somewhat unfamiliar with hip hop music, 17 (21.5%) reported being neutral about their familiarity of hip hop music, 29 (36.7%) reported being somewhat familiar with hip hop music, and 5 (6.3%) reported being very familiar with hip hop music (Figure 7).

Of the 14 participants who identified as “Black or African American” in this survey, 1 (7.1%) reported being very unfamiliar with hip hop music, 1 (7.1%) reported being somewhat
unfamiliar with hip hop music, 5 (35.8%) reported being somewhat familiar with hip hop music, and 7 (50%) reported being very familiar with hip hop music (Figure 7).

Of the 2 participants who identified as “American Indian and Alaskan Native” in this survey, 1 (50%) reported being very unfamiliar with hip hop music and 1 (50%) reported being very familiar with hip hop music (Figure 7).

Of the 12 participants who identified as “Asian” in this survey, 1 (8.3%) reported being very unfamiliar with hip hop music, 1 (8.3%) reported being somewhat unfamiliar with hip hop music, 3 (25%) reported being neutral about their familiarity of hip hop music, 5 (41.7%) reported being somewhat familiar with hip hop music, and 2 (16.7%) reported being very familiar with hip hop music (Figure 7).

The one participant who identified as “Native Hawaiian and other Pacific Islander” in this survey reported being neutral about their familiarity of hip hop music (Figure 7).

![Figure 7. Hip Hop Music Familiarity by Race](image-url)
Use of Hip Hop in Clinical Work

When asked if they had used hip hop music in their clinical work thus far, 64 participants (63.4%) said that they had, while the remaining 37 (36.6%) had not (Figure 8). Of the 64 participants who had used hip hop music in their clinical work, 20 (31.3%) were music therapy students and 48 (75%) were MT-BCs (Figure 9). Four participants (6.3%) had used hip hop cyphers, 43 participants (67.2%) had used music technology, 38 (59.4%) participants had used the hip hop freestyle, 43 (67.2%) participants had used hip hop songwriting techniques, 53 participants (82.8%) had used hip hop song sharing techniques, and 52 (81.3%) had used hip hop lyric analysis techniques (Figure 10).
Figure 9. Used Hip Hop Clinically
Demographics

Figure 10. Hip Hop Tools Used Clinically
**Personal Feelings Surrounding Hip Hop in Music Therapy Education and Practice**

Participants were asked to identify how prepared they feel to implement hip hop tools and techniques into their clinical work, on a scale of 1 to 5 (Figure 11):

1: Very unprepared
2: Somewhat unprepared
3: Neutral
4: Somewhat prepared
5: Very prepared

Twenty-six participants (25.7%) reported feeling very unprepared. Of these 26, 18 participants (69.2%) were students, and 12 participants (46.2%) were MT-BCs. Twenty-five participants (24.8%) reported feeling somewhat unprepared. Of these 25, 15 participants (60%) were students, and 14 participants (56%) were MT-BCs. Seventeen participants (16.8%) reported feeling neutral about their preparedness. Of these 17, 8 participants (47.1%) were students, and 10 participants (58.8%) were MT-BCs. Twenty-five participants (24.8%) reported feeling somewhat prepared. Of these 25, 10 participants (40%) were students, and 18 participants (72%) were MT-BCs. Finally, only 8 participants (7.9%) reported feeling very prepared to implement hip hop tools and techniques into their clinical work. Of these 8, 3 participants (37.5%) were students, and 5 participants (62.5%) were MT-BCs. Student and MT-BC preparedness has been separately reflected in Figure 12.
Figure 11. Preparedness to Use Hip Hop Clinically

Figure 12. Student & MT-BC Preparedness
When asked if they had any hesitations about using hip hop music in their clinical work, 68 participants (67.3%) said that they do, while the remaining 33 participants (32.7%) said that they do not (Figure 13). The 68 participants who reported being hesitant to use hip hop music clinically were asked to specify their hesitations. Thirty-five participants (51.5%) reported that their hesitations stem from their lack of knowledge and training, 26 participants (38.2%) fear cultural appropriation, 7 participants (10.3%) worry that they will not be able to do the genre justice, 5 participants (7.4%) were worried about profanity and inappropriate content, 1 participant (1.5%) was worried about disapproval from their supervisor, and 1 participant (1.5%) shared that they do not have the resources necessary to use hip hop music in their clinical work (Figure 14).
Lastly, all 101 participants were asked to identify how important they believe it is for clinicians and music therapy students to gain knowledge and skill surrounding the use of hip hop music in music therapy treatment, on a scale of 1 to 5 (Figure 15):

1: **Very unimportant**: There is no need to gain skill in the clinical use of hip hop.

2: **Somewhat unimportant**: There is not much need to gain skill in the clinical use of hip hop.

3: **Neutral**: Indifferent about the need to gain skill in the clinical use of hip hop.

4: **Somewhat important**: There is some need to gain skill in the clinical use of hip hop.

5: **Very important**: There is a great need to gain skill in the clinical use of hip hop.

One participant (1%) found this to be very unimportant, 2 participants (2%) were neutral, 11 participants (10.9%) found this to be somewhat important, and the remaining 87 participants (86.1%) found this to be very important.
Experience with Hip Hop in Music Therapy Academia

The survey results indicate that a majority of music therapy students and clinicians were not exposed to hip hop music and techniques within their curriculum. In addition, a majority of participants were also not given the opportunity to audition for their academic program with music outside of the Western Classical genre, which includes hip hop music. Though hip hop music is continuously gaining interest in various fields of academia, this lack of exposure to the hip hop genre in their academic training may be linked to the idea that hip hop music may cheapen the reputation of a school or program (Söderman, 2013; Oguntoyinbo, 2016). A majority of respondents for this survey identified as White women (Table 1), which accurately represents the majority demographic of the music therapy field (Kim & Whitehead-Pleaux, 2015). Because hip hop music is ultimately linked to the experience of Black individuals, it may be possible that the lack of diversity within the music therapy field has kept hip hop music from being naturally included and explored within academia (Harper & Jackson, 2017).
The results show that the majority of participants who were introduced to hip hop music and techniques during their academic training mainly learned about the use of hip hop in music technology, hip hop lyric analysis techniques, hip hop songwriting techniques, and hip hop song sharing techniques. The techniques that they were least exposed to included hip hop freestyling techniques and the use of the hip hop cypher. The techniques that the majority were introduced to are techniques that can be used across genres in various ways, which is likely why some academic programs have been able to incorporate teaching them into their curriculum. Freestyling and the hip hop cypher are unique to hip hop music and culture. It is likely that many academic programs do not have the knowledge needed about these techniques to teach their students about them nor do they have hip hop experts readily available to expose their students to these techniques.

**Music Therapy Students’ & MT-BCs’ Experience of Hip Hop Music in Clinical Work**

**Hip Hop Familiarity**

The results of this survey showed that a majority of respondents have at least common knowledge of hip hop culture. This may be due to the fact that hip hop culture is considered to be a part of pop culture in recent years because of its popularity among youth (Tyson, 2002). When broken down by race, White participants were relatively split in their familiarity of hip hop culture, a large majority of Black participants reported familiarity with hip hop culture, American Indian and Alaskan Native participants were split in their familiarity of hip hop culture, a majority of Asian participants reported familiarity with hip hop culture, and the Native Hawaiian and other Pacific Islander participant reported unfamiliarity of hip hop culture. Hip hop culture is a representation of the Black experience and was created by Black people, which
is likely why the participants who identified as “Black” in this survey expressed having familiarity with the culture.

When asked about their familiarity with just the hip hop music genre, a majority of the respondents reported having at least common knowledge. Again, since its founding, hip hop music has transcended all divisions of society, becoming one of the most popular and lucrative genres in the music industry today (Travis, 2013; Tyson, 2002). White respondents mostly reported familiarity of hip hop music, a large majority of Black respondents reported familiarity of hip hop music, American Indian and Alaskan Native participants were split in their familiarity of hip hop music, a majority of Asian respondents reported familiarity with the hip hop genre, and the Native Hawaiian and other Pacific Islander respondent reported having common knowledge of the genre. These results show that though hip hop music was created by the Black community, it is still largely familiar to other racial/cultural groups due to its ever growing popularity in society.

**Use of Hip Hop in Clinical Work**

The majority of survey respondents in this survey reported having used hip hop music in their clinical work thus far. Of that majority, most of the respondents were MT-BCs, which may show that completed training and further experience may have an impact on whether they have needed to use hip hop music clinically. The majority of respondents who had used hip hop music clinically reported using hip hop in music technology, hip hop freestyling, hip hop songwriting, hip hop song sharing, and hip hop lyric analysis. The technique that was used by a small number of these respondents was the hip hop cypher. The hip hop cypher is unique to hip hop, involving the exchange and display of lyricism and ideas in a group context. It is a technique that is
possibly quite difficult to use without proper training or immersion, which may be why it has not
been widely used in clinical work.

Personal Feelings Surrounding Hip Hop in Music Therapy Education and Practice

The survey results indicate that a majority of the respondents do not feel prepared to use
hip hop music and techniques into their clinical work. A majority of those who did not indicate
preparedness identified themselves as music therapy students. Though the minority of
respondents indicated feeling prepared to implement hip hop music and techniques into their
clinical work, the majority of those respondents were MT-BCs. This may indicate that MT-BCs
feel more prepared due to their additional years of professional experience beyond their
academic training.

Most respondents reported having hesitations about using hip hop music in their clinical
work. The results supported Hadley & Yancy’s (2011) stance, which stated that music therapists
are not familiar with the hip hop genre and that they are worried about profanity and
inappropriate content. The results also support Rose’s (1994) stance that music therapists are
fearful of cultural appropriation, due to the field mainly being represented by White women. In
addition to these hesitations, respondents also shared that they do not have the necessary
resources to use hip hop music clinically, they do not believe that they will do justice to the
genre musically, and they are concerned about disapproval from supervisors. A lot of these
hesitations may stem from a lack of education about and understanding of hip hop culture and
music. Proper training and education about hip hop may put some students and clinicians at ease
with their hesitations, especially since the majority of those with hesitations indicated a lack of
knowledge and training as their main concern when it comes to using hip hop music clinically.
Lastly, a large majority of the respondents reported that they believe it is very important for music therapy clinicians and students to gain knowledge and skill surrounding the use of hip hop music in music therapy treatment, which likely indicates that there is a great need for this type of education and training. This may also show that clinicians are working with clients or patients who identify with hip hop culture and music, which again, shows a great need for understanding of and experience with hip hop music and culture.

**Limitations**

Participants for this study included music therapy students studying in the United States and new, board certified music therapy clinicians who had been certified for no more than 5 years, practicing in the United States. Within the survey, the participants who were MT-BCs were asked to specify how long they had been certified for, providing further insight into whether their length of experience impacted their responses. The student participants, however, were not asked to specify how long they had been studying for, making it impossible to identify any impact that their time of study may have had on the results of the survey.

Another possible limitation is that this study excluded clinicians who had been certified for longer than 5 years. Surveying more experienced clinicians could have influenced the results in a different way. This study was also limited to students and clinicians within the United States. Collecting responses from those practicing and studying outside of the United States could have provided insight into the prevalence of hip hop in music therapy education and practice as a whole and not just in the United States. One final limitation of this study is that participants were not asked to share the client population that they primarily work with. This information could have helped determine whether or not they have needed to use hip hop tools and how frequently they would use them.
Implications for Education and Practice

Based on the results this study gathered, it is clear that there is minimal understanding of hip hop among both music therapy students and professional music therapy clinicians. To change this, professionals must start by integrating hip hop education and training into music therapy academic programs. Music therapy academic programs should be sure to start by introducing their students to hip hop culture as a whole, which will inform students about hip hop music and the significance it holds to various demographics, specifically marginalized communities, and Black and Brown people. From there, techniques and tools native to hip hop music should be integrated into courses that are already offered within existing curriculums, such as culturally informed courses and piano or guitar courses. With the inclusion of this material, there should also be a focus on censorship, addressing the assumption that all hip hop music is inappropriate and profane. While some hip hop music does contain content that may be deemed as inappropriate, there is plenty of music within the genre that contains significant messages that may resonate with the diverse clientele that music therapists serve. Having this knowledge of the hip hop culture as a whole and about the hip hop genre, will provide students and clinicians with the understanding they need to properly use hip hop with their clients without extreme fear of lack of knowledge, lack of skill, or appropriation, which were some hesitations mentioned by participants within the survey. This will also provide students and clinicians with context about why hip hop was created, and the importance of the lyrical choices made by hip hop artists.

Academic programs should also incorporate music technology into their programs, teaching students how to use music software in a clinical context, especially considering how technological the world has recently become. Hip hop music is driven by a beat, which is often produced with live instruments and digital software. Having even basic knowledge of these
systems and how to use them clinically can help students and clinicians feel more confident in their use of hip hop music in sessions. This is not only a way to keep up with the times, but a way to open doors for clinicians to use genres that may be deemed as unconventional, specifically hip hop.

Lastly, music therapists, music therapy students, and music therapy academic program directors and professors should take the time to listen to the voices of marginalized communities and their music therapy peers who identify as BIPOC. Often, these voices go unheard and are overlooked, which could have led to the reason why many genres, such as hip hop, have been deemed unimportant or maybe inappropriate for so long in music academia. Listening to the experiences of BIPOC can be beneficial in understanding why the music created within their culture is important to them, which in turn, can give music therapists some insight into the lived experiences of clients of their own who identify in the same way.

**Future Recommendations for Research**

Future research should focus on surveying MT-BCs that have been certified for longer than 5 years. Do more experienced music therapy clinicians have more experience using hip hop music in their clinical work? Do more experienced clinicians feel more comfortable using hip hop music/tools in their practice? There also needs to be a focus on efficacy of the use of the hip hop genre in clinical work, which would mean that future research should also focus on surveying MT-BCs who regularly implement hip hop clinically in their practice. Do these clinicians feel that they have been successful in their use of hip hop music with their patients/clients? What are the benefits or drawbacks these clinicians have experienced during their clinical use of hip hop music?
Another recommendation for future research would be to expand the criteria to clinicians and students practicing and studying outside of the United States to fully understand hip hop music’s presence across all of the music therapy field. Do clinicians and students outside of the United States have more or less exposure to hip hop music? Are non-American music therapy programs incorporating hip hop into their curriculum?

Future research can also focus on surveying or interviewing music therapy educators regarding their attitudes towards and familiarity with hip hop and its use in their respective academic programs. Are there music therapy educators who are already familiar with this genre? Do music therapy educators have positive or negative attitudes towards the use of hip hop music in their programs?

One final recommendation for future research can be focused on researching each hip hop tool mentioned in this study and their applications in music therapy. Have these tools proven to be effective? What benefits, if any, are experienced by the client(s) after the use of these hip hop tools in their session?

**Conclusion**

This study explored the prevalence of hip hop music in music therapy education and practice. The main purpose of this study was to indicate how confident music therapy students and new music therapy clinicians feel using hip hop music and tools in their clinical work, and to identify the hip hop techniques and tools academic programs have introduced to their students, if any. The results showed that a majority of music therapists and music therapist students are not confident in using hip hop music in their clinical work, due to various hesitations, such as lack of knowledge, cultural appropriation, and lack of resources. Music therapists and music therapy students need further education and training in the clinical use of hip hop music, which means
that music therapy academic programs need to incorporate this type of training in their curriculums. This study offered a preliminary look at the types of supports clinicians and students think they will need to feel confident when using hip hop music in clinical work. There is a need for increased awareness and familiarity with hip hop music among clinicians, as it will only help diversify the field and help them further support their clients who identify with hip hop culture or hip hop music specifically.
References


*Definition and Quotes about Music Therapy | Definition and Quotes about Music Therapy |*  


Appendix A

IRB Exemption Letter

Molloy College
1000 Hempstead Ave., PO Box 5002, Rockville Center, NY 11571-5002
www.molloy.edu

Kathleen Maurer Smith, Ph.D.
Dean, Graduate Academic Affairs
T: 516.323.3801
F: 516.323.3398
E: km smith@molloy.edu

DATE: December 4, 2020
TO: Dannyele Crawford, MS
FROM: Molloy College IRB
PROJECT TITLE: [1690794-1] The Prevalence of Hip Hop Music in Music Therapy Education & Practice
REFERENCE #: New Project
SUBMISSION TYPE: DETERMINATION OF EXEMPT STATUS
DECISION DATE: December 4, 2020
REVIEW CATEGORY: Exemption category # 2

Thank you for your submission of New Project materials for this project. The Molloy College IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations. However, exempt research activities are subject to the same human subject protections and ethical standards as outlined in the Belmont Report.

This acknowledgement expires within three years- unless there is a change to the protocol.

Though this protocol does not require annual IRB review, the IRB requires an annual report of your exempt protocol (Expedited and Exempt Research Protocol Annual Report Form) which is available on the IRB webpage.

If there is a proposed change to the protocol, it is the responsibility of the Principal Investigator to inform the Molloy College IRB of any requested changes before implementation. A change in the research may change the project from EXEMPT status and requires prior communication with the IRB.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact Patricia Eckardt at 516-323-3711 or peckardt@molloy.edu. Please include your project title and reference number in all correspondence with this committee.

Sincerely,

Patricia Eckardt, Ph.D., RN, FAAN
Chair, Molloy College Institutional Review Board
Appendix B

Recruitment Message

Hello,

My name is Dannyele Crawford, and I am a Music Therapy Graduate student at Molloy College. As part of my final degree requirement, I am conducting a survey related to the prevalence of hip hop music in both music therapy education and clinical practice (Title: The Prevalence of Hip Hop Music in Music Therapy Education & Practice).

This study will be surveying music therapy students and newly certified music therapists to better understand the prevalence of hip hop music in music therapy education and practice. You are eligible to participate if you are 1a) a music therapy student who is currently enrolled in an accredited music therapy program at the undergraduate or graduate level OR 1b) a new music therapy clinician who has graduated from an accredited graduate or undergraduate music therapy program and has received their board certification within the past 5 years of receiving this survey, 2) studying or practicing in the United States, and 3) fluent in or have a basic understanding of the English language. You will be asked to provide responses to survey questions related to your and your clients’ demographics, music therapy education, your clinical work, and your experience with the hip hop music genre. This survey will take about 10-15 minutes to complete.

Participation in this study is completely voluntary. You will have no obligation to complete the survey and will be provided the option to withdraw at any point throughout the study. Anonymity will be maintained throughout the study. There are no perceived risks or discomforts associated with participation in this study.

If you meet eligibility requirements and are interested in participating in this survey, please click on the link below. This survey will take approximately 10-15 minutes to complete. By completing the survey, you consent to participate in the study.

https://forms.gle/Vy85qAjSdWuzCSU98

If you have any questions or concerns regarding this study before, during, or after its completion, please feel free to contact me directly at dcrawford@lions.molloy.edu.

Sincerely,

Dannyele Crawford
Appendix C

Informed Consent

Molloy College/School of Arts and Sciences/Music Therapy Department
1000 Hempstead Avenue
PO Box 5002
Rockville Centre, NY 11570
1-888-4-MOLLOY

Title of Study:
The Prevalence of Hip Hop Music in Music Therapy Education & Practice

This study is being conducted by:
Dannyele Crawford, MT-BC (Principal Investigator), dcrawford@lions.molloy.edu
Adenike Webb, PhD, MT-BC (Faculty Advisor), awebb@molloy.edu

Key Information about this study:
This consent form is designed to inform you about the study you are being asked to participate in. Here you will find a brief summary about the study; however, you can find more detailed information later on in the form.

This study will survey music therapy students and newly certified music therapists to better understand the prevalence of hip hop music in music therapy education and practice. You are eligible to participate if you are 1a) a music therapy student who is currently enrolled in an accredited music therapy program at the undergraduate or graduate level OR 1b) a new music therapy clinician who has graduated from an accredited graduate or undergraduate music therapy program and has received their board certification within the past 5 years of receiving this survey, 2) studying or practicing in the United States, and 3) have a basic understanding of the English language. You will be asked to provide responses to survey questions related to your and your clients’ demographics, music therapy education, your clinical work, and your experience with the hip hop music genre. This survey will take about 10-15 minutes to complete.

Participation in this study is completely voluntary. You have no obligation to complete the survey and have the option to withdraw at any point throughout the study. Anonymity will be maintained throughout the study. There are no perceived risks or discomforts associated with participation in this study.
Why am I being asked to take part in this study?
The main goal of this study is to better understand the prevalence of hip hop music in music therapy education and practice.

The responses you provide may help inform the profession of music therapy, its clinicians, and its educators about the education, training, and resources that are necessary to ensure that students and clinicians are providing the best possible care when treating patients/clients.

What will I be asked to do?
You will be invited to complete a questionnaire-based survey online. You will be asked to provide responses to survey questions related to your and your clients’ demographics, music therapy education, your clinical work, and your experience with the hip hop music genre. This survey will take about 10-15 minutes to complete.
Participation in this study is completely voluntary. You will have no obligation to complete the survey and will be provided the option to withdraw at any point throughout the study.
Anonymity will be maintained throughout the study. There are no perceived risks or discomforts associated with participation in this study.

Where is the study going to take place, and how long will it take?
You will be provided with a survey link that will lead you questionnaire-based survey associated with this study. This survey will take about 10-15 minutes to complete.

What are the risks and discomforts?
There are no perceived risks or discomforts associated with participation in this study.
Participants will not be obligated to complete the survey and are free to withdraw at any point throughout the study.

What are the expected benefits of this research?

Individual Benefits:
The responses you provide may help inform the profession of music therapy, its clinicians, and its educators about the education, training, and resources that are necessary to ensure that students and clinicians are providing the best possible care they can when treating patients/clients.

Do I have to take part in this study?
Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to which you are already entitled.

What are the alternatives to being in this study?
Instead of being in this research, you may choose not to participate.

Who will have access to my information?
Anonymity of all participants will be maintained throughout the duration of the study. All collected data will be securely stored on Survey Monkey’s server. Data will also be backed up on a password protected computer drive. The only people who will have access to this data will be the researcher and the researcher’s thesis supervisory panel for the purpose of advisement. The data will be saved and stored for a three (3) year period in order to comply with IRB auditing requirements, at which point they will be destroyed.

**How will my [information/biospecimens] be used?**

After receiving survey responses within a month’s time frame, the data collected will be analyzed using the tools, provided by Survey Monkey, that will be able to provide me with crosstab reports, filtered results and comparative data. The system will identify patterns and trends within the responses provided by the participants. After analyzing all of the data, the results will be summarized and integrated into the discussion section in order to further inform music therapy education and practice.

*To ensure that this research activity is being conducted properly, Molloy College’s Institutional Review Board (IRB), whose members are responsible for the protection of human subjects’ rights for all Molloy-approved research protocols, have the right to review study records, but confidentiality will be maintained as allowed by law.*

**Can my participation in the study end early?**

Only the data involving the participants who meet eligibility requirements will be included in the results. Participants are not at all obligated to complete the survey and will be provided the option to withdraw from this study at any point.

**Will I receive any compensation for participating in the study?**

There is no compensation available for participation in this study.

**What if I have questions?**

*Before you decide whether you’d like to participate in this study, please ask any questions that come to mind now. Later, if you have questions about the study, you can contact Dannyele Crawford, MT-BC at dcrawford@lions.molloy.edu, or Adenike Webb, PhD, MT-BC at awebb@molloy.edu.*

**What are my rights as a research participant?**

*You have rights as a research participant. All research with human participants is reviewed by a committee called the Institutional Review Board (IRB) which works to protect your rights and welfare.*
If you have questions about your rights, an unresolved question, a concern or complaint about this research you may contact the Molloy IRB office at irb@molloy.edu or call 516 323 3000.

Documentation of Informed Consent*:

You are freely making a decision whether to be in this research study. Clicking the “Agree” button below means that
1. you have read and understood this consent form
2. you have had your questions answered, and
3. after sufficient time to make your choice, you have decided to be in the study.

You will be given a copy of this consent form to keep.

[AGREE] [DISAGREE]

Dannyele Crawford 12/1/2020
Signature of researcher explaining study Date

Dannyele Crawford, MT-BC
Printed name of researcher explaining study
Appendix D

Survey Questions

1. Age: ___

2. Gender: ___

3. Race: (Choose all that apply)
   a. White
   b. Black or African American
   c. American Indian and Alaska Native
   d. Asian
   e. Native Hawaiian and Other Pacific Islander

4. Ethnicity
   a. Hispanic or Latino
   b. Non-Hispanic

5. Are you a music therapy student?
   a. If yes, at what level? (Multiple Choice)
      i. Undergraduate
      ii. Graduate
      iii. Other: _________
   b. If so, have you begun clinical work? (Multiple Choice)
      i. Yes
      ii. No
6. Are you an MT-BC?
   a. Yes 
   b. No
   i. If so, for how long have you been certified? _________

7. On a scale from 1 to 5, 5 being the most, how familiar are you with the hip hop culture?
   (e.g., the 5 elements of hip hop)
   1: Very unfamiliar
   2: Somewhat unfamiliar
   3: Neutral
   4: Somewhat familiar
   5: Very familiar

8. On a scale from 1 to 5, 5 being the most, how familiar are you with the hip hop music genre?
   1: Very unfamiliar
   2: Somewhat unfamiliar
   3: Neutral
   4: Somewhat familiar
   5: Very familiar

9. When searching for a music therapy academic program, were you offered the opportunity to audition with music outside of the Western Classical genre?
   a. Yes 
   b. No
10. During your schooling, did your academic/training program introduce you to hip hop music & techniques within your curriculum?
   a. Yes
   b. No
      i. If yes, what tools were introduced to you? (Choose all that apply)
         1. Freestyling
         2. Songwriting
         3. Song sharing
         4. Lyric analysis
         5. Music technology
         6. Cypher
         7. Other (please specify): ________

11. Have you used hip hop music within your clinical work?
   a. Yes
   b. No
      i. If not, why? ______________
      ii. If yes, what tools did you implement? (Multiple Choice)
         1. Cypher
         2. Music technology
         3. Freestyling
         4. Songwriting
         5. Song sharing
         6. Lyric analysis
7. Other (please specify): ___________

12. On a scale from 1 to 5, 5 being the most, how prepared do you feel to implement hip hop music, techniques, and tools in your clinical work?

   1: Very unprepared
   2: Somewhat unprepared
   3: Neutral
   4: Somewhat prepared
   5: Very prepared

13. Do you have any hesitations about incorporating hip hop music in your clinical work?

   a. Yes
   b. No
   i. If so, please specify your hesitations: ___________

14. On a scale from 1 to 5, 5 being the most, how important do you believe it is for clinicians and music therapy students to gain knowledge and skill surrounding the use of hip hop music in music therapy treatment?

   1: Very unimportant
   2: Somewhat unimportant
   3: Neutral
   4: Somewhat important
   5: Very important