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**MUSIC THERAPISTS' PERSPECTIVES ON THE USE OF HEAVY METAL MUSIC IN  
MUSIC THERAPY**

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A Thesis Submitted to Molloy University  
Music Department, Rockville Centre, NY

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In Partial Fulfillment  
Of the Requirements for the Degree

Master of Science  
in  
Music Therapy

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by

Jessie E. Davis, MT-BC

May 2023

Molloy University

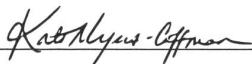
A thesis committee of the has examined the thesis titled


**Music Therapists' Perspectives of the Use of Heavy Metal Music in Music Therapy**


Presented by Jessie E. Davis

A candidate for the degree of Master of Science in Music Therapy

And hereby certify that the thesis was read and approved by the committee.

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2023

## Abstract

There is little research on heavy metal music in general, and even less research on the application of this genre in music therapy. This study collected data from 201 board certified music therapists who have experience using heavy metal music in their music therapy practice. A variety of open- and closed-ended questions were answered by these participants to gather their perspectives on this topic. Analyzation of quantitative data occurred using cross-tabulation descriptive statistics through Google Forms and qualitative data were analyzed through coding and a content analysis. Quantitative data concluded that participants would like to see an increase in the integration of heavy metal music education within music therapy curricula and highlights which populations enjoy the use of heavy metal music according to these perspectives. They also display individuals' beliefs on the role personal preference of this genre plays in the implementation of heavy metal music. Qualitative data discovered that using client preferred music results in significant benefits within the music therapy setting. This data also uncovered both risks and benefits observed by music therapists' when heavy metal music has been requested or integrated into a music therapy session. The findings of this study suggest there should be an increase in the integration of diverse genres within music therapy education and training, as well as strengthening the credibility of incorporating client preferred music into music therapy sessions. Further research may be conducted to discover risks and benefits of different genres of music as well as discovering client perspectives of utilizing diverse musical genres and styles within music therapy.

*Keywords:* heavy metal music, music therapy, client preferred music, music therapy education

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## CHAPTER 1: INTRODUCTION

### Epistemology

As an adolescent, my interest in heavy metal flourished due in part to my older brother. Rock music was always prevalent in my house; however, my older brother was a heavy metal fan himself, which exposed me to the culture. We are a year and a half apart in age, which created a close bond between us, and my musical preferences were influenced by him. My younger brother also developed an interest for this music, and music quickly became our favorite way to bond. We created a familial culture that was influenced by heavy metal music culture. With my introduction to heavy metal music, I also learned about the unique culture surrounding the music, which embraces inclusivity and a focus on individualism. These were ideals that became important to my identity.

Growing up in small-town Franklin, New York there was little diversity. Having a class of only 25 students, we knew each other very well. This made it difficult to be different from one another, as at a young age it was easy to fear being ostracized if you had differing interests than the popular kids. Early on, I followed the actions of my peers and became judgmental of different interests and opinions. I liked what the popular kids liked, and I did so in order to feel accepted. Wanting to follow the trends of the popular kids made it difficult to express my interest in heavy metal. Attending music festivals and concerts, wearing band merchandise, and dying my hair red would result in my peers staring at me and whispering to one another as these were acceptable things within the heavy metal culture, but not so much in high school culture. My peers, and even some teachers, would assume that at a young age I was interested in drugs, alcohol, and getting into trouble based on the music I would listen to.

I learned to play my first instrument, the clarinet, in fourth grade. A few years later, I received a keyboard. I would search YouTube videos on how to play my favorite songs on the keyboard and the clarinet. This made me feel like I had a purpose, and I could express myself without struggling to find words to label my emotions. Once I got into high school, band became an extracurricular that the popular crowd was not part of. I experienced a struggle deciding between remaining in band for my own enjoyment or quitting to appease the popular crowd. I could not give up my passion for music and continued to play in the band regardless of what the other kids would say.

Once I reached high school, I began to take more of an interest in heavy metal music. I feared what my friends would think at first and did not want to tell anybody, as I worried that I would be picked on in school because it wasn't accepted to be part of the heavy metal music culture. I shared my interest of the music and a few of my favorite songs with my best friend at the time, who surprisingly also enjoyed the music. Having another person express interest in music that had a negative stigma attached to it encouraged me to share my musical identity with more people. I became more involved with the heavy metal community; I would find new bands, attend concerts, buy merchandise, and connect with people with similar interests. I began to place less judgment on people who were different and began to embrace that I was different from everyone else. Heavy metal music helped me to define myself, and I learned that when I was myself, I connected with others who were appreciative of the culture and had similar interests. Being part of the heavy metal culture increased the importance I placed on diversity and embracing my own differences.

Through this journey of self-discovery, I found my passion for music therapy. I knew the power of music and being part of a culture and wanted to share that experience with others. As a

senior in high school, I wrote a paper on the therapeutic uses of music, and I discovered the profession of music therapy. I was genuinely interested in the idea of using music as therapy and using music to help heal others, leading me to pursue music therapy as my career. My philosophy as a music therapist includes a humanistic and client-centered focus as I strive to create a safe and comfortable space for clients to freely express themselves.

During my music therapy internship, I worked with a client who requested the song “Drown” by Bring Me the Horizon, a heavy metal band. She was convinced that nobody would know her song, yet I knew the song well. She shared this song with the group and sang it with me, which was a moment for her to feel accepted and build our therapeutic relationship. Even if this was not the preferred music of the group, this song opened up a conversation regarding the lyrics of the song and what parts of the song the group did or did not enjoy. This individual did not want to share her song unless I sang with her, and if I did not know the song or this style, she may not have taken the opportunity to express herself to the group. Utilizing preferred music in music therapy is important to the therapeutic relationship, our clients may only prefer one specific genre of music. This demonstrates why it is important for music therapists to be familiar with many different genres of music.

As a practicing music therapist, I have utilized heavy metal music in my own work. My personal knowledge and interest of the genre has aided in utilizing its therapeutic benefits in music therapy with clients. I have also experienced an increase in my personal knowledge of the genre through my music therapy work with my clients. My acceptance and shared interest in this genre strengthened the therapeutic alliance and increased engagement and success in the therapeutic journey for my clients. My personal experiences sparked my interest in wondering how other clinicians utilize heavy metal music and their experiences in using the genre.

Through my experience of receiving criticism from my peers, I believe heavy metal music and the heavy metal culture is criticized because these individuals do not understand the benefits or positive effects of the music based on their own perspective. Some people have not experienced how heavy metal music and its culture can aid individuals in release of emotion, self-expression, and a sense of community. For this reason, I wanted to examine how heavy metal music exists and functions within the music therapy context. This survey sought to uncover how music therapists perceive and use of heavy metal music in their clinical work. The research questions guiding this study are:

1. How is heavy metal music used in music therapy?
2. When do music therapists use heavy metal in music therapy?
3. Why do music therapists use heavy metal in music therapy?
4. What is the perceived impact of the use of heavy metal music in music therapy?

## CHAPTER 2: LITERATURE REVIEW

### Introduction of Heavy Metal

Heavy metal music can be defined as “rock ‘n’ roll with an especially overpowering beat, extreme amplification of guitars and other instruments, and lyrics that are often screamed rather than sung” (Gowensmith & Bloom, 1997, p. 34). Heavy metal music is also categorized as a “genre of rock music that includes a group of related styles that are intense, virtuosic, and powerful.” The use of this term heavy metal has been traced to the 20<sup>th</sup> century. In the 1970s, critics began using the term to refer to a specific type of music (Walser 2020, par. 1) . This genre of rock branched into even smaller subgenres, such as death metal, thrash metal and lite metal.

Heavy metal music includes powerful guitar riffs, a driving bass, and loud drums in their instrumentation. The name heavy metal derived from the idea that heavy is a synonym for deep or profound, explaining the nature of the lyrics and musical qualities of the music. Some common themes in the music that add to the negative stigma about the music include topics of “death, war, depression, remorse, and guilt” (Clark, 2020, par. 6). Individuals may not realize that common themes for this genre also include joy and love.

As a subgenre of rock music, characteristics of heavy metal music include a “fast tempo, heavy distortion, powerful rhythms, and a dense nature of the guitar and bass” (Clark, 2020, par. 4). There are multiple subgenres of heavy metal music, such as death metal, black metal, power metal, thrash metal, Christian metal, metalcore and nu-metal There are commonalities of elements across these subgenres such as instrumentation and use of elements such as distortion. These heavy metal subgenres also mix elements from other genres of music, such as classic rock and hard rock.

## History and Culture of Heavy Metal Music

Subgenres of rock music such as classic and hard rock set the foundation for heavy metal music. Identifying factors of heavy metal music like dense guitar riffs were influenced by rock music of the 1950s. During the 1960s, the beginning of the Vietnam War sparked the need for a new sound. In the late 1960s and early 1970s, some influences on this genre include Black Sabbath and Led Zeppelin (Clark, 2022). Heavy metal music continued to grow and mature in the 70s, where bands such as Iron maiden and Def Leppard began to emerge as new artists within this genre of music (Walser, 2020).

During the Hippie movement in the 1960s, rock and heavy metal music were associated with sex and drugs, adding to the negative stigma. Sexually explicit lyrics and the suggestive performances of artists led individuals to associate this music with sex. Some heavy metal songs also included lyrics about drugs and alcohol, followed by drug-related deaths of heavy metal and rock artists. This increased the negative stigma around the musical genre.

In the 70s, the sound of the alternation between the bass E note and the Bb power chord was introduced into the heavy metal genre. This is a musical choice commonly used in thrash metal. The sound created by these alternating chords produces a sound that critics of the genre associate with the devil (Lilja, 2009, p. 58). Christians furthered this, considering the genre as the devil's music, and people began to associate heavy metal music and heavy metal fans as satanic. The carefree appearance of heavy metal bands and artists coupled with assumptions that this music correlated with satanism made it difficult for the heavy metal community to freely enjoy the music and the culture without facing social stress (Krovatin, 2020). Fans of this music scene received criticism in the 1980s, as the heavy metal community was blamed for rising rates of crime, violence, and suicide (Walser, 2020).



Following this emerging negative stigma, the 1990s brought the reintroduction of groove which dominated the musical industry and decreased the popularity of heavy metal music (Krovatin, 2020). Groove music included the swing feel from jazz music, which places high importance on rhythmic pattern (Kocur et. al, 2021). Other new genres of music emerged during this time such as grunge, crunk, and trap music (Sound of Life, 2022). Grunge is the closest of these newer genres to rock music as it is an alternative rock genre. Crunk and trap music are both subgenres of hip-hop, as hip-hop music continued to increase in popularity.

Even though heavy metal declined in popularity, the music continued to grow and develop. The strengthening of overdriven rhythms, changing guitar tones, and increasing intensity of riffs created a perceived second wave of metal music. These new tones of the music could develop due to the introduction of the seven-string guitar in 1983, which gave guitarists the ability to add a percussive element to their instrument. The lowest string created a thicker, crunchier sound to the music (Krovatin, 2020). This was important to the musicology of heavy metal.

### **Musicology of Heavy Metal**

Tonal systems of rock music influenced musical structures adopted by heavy metal music (Lilja, 2009). The establishment of a tonic in heavy metal music is needed for structure against the other harmonic constructs used to create this sound. This music was also described to sound heavy like metal, which added to the development of the label heavy metal (Clark, 2022). Considering the tonic is generally the lowest note of a chord, it is easy in heavy metal music for this to be the same as the prominent bass note. When writing chord progressions most commonly used in this genre, artists typically use notes that are unrelated to the fifth of the key or mode

they are composing in. Instead, power chords in heavy metal music focus on the fourth of the scale which creates music structured around modes rather than following key signatures.

Heavy metal music is structured mostly around the Aeolian and Dorian modes (Lilja, 2009). These modes provide a framework for the genre; however, the chord structures do not follow a single mode. Harmonically, heavy metal music may reduce the roots of chordal structures used into individual scale steps. Breaking down the roots of the chords also increases likeliness of the use of multiple modes throughout one song. This is due to the importance of vertical acoustic structure for the overall composition of this genre. The flatted seventh is more prevalent than a major seventh when constructing heavy metal music.

Another important characteristic of heavy metal music includes the use of distortion. The effects of distortion “compresses the signal causing longer decay-time of tones and lifting the noise floor due to increased gain” (Lilja, 2009, p.101). Different tones can be created based on the type of distortion. The two types of guitar distortion are harmonic distortion (creating harmonic overtones) and intermodulation distortion (creates a combination of overtones). Overall, distortion has been described to sound fuzzy due to the frequencies musically clashing together. This makes finding a distinct tonic with chords and sounds that use distortion difficult. When choosing triads for composing heavy metal music, artists tend to use major triads rather than minor triads. Distorted major triads create a sound that is clearer than the use of minor triads (Lilja,2009).

Heavy metal music is known for implementing guitar riffs. A riff is defined as “a short repeated melodic fragment, phrase or theme, with a pronounced rhythmic character” (Lilja, 2009, p. 154). The use of riffs can occur on any instrument, but in heavy metal music riffs usually

happen on the guitar. These can be composed; however, many guitarists will improvise riffs during concerts. Heavy metal riffs generally repeat and are 4-8 bars (Lilja, 2009).

### **Influence of Heavy Metal on Arousal and Anger of Listeners**

Some researchers have explored relationships between the listening of heavy metal music and states of arousal and anger. Gowensmith and Bloom (1997) conducted an experiment utilizing pre-tests and post-tests on 137 individuals who were randomly assigned to one of two musical conditions: listening to heavy metal music or listening to country music. These participants were recruited through their enrollment of a psychology course. Thirty-four participants identified as heavy metal music fans while 35 identified as country music fans. This study examined the levels of anger and arousal for individuals when listening to heavy metal music compared to levels of anger and arousal when listening to country music. Results showed increased levels of anger only in conditions where participants listened to the genre of music they did not identify as their favorite; this result was not statistically significant. Gowensmith and Bloom also discovered states of arousal increased significantly in both heavy metal and country music fans when participants listened to heavy metal, concluding heavy metal music increased the state of arousal but not state of anger in participants.

Similarly, Sharman and Dingle (2015) explored levels of emotion and changes in heart rate to determine changing levels of anger in participants as they listened to music categorized as extreme. Thirty-nine participants aged 18-34 years old who identified as “extreme music listeners” participated in this study, being randomly assigned to listen to ten minutes of extreme music or ten minutes of silence after being clinically induced to feelings of anger. For this study, extreme music refers to genres of music such as punk and heavy metal, that focus on pessimistic themes following the Vietnam War. Levels of irritability, stress, relaxation, hostility, activeness,

and inspiration were measured in both conditions. Like Gowensmith and Bloom (1997), results showed that physiological states of arousal of participants increased when listening to extreme music. The results also rejected ideas that this type of music increases aggression and anger in listeners. Ultimately, listening to heavy metal music was found to be just as effective in decreasing levels of anger as the control where participants sat in silence.

The findings from the aforementioned studies are supported by Walworth's (2003) study that explored anxiety levels of participants when either listening to no music, listening to a preferred genre, or music that the participants identify as relaxing. Participants of the study included 90 randomly assigned participants that agreed to fill out a questionnaire regarding music preferences. Walworth (2003) found that states of anxiety were significantly decreased when individuals listened to preferred music. Thus, when heavy metal music is a preferred genre, it has the potential to decrease levels of anxiety (Walworth, 2003) and either match or decrease levels of anger (Gowensmith & Bloom, 1997; Sharman & Dingle, 2015) in listeners, which contradicts assumptions and stigmas surrounding the negative relationship between heavy metal music and mental health.

Eischeid et al. (2019) also considered potential benefits of heavy metal music when listeners are heavy metal fans. The researchers recruited fans of this genre to examine the effects of stress reduction when fans listen to heavy metal as well as any potential influence on experiences of power, which is defined in this study as "the ability to control the behavior and resources of oneself and others" (Eischeid et al., 2019, par. 3). Effects were measured by comparing results to when individuals listened to classical music or heavy metal music. This study looked at more than just the music: movements and gestures associated with the culture and the music were also measured, and the researchers examined the effects of these movements

on levels of stress and power. Results showed that neither the music or movement had any influence on physical stress levels or experience of power. Overall, this study supports ideas that preferred music has a positive influence on perceived stress even though genres like heavy metal music still receive criticism for potentially increasing negative aspects such as levels of anger or increased levels of stress.

Call (2020) aimed to uncover features of heavy metal music, such as tempo and lyrical content, on aggressive behavior in participants. Participants were recruited through ads on social media websites, where they were asked to participate in the study by listening to a four-minute audio selection. An experiment was conducted using questionnaires and the use of an electronic Voodoo doll to measure levels of aggressive behavior in participants before and after listening to heavy metal. Results indicated a decrease in aggressive behavior in the 330 participants after listening to music in conditions where the tempo was slow and lyrical content was identified as violent. Tempos were categorized as slow-tempo or fast-tempo and lyrical content was described as containing violent lyrics or non-violent lyrics. There was no statistically significant increase in aggressive behavior in any of the conditions measured (i.e., violent lyrics and slow tempo, non-violent lyrics and slow tempo, violent lyrics and fast tempo, or non-violent lyrics and fast tempo). This study supports findings of Wooten (1992) and Sharman and Dingle (2015): heavy metal music is effective in processing emotions.

### **Heavy Metal Listening and Mental Health**

Wooten (1992) recruited 35 adolescent participants in a psychiatric facility mostly diagnosed with major affective disorder, disruptive behavior disorder, and psychoactive substance use disorder to determine changes in affect when exposed to heavy metal music. Each participant took part in three treatments, randomized for order and acting as their own control

with a baseline condition. The two music conditions were listening to heavy metal music and popular music. Researchers utilized the Positive and Negative Affect Schedule (PANAS) to assess changes in affect of the participants. Participants with high positive affect displayed signs of high energy, concentration, and pleasurable engagement while participants with low positive affect showed feelings of sadness. High negative affect in participants was shown as anger and anxiety, and low negative affect displayed by participants was calmness and peacefulness. After running ANOVA tests (analysis of variance) for negative affect and positive affect with conditions of treatments, no statistically significant differences in affect changes were observed during each of the three conditions of music listening. Findings concluded that individuals who preferred heavy metal music benefitted most while listening to music regardless of the genre. This was evidenced by the group of heavy metal fans displaying lower negative affect scores and increased positive affect scores. Considering the negative stigma attached to heavy metal music and the connections people make between listening to heavy metal music and declining mental health, this study confirms that individuals who enjoy the music do not experience a decline in affect. These results confirm that heavy metal music can be beneficial to individuals who are receiving mental health treatment and can be translated into music therapy practice.

Cheng and Tsai (2016) examine effects of dynamic shifts in sound on musical emotions experienced by the listener. Heavy metal music utilizes drastic shifts in dynamics which causes a shift in emotions as the listener is experiencing the song. Thirty-three females between ages 20-27 with no reported mental, neurological, or hearing problems were recruited through advertisements. Four conditions were created for this experiment: loud and loud, loud and soft, soft and loud, soft and soft. Respiration and heart rate were measured and found to be dependent on physiological emotional levels of arousal, which is supported by other studies

where connections were found between these rates and emotional arousal. Participants also completed self-reporting ratings, which highlighted significant differences in levels of arousal between each group. Respiration and heart rates were found to be dependent on physiological levels of arousal, which is supported by other studies where connections were found between these rates and emotional arousal. Findings concluded that the shift from a loud and intense section of heavy metal music to a softer and slower selection of heavy metal music decreased heart rate in participants significantly more than a shift from a slow section of heavy metal music that shifted to sea-sounds. Positive effects in overall physiological emotional responses of the participants when listening to heavy metal music were found during this study. Considering this contrast is prevalent in heavy metal music, this study can benefit music therapists who wish to use similar techniques in their music therapy practice. Examining changes in musical emotions is important to consider as this shift between intense and soft music, whether with heavy metal music or another genre, is something music therapists can manipulate in music therapy, and this demonstrates a further implication for the use of heavy metal music in music therapy.

Relationships between levels of self-harm in adolescents and heavy metal music was examined by Baker and Brown (2016). The two researchers completed a literary-lyrical analysis of two songs by popular heavy metal bands to weigh risks and benefit of the musical genre. One comparison in this study looked at lyrics from the song Last Resort by Papa Roach and connected the theme of the song to a play, *Lady Macbeth* written by Shakespeare (Baker & Brown, 2016). The researchers then discussed how this comparison demonstrates that trends in self-harm and suicide cannot be directly linked to lyrical content provided in heavy metal music, as adolescents are exposed to these themes in more places than just heavy metal music. Baker and Brown (2016) discuss how their findings bring question to why youth may be experiencing

distress or anger rather than focusing on perceived negative aspects of their musical tastes. Music therapy provides adolescents a space to musically explore such emotions regardless of musical preferences. There may be opportunities for music therapists to work with individuals who enjoy heavy metal music, which would make knowing the benefits and potential risks of using the music in music therapy worthwhile.

Rowe and Guerin (2018) conducted informal interviews with 28 participants aged 18-24 who strongly identified with the metal culture. Participants were recruited in Australia and represented diverse socioeconomic statuses. The researchers discovered through thematic analysis that individuals who are part of the heavy metal culture felt protected from mental health problems. The following themes emerged from the interviews: feelings of power, a sense of belonging and acceptance, and a sense of social protection. Individuals discussed how these themes emerged frequently in the lyrics and themes of heavy metal songs. Instrumentation and musical structure of the genre of music was identified to help participants of the study feel a physical release of tension, which gave them a sense of empowerment. Heavy metal culture also gave participants a sense of belonging, as they can connect with other heavy metal fans. Lastly, some individuals in the study believe that expressing their interest in heavy metal and heavy metal culture created societal protection, as individuals began to fear them as they expressed common features of the culture (i.e., facial piercings, wearing band shirts). These individuals identified experiencing heavy metal music as a coping mechanism, leading to improvements in their mental health. Participants discussed either experiences of bullying or ostracization in high school and expressed that heavy metal music provided a distraction while aiding in the release of angry emotions. Participants also expressed that lyrical content was not always important to them for emotional release. Overall, this study uncovered how heavy metal music provided a sense of



protection to stressors and life events for the study participants of this study, which directly links to the therapeutic potentials that can be explored within music therapy.

Linkages between heavy metal music and suicide risk were also explored by Lacourse et al., (2001) through an analysis of survey data collected by 272 students between the ages of 14-18. Factors such as family relationships, anomie, suicide risk, and drug use were all considered during this study while examining heavy metal music listening. This study concluded that there is no significant relationship between suicidal risk and heavy metal music. Findings also revealed that there was a higher correlation in adolescents who listened to heavy metal music and use of alcohol and drugs in male participants. Female participants described their association with heavy metal music and the culture for vicarious release. Overall, listening to music for emotional expression was found to be beneficial for the females in this study. Knowing that heavy metal music can be utilized for individuals as a coping mechanism can help guide music therapists when creating treatment options and experience choices for clients.

### **Incorporating Musical Preferences in Music Therapy**

Considering the potential benefits and risks of using different genres in music therapy is important as clinicians. If a client expresses a musical preference and the clinician is unfamiliar, it is the job of the clinician to become educated on this style to best suit the needs of the client. To date, there is little research that explores the use of specific genres and their clinical applications to music therapy. There is, however, literature that explores how client-preferred music is integrated into clinical practice and how it impacts therapy.

Silverman et al. (2016) conducted a systematic review on the use of patient-preferred music for adult medical care and concluded that patient-preferred live music is effective in the reduction of physical symptoms such as pain and nausea. It was reported that study participants

often preferred to select their own music for music therapy experiences. The research supported that patient preferred live music was most requested by patients when compared to other music therapy intervention techniques such as improvisation or songwriting. Clements-Cortes (2017) supported these findings in their study surveying music therapists working in palliative and oncological care who used client-preferred music. Clements-Cortes (2017) discovered that familiar songs led to more in-depth discussion about lyrical content and memories connected to the music with clients in palliative care. Client-preferred music was reported to address a variety of goals, including increasing self-expression, increasing a sense of togetherness, improving mood, and improving confidence, and promoting relaxation.

Music therapists can utilize both pre-recorded and live musical experiences in their sessions to best meet the needs of their clients when using preferred music. Segall (2007) examined results of using both live and recorded preferred music with non-responsive hospice patients. Physiological conditions such as heart rate, respiration rate and alertness were measured when participants were exposed to each musical experience. When examining alertness, the use of live preferred music was more effective than recorded music. Especially when utilizing client preferred music, it may not be possible for the music therapist to perform some songs live. If a music therapist is unfamiliar with a genre of music, there is less of a chance they will have the ability to perform these preferred songs live. For this reason, understanding levels of clinician preparedness for incorporating diverse genres is helpful.

Crawford (2021) recruited 104 music therapists and music therapy students through social media to respond to an online survey exploring different perspectives on the use of hip-hop music. Findings concluded that a majority of the clinicians and students in this study were not exposed to hip-hop music or techniques used in hip hop music in their academic curriculum.

Participants did have a common knowledge of hip-hop culture and have used hip-hop music in their clinical work even though a majority did not feel prepared to use hip-hop in their work. The researcher suggests that education on hip-hop and training should become integrated into academic programs for music therapists. There is very limited research that looks at the use and preparation of a specific genre within music therapy practice, which highlights the need to understand how music therapists prepare for and integrate other specific genres.

### **Applications of Diverse Genres in Music Therapy Practice**

Understanding how diverse genres are applied within music therapy practice can give us insight regarding their potential impact. A study completed by Uhlig, Jansen and Scherder (2017) utilized rap music and singing interventions with 190 adolescents in school settings for self-regulation. This study demonstrates clinicians gaining knowledge and utilizing a specific genre of music in music therapy. Participants were randomly assigned to either the experimental group with rap & sing music therapy or to the control group. Interviews were conducted after participants had completed weekly music therapy sessions for six weeks and assessments were completed regarding participants well-being. Music therapy sessions included music therapy interventions using rapping and singing with goals regarding self-expression, self-regulation, and sense of self in mind. Sessions included interventions that utilized singing and rapping, focusing on emotional expression. Results determined rapping and singing in music therapy strengthened participants sense of self and self-regulation.

Examining the positive potentials heavy metal music can bring to music therapy, Claver (2014) interviewed three men who identified heavy metal music as influential for their lives during adolescence. He wanted to understand their experiences and perceptions of how heavy metal influenced their lives during their adolescence. Claver employed thematic analysis that

yielded two themes: identity (subthemes included negative effects, lyrics and (mis)interpretation, reflections on mental health, and being different) and emotion (subthemes included catharsis, emotional mirroring, and heavy metal and mood management). Results found heavy metal music can strengthen therapeutic relationships, engage clients in catharsis, strengthen sense of self, emotion exploration, and navigate the channeling of energy created by the music.

### **Conclusion**

My musical preferences and curiosity regarding the potential risks or benefits of utilizing heavy metal in music therapy led my interest in examining this topic. Looking at the history and culture of heavy metal music led me to explore how this genre can potentially be used therapeutically. There are different musical qualities and characteristics that form the genre, and research shows positive impacts heavy metal music has on mental health, states of arousal, and stress.

There is little research on the use of different genres of music and their therapeutic benefits. Examining and becoming more educated on diverse genres can give music therapists new tools to use. Discovering the benefits of using client-preferred music highlights the increasing need to explore new and diverse genres of music so we can best meet the needs of our clients. This research study aims to address the lack of research regarding heavy metal music in music therapy.

## CHAPTER 3: METHODOLOGY

### Research Design

This study employed a questionnaire-based sample survey consisting of closed-and open-ended questions. According to Wheeler (2016), surveys collect data from a sample of a group as a means to represent a larger population. In this study, I surveyed a sample of the music therapy population in hopes that I can further understand issues representative to a larger population of music therapists. This survey included questions designed to answer the following research questions:

1. How is heavy metal music used in music therapy?
2. When do music therapists use heavy metal in music therapy?
3. Why do music therapists use heavy metal in music therapy?
4. What is the perceived impact of the use of heavy metal music in music therapy?

### Participants

Participants included music therapists that have used heavy metal music in their music therapy practice. Participants in this study needed to meet the following eligibility criteria:

1. Must be a board-certified music therapist that has been practicing music therapy for at least five years with a minimum of a bachelor's degree in music therapy. This ensures the music therapist has had ample time working as a music therapist.
2. Must have used heavy metal music in their music therapy practice with at least one client.
3. Fluency or a basic understanding of the English language in order to understand and respond to the survey questions.

## **Recruitment**

Following approval from the IRB (see Appendix A for approval letter), I purchased an email list from the Certification Board of Music Therapists and sent email invitations to participants (Appendix B). Included in this email list purchase I had the ability to send an initial email invitation as well as two reminder emails. I also shared the email invitation with relevant social media group pages, such as Music Therapists Unite, Music Therapists working in Mental Health, Cross Trained Music Therapists, Music Therapists of Long-Term Care, Music Therapists of California, Music Therapists of Long Island and Music Therapy Leaders.

## **Data Collection Procedures**

Data were collected in a questionnaire-based survey using a Google Forms link that was sent via email to participants or accessed via a link in a social media post. In order to complete the survey, participants needed access to a computer, tablet, or phone as well as an internet connection. Once the survey was accessed, inclusion criteria were listed, and participants answered if they met these criteria. If participants did not meet inclusion criteria, they were thanked for their interest in the study and exited from the survey. Eligible participants were directed to an informed consent page prior completing the survey (see Appendix C for informed consent language). Survey questions included a variety of close-ended questions including multiple choice, forced choice, and Likert-type scale questions (see Appendix D). This survey took participants approximately 10-15 minutes to complete. Designing of survey questions were informed by studies by Jack-Vilmar (2021), Crawford (2021), and Myers-Coffman et al. (2021).

## **Data Protection Procedures**

The data collected were in a de-identified format stored on a password protected Google Drive. Only myself and my thesis advisor have access to the data. Aligning with Molloy

University IRB auditing requirements, the data will be securely stored for three years after study completion.

### **Data Analysis**

Data were compiled through cross-tabulation in Google Forms and analyzed using descriptive statistics of the close-ended questions. Open-ended questions were analyzed by integrating thematic analysis and content analysis strategies. A thematic analysis includes the discovery of themes that present in qualitative data, developing codes for the found data, and giving the data meaning and describing the interpretations of the found data (Wheeler, 2016). After reading through the data multiple times, I began to notice common words, themes, and ideas between responses. I began coding words and statements based on some of these emerging categorizations that came up through familiarizing myself with the entire data set. I primarily used descriptive coding, which uses nouns to summarize the topic of the code, as well as in-vivo coding, where I maintained words originally used by the participant to identify a code. I then began identifying some relationships amongst the codes and initial categories to begin the thematic condensing. At this point, I shared these preliminary thematic findings to my thesis advisor who assisted in a second coding process, providing additional coding and thematic input. We continuously exchanged emails and had meetings to collaborate on the creation of the resulting themes and codes. Once this was completed, I created a summary of findings through thematic tables.

While thematic analysis typically yields a narrative report, the nature of my qualitative data seemed more appropriate to capture the findings more concisely with a display of overall codes and codes per theme, which reflects an influence of content analysis. Because I was working through open-ended responses made up of 200 or more responses that ranged from

a few words to a few sentences, I could not gain as much rich description as thematic analysis despite using thematic analysis procedures to guide my data analysis process.



## CHAPTER 3: RESULTS

### Participants

There were 243 participants who began the survey, 41 of whom did not meet eligibility criteria, and one person who disagreed to informed consent and was exited from the survey. A total of 201 participants completed the survey and their responses were recorded.

Table 1 provides information regarding participants' gender, age, race, and ethnicity. Table 2 displays participants' professional experiences and credentials.

**Table 1**

*Participant Gender, Age, and Race/Ethnicity (N = 201)*

Variable	<i>n</i>	%
<b>Gender<sup>a</sup></b>		
Female	151	75%
Male	37	18.4%
Cisgender	23	11.4%
Gender Queer	5	2.5%
Gender Nonconforming	4	2%
Transgender	1	.5%
Agender	1	.5%
Non-Binary	5	2.5%
Prefer not to disclose	5	2.5%
Other <sup>b</sup>	1	.5
<b>Age</b>		
18-29	19	9.5
30-39	81	40.3
40-49	46	22.9
50-59	32	15.9
60-69	18	9
70 and over	5	2.5
<b>Race/Ethnicity<sup>a</sup></b>		
Asian/Asian American	2	1
Black/African- American	3	1.5
Latinx(o/a)/Hispanic/Spanish	7	3.5
White/European Decent	179	89.1

Prefer not to disclose	8	4
Multi-racial/Multi-ethnic	2	1
Other <sup>c</sup>	3	1.5

<sup>a</sup>These questions included a select all that apply option, allowing participants to choose more than one answer to best fit their personal identity.

<sup>b</sup>Other Gender responses included: She/They

<sup>c</sup>Other Race/Ethnicity responses included: Middle Eastern, Human

**Table 2**

*Participant Professional Experience and Credential History (N = 201)*

<b>Variable</b>	<i>n</i>	<i>%</i>
<b>Years of Practice</b>		
5-8	63	31.3
9-11	32	15.9
12-14	30	14.9
15-17	12	6
18-20	13	6.5
21+	51	25.4
<b>Years Credentialed</b>		
5-8	61	30.3
9-11	36	17.9
12-14	27	13.4
15-17	13	6.5
18-20	14	7
21+	50	24.9

### Quantitative Outcomes

Participants were asked to identify what populations they have worked with that enjoy heavy metal music. These findings are represented in Table 3.

**Table 3**

*Client Ages, Conditions, and Communities That Enjoy Heavy Metal Music (N = 201)*

<b>Variable</b>	<i>n</i>	<i>%</i>
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<b>Ages<sup>a</sup></b>		
0-5	5	2.5
6-10	23	11.4
11-15	90	44.8
16-20	138	68.7
21-26	127	63.2
27-30	112	55.7
31-35	112	55.7
36-40	108	53.7
41-45	102	50.7
46-50	93	46.3
51-55	77	38.3
56-60	59	29.4
61-65	34	16.4
66+	36	18
<b>Condition/Community<sup>a</sup></b>		
AIDS/HIV	7	3.5
Alzheimer's/Dementia	13	6.5
Autistic Individuals	54	26.9
Bereavement/Grief	24	11.9
Behavioral Challenges	70	34.8
Cancer Care	30	14.9
Chronic Pain	23	11.4
Comatose	7	3.5
Intellectual/Developmental Disabilities	59	29.4
Deaf/Hard of Hearing	6	3
Drug/Substance Use/Addiction	81	40.3
Dual Diagnosis	57	28.4
Eating Disorders	20	10
Emotional Challenges	75	37.3
Head/Traumatic Brain Injury	47	23.4
Learning Disabilities	30	14.9
Limited Resources	9	4.5
LGBTQIA2+	28	13.9
Mental Health Concerns	133	66.2
Neurological Variation	16	8
Parkinson's	7	3.5
Physical Disabilities	24	11.9
PTSD	50	24.9
Speech Impairments	13	6.5

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Survivors of Domestic Abuse	33	16.4
Survivors of Sexual Abuse	37	18.4
Survivors of Human Trafficking	16	8
Terminally Ill (not hospice)	11	5.5
On Hospice/Palliative Care	22	10.9
Visual Impairments	9	4.5
Other <sup>b</sup>	19	14.5

<sup>a</sup>These questions included a select all that apply option, allowing participants to choose more than one answer to best fit the descriptions of clients that enjoy heavy metal music.

<sup>b</sup>Other Condition/Community responses included: Forensics, Adjudicated/ Incarcerated, Neurological Rehab (post stroke), Gerontological population, Mood Disorders, Medical Pediatrics, Trauma Victims, Veteran/Active-Duty Service Members, Huntington's Disease, Inpatient Psychiatric Adult, Pediatric, ALS, State Prison System Mental Health, and Adult Medical/Chronic Illness.

Table 4 outlines responses from all participants regarding their personal preferences and comfortability using heavy metal music in their music therapy practice. This table also displays reported participant perspectives on if these preferences were believed to affect their use of the genre in their music therapy practice.

**Table 4**

*Clinicians' Use and Personal Preferences of Heavy Metal (N = 201)*

<b>Variable</b>	<i>n</i>	%
<b>Frequency of Use</b>		
Never	8	4
Sometimes	166	82.6
Often	26	12.9
Always	1	.5
<b>Comfortability of Using Heavy Metal</b>		
Very Uncomfortable	29	14.4
A Little Uncomfortable	25	12.4
Neither Comfortable nor Uncomfortable	22	10.9

A Little Comfortable	41	20.4
Very Comfortable	84	41.8
<b>Belief that Competency in Heavy Metal Impacts Use of Genre in Practice</b>		
Yes	107	53.2
No	39	19.4
Maybe	50	24.9
I Don't Know	5	2.5
<b>Personal Preferences of Heavy Metal Music</b>		
I Strongly Dislike It	6	3
I Dislike It	26	12.9
Neutral	69	34.3
I Like it	67	33.3
I Love It	33	16.4
<b>Belief that Personal Preference Impacts How Often Genre is Used in Practice</b>		
Yes	71	35.3
No	78	38.8
Maybe	52	25.9
I don't Know		

The survey asked about education and training experiences of participants regarding the use of heavy metal music in their music therapy practice as well as their opinion on if education around this genre needed to change. These results are outlined in Table 5.

**Table 5**

*Clinician Opinions on Education of Heavy Metal Music in Music Therapy Curricula (N = 201)*

<b>Variable</b>	<i>n</i>	%
<b>How Extensive was Heavy Metal Music Taught During Your Music Therapy Education and Training?</b>		
It was not taught at all	152	75.6
It was discussed, but not in depth	44	21.9
It was taught equivalent to other genres	5	2.5
It was taught more than other genres	0	0
<b>Should There Be a Change in Education and Training on The Use of Heavy Metal Music?</b>		
I don't think it needs to be taught at all	8	4
Learning the foundations would be helpful for clinical practice, but no need to go in depth	156	77.6
I think it needs to be taught thoroughly	37	18.4

Participants were asked about the music therapy intervention styles they utilized while implementing heavy metal music in their practice. Their responses are outlined in Table 6.

**Table 6**

*Intervention Styles Utilized (N = 201)*

<b>Variable</b>	<i>n</i>	%
<b>What Intervention Style(s) Have You Utilized While Working with Heavy Metal Music?<sup>a</sup></b>		
Improvisation	82	40.8
Recreative	118	58.7
Receptive	170	84.6
Compositional	58	28.9
Other <sup>b</sup>	26	13

<sup>a</sup>This question included a select all that apply option and the option for participants to write in their own responses, leading to an overflow in responses.

<sup>b</sup>Other responses to Intervention Styles included: Lyric analysis, identifying emotions, TIMP, therapeutic speech, active listening, analytical, sing-along, validation tool, adapting to lullabies, co-treatment, client choice, intervention, target language, movement, and cognition, and active-pentaamine- air play.

Table 7 outlines quantitative data collected regarding if participants have observed benefits and/or risks while implementing heavy metal music in their practice.

**Table 7**

*Risks vs. Benefits (N = 201)*

<b>Variable</b>	<i>n</i>	%
<b>Observed benefits of using heavy metal</b>		
Yes	195	97%
No	6	3%
<b>Observed risks of using heavy metal</b>		
Yes	100	49.8%
No	101	50.2%

## Qualitative Outcomes

Qualitative questions aimed to further explore music therapists' personal experiences and perspectives on the use of heavy metal music in their own music therapy practice. Table 8 displays qualitative data from open-ended questions asking participants to share their experiences of said benefits and/or risks.

**Table 8**

### *Perceived Risks & Benefits of Using Heavy Metal*

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#### **Theme Category and Related Findings**

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##### **Risks (164 total codes)**

- Musical elements (e.g., dynamics, rhythm, dissonance, vocals) can be physically and sensorially overstimulating (50 codes)
- Lyrical Content may activate anxiety, mania, or trauma response (37 codes)
- Lyrical content deemed offensive or inappropriate by music therapists, clients, and/or staff (15 codes)
- Increased physical tension (12 codes)
- Group member alienation and/or disengagement when heavy metal is not a preferred genre of the group (20 codes)

##### **Benefits (383 total codes)**

- Enhanced socialization and increased intra- and interpersonal connectedness (56 codes)
  - Elicitation of movement and gross motor engagement for increased physical expression of emotions and improved mind-body connection (40 codes)
  - Enhanced opportunities to identify, express, release, and manage emotions due to rhythmic and lyrical elements as well as song structure and predictability (129 codes)
  - Increased rapport development, feelings of validation, and engagement in therapeutic process from using client preferred music (119 codes)
  - Increased cultural and community connection (65 codes)
-

Table 9 outlines responses regarding clinical rationales for integrating heavy metal music into their practice and how their own personal preferences of the genre affect their use of the genre in their practice.

**Table 9**

*Therapist Clinical Rationale and Perceived Impact of Personal Preference (N = 201)*

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<b>Theme Categories and Related Findings</b>
<b>Clinical Rationale (351 total codes)</b>
<ul style="list-style-type: none"> <li>• Honoring client preference (171 codes)</li> <li>• Developing rapport and therapeutic alliance (18 codes)</li> <li>• Utilizing ISO principle to increase emotional awareness and regulation (50 codes)</li> <li>• Utilizing therapeutic music elements: predictable structure, range of dynamics, and lyrical content (13 codes)</li> <li>• Increasing awareness of physical self and sensation (12 codes)</li> <li>• Introducing new genres of music into therapeutic space (8 codes)</li> </ul>
<b>Impact of Personal Preference (71 total codes)</b>
<ul style="list-style-type: none"> <li>• Individuals have a natural tendency to play music they enjoy (28 codes)</li> <li>• Therapists are more likely to play music they are familiar and comfortable with (43 codes)</li> <li>• Desire to build rapport by connecting with clients on a more personal level through an interest of the genre (9 codes)</li> </ul>

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Table 10 displays responses regarding how participants use heavy metal music and elements of heavy metal music in their practice.

**Table 10**

*How Heavy Metal/ Elements of Heavy Metal are Used in Practice (325 total codes)*

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<ul style="list-style-type: none"> <li>• Music listening and lyric discussion for labelling emotions; emotional regulation; psychoeducation on mental health, psychological states, and the therapeutic use of the genre; focused attention; collaborative listening; reminiscence (129 codes)</li> <li>• Improvisation for emotional or creative outlets (65 codes)</li> </ul>
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- 
- Songwriting for identifying and expressing emotions, meditation, social and cognitive goals (26 codes)
  - Rhythmic grounding (33 codes)
- 

Study participants were asked to share their perceived impact on three different areas of music therapy: the client therapist relationship, the clinical process, and their clients. The findings of these questions echoed all that was shared in responses to clinical rationale and perceived benefits of the genre (see Tables 8 and 9). The unique thematic contribution from this question surrounded the idea that when client-preferred music is utilized, the integration of another genre does not make a difference. Participants believed the integration of client-preferred music was the most effective impact on the therapeutic relationship, clinical process, and individual client, not the utilization of the genre itself.

## CHAPTER 5: DISCUSSION

### Summary of General Findings

This study examined the perspectives of music therapists who have used heavy metal music in their music therapy practice. The quantitative data suggest that music therapists believe that learning foundations of heavy metal music while completing their music therapy education would be beneficial for music therapy practice. The data also suggest that heavy metal music is most commonly enjoyed by individuals between the ages of 16-35. Communities that have been observed as preferring heavy metal most include substance use, mental health, and individuals with emotional challenges. The majority of the data suggest that implementation of heavy metal music in music therapy is contingent on one's competency of heavy metal music, and data are split on perspectives as to whether personal preference plays a role in implementing heavy metal music in practice. The benefits of using this genre were reported, and when asked about risks of using heavy metal music, the data were split 50.2% (no) and 49.8% (yes).

Qualitative data revealed more nuanced understandings about music therapists' experiences and perceptions of using heavy metal in practice. When exploring examples of risks and benefits, responses revealed that risks can include overstimulation, lyrical content deemed as inappropriate or triggering, and group member disengagement when heavy metal music is not a preferred genre. Perceived benefits included enhanced connectedness, increased emotional expression, increased rapport development, feelings of validation and increased cultural and community connection.

Participants also answered open-ended questions regarding clinical rationale for implementing heavy metal music. A majority of the results concluded client preference is the most common rationale. Data regarding the impact of personal preferences on using heavy metal

music was also collected through open-ended questions. Music therapists reported they were more likely to utilize music they are comfortable and familiar with as well as music they enjoy. Results concluded a majority of this sample implement heavy metal music through music listening and lyric discussion. Respondents of this study were asked to share their perceived impacts of heavy metal music on the clients, clinical process, and therapeutic relationship. Results for these questions echoed findings of the other qualitative questions while adding the idea that impact is contingent on preferred music and not on the specific genre.

### **Discussion**

This study highlighted specific perceived risks and benefits when integrating heavy metal music in music therapy. Bogt et al., (2012) discovered that certain genres of music can increase substance use in adolescent populations. It is important for music therapists to understand potential risks and benefits of utilizing specific musical genres and preferences before implementing them into specific settings. More studies in the future could explicitly explore potential risks and benefits of implementing specific genres given that this study highlighted musical elements particular to heavy metal music.

When asked to describe clinical rationale for using heavy metal music, nearly 75% of participants shared that they utilize heavy metal music in practice to honor client preference. The integration of client preferred music was reported to increase feelings of validation and engagement in the therapeutic process. This finding supports the research showing that the use of client preferred music enhances the clinical process by eliciting stronger engagement (Clements-Cortez, 2017) and decreasing physical symptoms (Silverman et al., 2016).

Studies that have uniquely explored the benefits of heavy metal music discovered that clinicians provided enhanced opportunities for clients to express, release, and manage emotions.

For example, heavy metal has been found to potentially decrease levels of anxiety (Walworth, 2003) and either match or decrease levels of anger (Gowensmith & Bloom, 1997; Sharman & Dingle, 2015) in listeners, or positively influence perceived stress (Eischeid et al., 2019). These findings support that the unique musical elements and qualities of heavy metal music support the process of emotional expression. Therefore, while there is value in using client-preferred music as a whole, participants in this study reiterated therapeutic impacts unique to the heavy metal genre.

Regarding education received surrounding heavy metal music in music therapy curricula, this study found that 75.6% of participants did not receive any education on heavy metal music at all throughout their music therapy education. Of the sample, 77.6% reported that learning foundations of this genre would be helpful for clinical practice, but there is no need to go in depth. As clinicians, it may be impossible to learn about every musical style and genre in depth considering this is just one component of necessary training for music therapists. These findings support Crawford's (2021) research that discovered music therapy students and clinicians received little to no training in their education regarding hip-hop music. An increase in the education on diverse musical genres and training on implementation of the musical genre will more greatly inform the overall study and practice of music therapy.

This study also examined how heavy metal music was implemented within music therapy practice. Results showed the most commonly utilized intervention (55.7%) included music listening. Clinicians reported the use of music listening for interventions including lyric discussion to work toward client goals. Segall (2007) found that the use of live preferred music was more effective than using pre-recorded music. However, with our study highlighting minimal education in the genre of heavy metal, it may be that music therapists do not feel skilled

in recreating heavy metal music through live music making avenues and thus music listening was a preferred avenue for this specific genre. The connection between training in a musical genre or style and a clinician's comfortability integrating the genre in music therapy would be worth exploring in a future study.

### **Limitations**

One limitation of this study is the requirement of years of practice. Individuals who have had experience using heavy metal music in their practice who have only been practicing for less than five years did not get to provide their perspectives on this research topic. By lifting this restriction, my response rate would have been higher, and a larger breadth of experiences would have been reached. Individuals who have been credentialed or practicing for less than five years may have experienced using heavy metal in music therapy while an individual who has been practicing for over 20 years may have never experienced using heavy metal in practice, and the inclusion of these experiences would have strengthened the data.

Another limitation could come from potential bias of individuals. The data showed that 75% of participants were female and 89.1% of participants identified as white, or of European descent. Depending on cultural differences and exposures to different types of music could influence an individual's perspectives of the genre. This considered, the data would hold stronger validity if participants were more socioculturally diverse.

Considering music therapy is an individualized experience, it can be difficult to gather generalized results of a topic that is unique to each person. Results of this study demonstrate this limitation as answers included the need to consider client preferences, which is not genre specific.

## **Implications for Education and Practice**

As music therapists, it is crucial that we consider how different styles and genres of music can be utilized in our practice. This study provided many personal responses and real examples of how heavy metal music has been applied within music therapy practice among a variety of clientele. Additionally, information discovered through this research study uncovered the need for increased education about diverse musical tastes and styles. Many of the research participants disclosed they do not utilize heavy metal music in their practice due to unfamiliarity of the genre. Although we cannot be masters in every style of music, this study echoes past calls (Crawford, 2021) for the importance of music therapy education providing a basic understanding of diverse musical styles and genres, such as heavy metal.

Study findings also provided a better understanding of how heavy metal music can be integrated into our own music therapy practice. By getting comfortable with genres we are not familiar with we can provide our clients with new experiences. Just because a client does not prefer heavy metal music does not mean clinicians cannot utilize the musical elements or stylistic compositions of this genre. There were multiple examples from participants about how structure, melody, rhythm, and lyrical content unique to the genre offered perceived clinical benefit. At the same time, we also must understand the risks of implementing these elements to best navigate the therapeutic space given the observed risks participants shared.

## **Recommendations for Future Research**

Examining how other genres and styles of music are applied in music therapy will add to our knowledge of how we can utilize music to its fullest potential and create experiences for our clients to best meet their needs. This study was greatly informed by Crawford's (2021) study exploring the hip-hop genre. There is still limited research surrounding the specific use of

other genres, styles, and cultures of music, which could be further explored to gain a more nuanced understanding of how each genre is utilized for therapeutic potential.

This study demonstrates a need to survey the perspectives of our clients to get a better understanding of how heavy metal music directly affects our clients from the perspective of the client. Since music therapy treatment and sessions look different for each client, examining individual experiences or sessions can better inform our research about the specific genre of music and its implications into music therapy practice.

## CHAPTER 6: CONCLUSION

This study examined music therapists' perspectives on the use of heavy metal music in music therapy. The purpose of this study was to learn about the experiences of music therapists' who have used heavy metal music in their practice and what outcomes they have observed. Results showed that using heavy metal music in music therapy can have positive outcomes when this genre is preferred by the client. Using client-preferred heavy metal music in music therapy can build rapport, create a sense of security and validation for our clients, emulate a safe space for clients to engage in emotional expression, and serve as a motivator during music therapy. This study also demonstrated a need for an increase of education for clinicians regarding heavy metal music. Participants of the study believe increasing our education on the genre of music can help inform our practice further. In doing so, clinicians can increase their comfort in implementing this type of music in their practice for the clients that prefer the genre.



## REFERENCES

- Baker, C. & Brown, B. (2016). Suicide, self-harm, and survival strategies in contemporary heavy metal music: A cultural and literary analysis. *Journal of Medical Humanities, 37*, 1-17.  
<https://doi.org/10.1007/s10912-014-9274-8>
- Bogt, T., Gabhainn, S. N., Simons-Morton, B.G., Ferreira, M., Hublet, A., Godeau, E., Kuntsche, E., & Richter, M. (2012). Dance is the new metal: Adolescent music preferences and substance use across Europe. *Substance use & Misuse, 47*, p. 130-142.  
<https://doi.org/10.3109/10826084.2012.637438>
- Call, C. N. (2020). *Examination of aggressive behavior following exposure to auditory features of heavy metal music*. (Publication No. 28773883) [Doctoral dissertation, California School of Professional Psychology]. ProQuest.
- Cheng, T-H. & Tsai, C-G. (2016). Female listeners' autonomic responses to dramatic shifts between loud and soft music/sound passages: A study of heavy metal songs. *Frontiers in Psychology, 7*(182), 1-11. <https://doi.org/10.3389/fpsyg.2016.00182>
- Clark, B. (2022, March 21). *The history of heavy metal- origins, bands, and early influences*. Musician Wave. <https://www.musicianwave.com/history-of-heavy-metal/>
- Claver, M. (2014). *Threshold Zero- On heavy metals positive potentials in music therapy*. [Master's thesis, University of Bergen]. Bergen Open Research Archive.  
<https://core.ac.uk/reader/30923510>
- Clements-Cortez, A. (2017). Singing and vocal interventions in palliative and cancer care: Music therapists' perceptions of usage. *Journal of Music Therapy, 54*(3), 336-361.  
<http://dx.doi.org/10.1093/jmt/thx010>

- Crawford, D. C. (2021). *The prevalence of hip hop music in music therapy education & practice*. [Master's thesis, Molloy University]. Digital Commons at Molloy University.  
<https://digitalcommons.molloy.edu/etd/102>
- Eischeid, S. A., Kneer, J., & English, B. (2019). Peace of mind: The impact of metal gestures on stress and power. *Metal Music Studies*, 5(2), 137-150.  
[http://dx.doi.org.molloy.idm.oclc.org/10.1386/mms.5.2.137\\_1](http://dx.doi.org.molloy.idm.oclc.org/10.1386/mms.5.2.137_1)
- Gowensmith, W. N., & Bloom, L. J. (1997). The effects of heavy metal music on arousal and anger. *Journal of Music Therapy*, 34(1), 33–45. <https://doi.org/10.1093/jmt/34.1.33>
- Jack-Vilmar, F. *The role of affinity group membership for marginalized music therapy students and professionals*. [Master's thesis, Molloy University]. Digital Commons at Molloy University.
- Kocur, J., Brady, S., Moseley, B., Shaffer, K., Langolf, L., & Lavengood, M. (2021, July 1). *Swing rhythms*. Open Music Theory.  
<https://viva.pressbooks.pub/openmusictheory/chapter/swing-rhythms/>
- Krovatin, C. (2020, February 2). *10 of the most important cultural shifts in metal*. Kerrang.  
<https://www.kerrang.com/10-of-the-most-important-cultural-shifts-in-metal>
- Lacourse, E., Claes, M. & Villeneuve, M. (2001). Heavy metal music and adolescent suicidal risk. *Journal of Youth and Adolescence*, 30(3), 321-331.  
<https://dx.doi.org/10.1023/A:1010492128537>
- Lilja, E. (2009). *Theory and analysis of heavy metal harmony*. Finnish Music Library Association.
- Myers-Coffman, K., Weissinger, G., & Banzon, G. (2022, April 9). Music therapists' education, attitudes, perceptions, and understandings of suicide prevention [Conference

- presentation]. American Music Therapy Association Mid-Atlantic Regional Conference, Hilton Harrisburg, Harrisburg, PA, United States.
- Rowe, P. & Guerin, B. (2018). Contextualizing the mental health of metal youth: A community for social protection, identity, and musical empowerment. *Journal of Community Psychology*, 46(6), 1-24. <https://doi.org/10.1002/jcop.21949>.
- Segall, L. E. (2007). *The effect of patient preferred live versus recorded music on non-responsive patients in the hospice setting as evidenced by physiological and behavioral states*. [Master's thesis, Florida State University]. Florida State University Digital Library. [http://purl.flvc.org/fsu/fd/FSU\\_migr\\_etd-0282](http://purl.flvc.org/fsu/fd/FSU_migr_etd-0282)
- Sharman, L., & Dingle, G. A. (2015). Extreme metal music and anger processing. *Frontiers in Human Neuroscience*, 9(272). <https://dx.doi.org/10.3389/fnhum.2015.00272>
- Silverman, M. J., Letwin, L., & Nuehring, L. (2016). Patient preferred live music with adult medical patients: A systematic review to determine implications for clinical practice and future research. *The Arts in Psychotherapy*, 49, 1-7. <https://doi.org/10.1016/j.aip.2016.05.004>
- Sound of Life Team. (2022, July 6). *'90s music trends that shaped a decade*. Sound of Life. <https://www.soundoflife.com/blogs/mixtape/90s-music-trends>
- Uhlig, S., Jansen, E., Scherder, E. (2017). “Being a bully isn’t very cool...”: Rap & sing music therapy for enhanced emotional self-regulation in an adolescent school setting- a randomized controlled trial. *Psychology of Music*, 46(4), 568-587. <https://doi.org/10.1177/0305735617719154>
- Walser, R. (2020, April 9). *Heavy metal*. Britannica. <https://www.britannica.com/art/heavy-metal-music>

Walworth, D. D. (2003). The effect of preferred music genre selection versus preferred song selection on experimentally induced anxiety levels. *Journal of Music Therapy*, 40(1), 2-14. <http://doi.org/10.1093/jmt/40.1.2>

Wheeler, B., & Murphy, K. (Eds.) (2016). *Music therapy research* (3<sup>rd</sup> ed.). Barcelona Publishers.

Wooten, M. A. (1992). The effects of heavy metal music on the affect's shifts of adolescents in an inpatient psychiatric setting. *Music Therapy Perspectives*, 10(2), 93-98. <https://doi.org/10.1093/mtp/10.2.93>

## Appendix A: IRB Approval Form



**MOLLOY  
UNIVERSITY**

1000 Hempstead Ave., PO Box 5002, Rockville Center,  
NY 11571-5002 [www.molloy.edu](http://www.molloy.edu)

**Patricia A. Eckardt, PhD, RN, FAAN**  
**Chair, Molloy University Institutional Review Board**  
**Professor, Barbara H. Hagan School of Nursing and Health Sciences**  
**E: [peckardt@molloy.edu](mailto:peckardt@molloy.edu)**  
**T: 516.323.3711**

**DATE:** January 20, 2023

**TO:** Jessie Davis, BS  
**FROM:** Molloy University IRB

**PROJECT TITLE:** [1994561-1] Music Therapists Perspectives on the use of Heavy Metal Music in Music Therapy

**REFERENCE #:**

**SUBMISSION TYPE:** New Project

**ACTION:** DETERMINATION OF EXEMPT STATUS

**DECISION DATE:** January 20, 2023

**REVIEW CATEGORY:** Exemption category # 2

Thank you for your submission of New Project materials for this project. The Molloy University 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.

**You may proceed with your project.**

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 University 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](mailto: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 University Institutional Review Board

This letter has been issued in accordance with all applicable regulations, and a copy is retained within Molloy University IRB's records.

## Appendix B: Recruitment Email

Dear Board-Certified Music Therapist,

My name is Jessie Davis, and I am a Music Therapy Graduate student at Molloy University. As part of my final degree requirement, I am conducting a survey to learn about music therapists' perception and uses of heavy metal music in music therapy practice. I am conducting this study under the advisement of Dr. Kate Myers-Coffman. (Title: Music Therapists Perspectives on the Use of Heavy Metal Music in Music Therapy).

This study will be surveying board certified music therapists who have utilized heavy metal music in their music therapy practice. You are eligible to participate if you meet the following criteria:

- 1.) Are a board-certified music therapist.
- 2.) Have been practicing music therapy for at least five years.
- 3.) Have used heavy metal music in your music therapy practice.

Survey questions will ask about your education, personal experiences, thoughts, and reflections on the uses of heavy metal music and their implications to music therapy. This survey will take 10-15 minutes.

If you are interested in participating, please use the link below to review the consent form, confirm eligibility, and access the survey.

Thank you for your consideration and please do not hesitate to reach out if you have any questions.

Jessie Davis  
[jdavis1@lions.molloy.edu](mailto:jdavis1@lions.molloy.edu).

Dr. Kate Myers-Coffman, PhD, MT-BC  
[Kmyers-coffman@molloy.edu](mailto:Kmyers-coffman@molloy.edu)

## Appendix C: Consent Form



Music Therapy Department  
1000 Hempstead Ave, Rockville Centre, NY 11570  
Rockville Centre, NY 11570  
(516)-323-3000

### **Title of Study: Music Therapists' Perspectives on the Use of Heavy Metal Music in Music Therapy**

**This study is being conducted by: Graduate Student:** Jessie Davis. [jdavis1@lions.molloy.edu](mailto:jdavis1@lions.molloy.edu) (607)-434-5702. Advisor: Kate Myers-Coffman, [kmyers-coffman@molloy.edu](mailto:kmyers-coffman@molloy.edu) (516-323-3321)

#### **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 is a questionnaire-based survey intended to gather information regarding your personal experiences, beliefs, and educational background regarding heavy metal music and its implications to your music therapy practice.

This survey will take approximately 10-15 minutes. Inclusion criteria for this survey include music therapists who have been credentialed and practicing music therapy for at least 5 years. Music therapists must also have used heavy metal music in their music therapy practice. There are no perceived risks in taking this survey. Data will be secured on a password protected, University administered Google Form. No identifying information will be collected. The only individuals with access to this Google Form will be my thesis advisor and myself. Data will be stored for three years once the study is completed.

#### **Why am I being asked to take part in this study?**

Your perspective as a music therapist is valuable and your experience will add to our knowledge of this topic.

#### **What will I be asked to do?**



Complete an online survey that includes questions regarding your opinions, knowledge, and perspectives on the use of heavy metal music in music therapy. Participation in this study is completely voluntary. You have no obligation to complete the survey and you can withdraw at any point throughout the study.

**Where is the study going to take place, and how long will it take?**

The survey will be accessible through your personal smartphone, tablet, or computer through a Google Forms survey link. The survey will take no longer than 15 minutes to complete.

**What are the risks and discomforts?**

There are no projected risks for completing this survey.

**What are the expected benefits of this research?**

Participants will not benefit directly from the completion of this survey.

**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.

**Will it cost me anything to participate?**

Participation in this study is free.

**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?**

Identifiable information will NOT be collected for this survey. Data will be password protected and access will only be allowed for myself and my thesis advisor. Data will be stored for a three-year period in order to comply with Molloy University IRB auditing requirements. After that point, the data will be destroyed.

**How will my information be used?**

The data collected in this survey will be analyzed using descriptive statistics and thematic analysis. Once analyzed, they will be presented in table, graphs, and narrative themes in a thesis publication. The information collected as part of this research study, even with identifiers removed, will not be used, or distributed for future research studies.

To ensure that this research activity is being conducted properly, Molloy University'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?**

Ending the study early may occur if a participant decides not to answer all of the survey questions and quits the survey before completion. Participants may exit the survey or revoke participation at any time during the survey.

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

No compensation is available for completing this survey.

**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 Jessie Davis at (607)-434-5702 or [jdavis1@lions.molloy.edu](mailto:jdavis1@lions.molloy.edu) or Dr. Katherine Myers-Coffman at (516-323-3321) or [kmyers-coffman@molloy.edu](mailto:kmyers-coffman@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 IRB contact the Molloy IRB office at [irb@molloy.edu](mailto: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. Signing this form 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.**

**Agree (tick box)**

**Disagree (tick box)**

## Appendix D: Survey Questions

### Demographic Information

- 1) What gender do you identify as? Select all that apply.
  - a) Female
  - b) Male
  - c) Cisgender
  - d) Gender queer
  - e) Gender nonconforming
  - f) Transgender
  - g) Agender
  - h) Non-binary
  - i) Prefer not to disclose
  - j) Other (Please specify)
  
- 2) What is your age range?
  - a) 18-29
  - b) 30-39
  - c) 40-49
  - d) 50-59
  - e) 60-69
  - f) 70 and over
  
- 3) What is your Race/ Ethnicity. Select all that apply.
  - a) Asian/ Asian American
  - b) Black/ African American
  - c) Latinx(o/a)/ Hispanic/ Spanish
  - d) Native American/ Alaska Native
  - e) Native Hawaiian/ Pacific Islander
  - f) White/ European Descent
  - g) Multi-racial/ Multi-Ethnic
  - h) Prefer not to disclose
  
- 4) How long have you been practicing Music Therapy?
  - a) 5-8 years
  - b) 9-11 years
  - c) 12-14 years
  - d) 15-17 years
  - e) 18-20 years
  - f) 21+ years
  
- 5) How long have you been a credentialed Music Therapist?
  - a) 0-2 years
  - b) 3-5 years
  - c) 6-8 years

- d) 9-11 years
- e) 12-14 years
- f) 15-17 years
- g) 18-20 years
- h) 21+ years

#### Begin of Survey Questions

- 1) What intervention style(s) have you used when working with heavy metal music? Select all that apply.
  - a. Improvisation
  - b. Recreative
  - c. Receptive
  - d. Compositional
  - e. Other (please specify)
  
- 2) What population(s) have you worked with that enjoy heavy metal music? Select all that apply.
  - a. AIDS/HIV
  - b. Alzheimer's/Dementia
  - c. Autistic individuals
  - d. Bereavement/Grief
  - e. Behavioral challenges
  - f. Cancer Care
  - g. Chronic Pain
  - h. Comatose
  - i. Intellectual/Developmental Disabilities
  - j. Deaf or hard of hearing
  - k. Drug/Substance Use/Addiction
  - l. Dual Diagnosis
  - m. Eating Disorders
  - n. Emotional challenges
  - o. Head/Traumatic Brain Injury
  - p. Learning Disabilities
  - q. Limited Resources
  - r. LGBTQIA2+
  - s. Mental health concerns
  - t. Neurological Variation
  - u. Parkinson's
  - v. Physical Disabilities
  - w. PTSD
  - x. Speech Impairments
  - y. Survivors of Domestic Violence
  - z. Survivors of Sexual Abuse
  - aa. Survivors of Human Trafficking
  - bb. Terminally ill (not hospice)

- cc. On hospice/palliative care
  - dd. Visual Impairments
  - ee. Other (please specify)
- 3) What age group have you worked with that enjoy heavy metal music? Select all that apply.
- a. 0-5
  - b. 6-10
  - c. 11-15
  - d. 16-20
  - e. 21-26
  - f. 27-30
  - g. 31-35
  - h. 36-40
  - i. 41-45
  - j. 46-50
  - k. 51-55
  - l. 56-60
  - m. 61-65
  - n. 66-70
  - o. 70+
- 4) What is your clinical rationale for implementing heavy metal music in your music therapy practice? (open-ended question)
- 5) How often do you utilize elements of heavy metal music in your music therapy practice?
- a. Never
  - b. Sometimes
  - c. Often
  - d. Always
- 6) Have you observed benefits of using heavy metal music in your music therapy practice?
- a. Yes (go to next question )
  - b. No (skip next question )
- 7) Please describe the benefits of using heavy metal music you've observed. (open-ended question).
- 8) Have you observed risks of using heavy metal music in your music therapy practice?
- a. Yes (go to next question)
  - b. No (skip next question)
- 9) Please describe the risks of using heavy metal music you've observed. (open-ended question).

- 10) How comfortable do you feel integrating heavy metal music in your music therapy practice?
- Very uncomfortable
  - A little uncomfortable
  - Neither comfortable nor uncomfortable
  - A little comfortable
  - Very comfortable
- 11) Do you believe your competence of heavy metal music impacts how often or not you utilize heavy metal music in your practice?
- Yes
  - No
  - Maybe
  - I don't know
- 12) What is your personal preference of heavy metal music?
- I strongly dislike it
  - I dislike it
  - Neutral
  - I like it
  - I love it
- 13) Do you believe your personal preference plays a role in how often or not you utilize heavy metal music in your practice?
- Yes
  - No
  - Maybe
  - I don't know
- 14) How do you believe your personal preference plays a role in how often you utilize heavy metal music in practice? (open-ended question)
- 15) How extensive was heavy metal music taught during your music therapy education and training?
- It was not taught at all
  - It was discussed, but not in depth
  - It was taught equivalent to other genres
  - It was taught more than other genres
- 16) To what degree do you believe there should be a change in education and training on the use of heavy metal music in music therapy?
- I don't think it needs to be taught at all
  - I think learning the foundations would be helpful to clinical practice, but no need to go in depth
  - I think it needs to be taught thoroughly

- 17) How do you use heavy metal music/ elements of heavy metal music in your practice?  
(open-ended question)
- 18) What is your perceived impact of the use of heavy metal music on clients? (open-ended question)
- 19) What is your perceived impact of the use of heavy metal music on the therapeutic relationship between the client and the therapist? (open-ended question)
- 20) What is your perceived impact of the use of heavy metal music on clinical processes?  
(open-ended question)