

Metal Health: Three Music Therapists' Perspectives on Using Extreme Music in Music Therapy
with Adolescents

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ABSTRACT

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The importance of music for adolescents is well-documented. While music therapy has been used to support adolescents who are experiencing mental health and other challenges, applications of Extreme music are rarely addressed in the literature even though it is a preferred genre of many adolescents. The purpose of this study was to investigate the perspectives of music therapists on the use of Extreme music in their music therapy sessions with adolescents. Three certified music therapists participated in qualitative interviews that were analyzed using directed content analysis techniques. Several themes emerged within three pre-determined categories: (a) Using Extreme Music in Music Therapy with Adolescent Clients, (b) Identified Clinical Benefits of Extreme Music for Adolescent Clients, and (c) Contraindications for the Use of Extreme Music in Music Therapy with Adolescent Clients. Implications of the results for practice, education, and future research are presented along with limitations of the study. It is the researcher's hope that this study will encourage music therapists to gain new and enhanced understandings on how they might incorporate Extreme music into their practice with adolescents when clinically indicated.

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Chapter 1. Introduction

Significance and Need

The importance of music for adolescents is well-documented, demonstrating how music can enhance their personal development (Miranda, 2019). Engaging with specific music scenes¹ can contribute to adolescents' socialization, identity construction and sense of belonging (Bennett & Nikulinsky, 2019). In an interview study that focused on heavy metal music, Arnett (1991) found that many adolescents who affiliate with harsher forms of music report feeling energized by it and find relief by reflecting on emotionally intense lyrics.

Extreme music² is an umbrella term encompassing various transgressive music genres that are often perceived as abrasive (e.g., extreme metal, hardcore punk, noise music, some forms of experimental music and overlaps of these genres). It is a worldwide phenomenon comprised of multiple international and local scenes (Kahn-Harris, 2007; Tau, 2022; Venkatesh et al., 2014). Some studies (e.g., Bodner & Bensimon, 2015; Lozon & Bensimon, 2014; North & Hargreaves, 2008) use the label *problem music* to designate genres of music that fall under the umbrella of Extreme music including heavy metal, punk, hip-hop, rap, and trance/rave music. However, the inclusion of specific types of music within the genre has shifted and continues to shift through time, demonstrating the contextual and often misunderstood nature of this nomenclature (Dingle & Sharman, 2015).

Kahn-Harris (2007) indicates that an emphasis on the problematic aspects of extreme metal music does not paint a realistic picture, specifically a focus on sensationalist elements rather than on truly defining features of extreme metal scenes. Kahn-Harris (2001; 2007) sees experimentation, musical transgression, exploration of taboos and a high volume of musical productions as some of the clear elements of extreme metal scenes and metal music subculture. Tau (2022) also ascribes these features to various other Extreme music scenes, such as noise, industrial and experimental techno and house scenes. However, other literature indicates that preferred music of any genre can facilitate relaxation, and accordingly, fans of Extreme music have indeed used it as a positive coping method to encourage relaxation (Sharman & Dingle,

¹ A *music scene* is defined as “the context in which clusters of producers, musicians and fans collectively share their common musical tastes and collectively distinguish themselves from others” (Peterson & Bennett, 2004, p. 1).

² In the context of this study, I capitalize the term *Extreme music* to distinguish it from it from other ways that it has been defined the literature. See the amalgamated definition in the Key Terms section created specifically for this study.

2015). In a study that examined flow experiences (a feeling of being *in the zone*) in metal musicians, Hamilton et al. (2019) found that negative emotions (often a major theme in heavy metal music) facilitated flow states and the awareness of joy during, and directly following study participants' live metal performances.

Relevance to Music Therapy

Music therapy has been used in various contexts to support adolescents experiencing mental health and other challenges (e.g., Camilleri, 2007; Derrington, 2012; Elligan, 2004; McFerran, 2010; Saarikallio & Erkkilä, 2007). However, it is interesting to note that very few publications address the use of Extreme music in music therapy. Two publications (Krout, 2007; Soshensky, 2005) mention aesthetic features of heavy metal music that are relevant to the clinical use of guitar. In a book on music and music therapy practice with adolescents, McFerran (2010) lists various heavy metal, punk and grunge music selections that may be useful in clinical settings. In a paper that discussed potential applications of hard and heavy metal music for young persons who have cancer, Ahmadi (2009) indicates that this genre may assist young people to cope with the difficulties of illness as a source of expressing a sense of self, tranquility and meaning. She also states that the role of hard and heavy music in addressing pain and serious illness has not been studied comprehensively as research has focused on what are usually recognized as more soothing genres of music (e.g., jazz, classical, spiritual, and religious music). It is also relevant to note that while Ahmadi's paper was published in a music therapy journal (*Voices: A World Forum for Music Therapy*), she is a sociology professor and there is a gap in the literature with regard to music therapists' perspectives on this topic.

Since adolescents form the age group that consumes music most avidly (Miranda, 2019), and since Extreme music is a preferred genre of many adolescents (Arnett, 1991), it appears that more research is needed on how Extreme music can be applied in music therapy contexts that involve adolescents. This information would be especially helpful for music therapists who work with adolescents and perhaps even more so for those who are less familiar with Extreme music genres or scenes. This in turn would be of significant benefit to adolescents in music therapy who resonate with this music and its various subcultures.

Personal Relationship to the Topic

I often label myself as an *extreme* musician: I began to engage with Extreme music genres around the age of 14 when I started to learn electric bass. Now, I am an active member of

Extreme music scenes in Quebec. I am currently a bassist and perform backing vocals in a blackened metalcore band and have performed with other various extreme acts in the veins of death metal, hardcore/crust punk, and deathcore. Extreme music also aligns with the flexible approach I like to take with music in general.

In my experience, Extreme music genres are often dismissed and undermined with regard to their influence and musical value, not only by individuals but also by the media, who often portray the music and its fans in a negative light. An example from my youth would be the distasteful manner in which heavy metal band *Slipknot* was portrayed in relation to the murder of Terry Taylor in 2003. The ensuing 2009 trial was covered by the *Daily Express* with the headline *Couple listened to Slipknot murder song before killing friend* (2009). Defying these stereotypes is seminal to my music therapy work because I believe in promoting inclusivity and tolerance, including when it comes to musical preferences and other personal expressions of identity (such as clothing, tattoos, piercings, makeup, etc.). I believe it is important for music therapists to be well-informed and open-minded towards applications of different music subcultures to promote the well-being of all individuals, including adolescents.

Assumptions

As a result of my personal relationship with the topic (described above) I held some assumptions going into this research that I would like to acknowledge. I assumed that many music therapists are not well acquainted with or informed about Extreme music and that some practitioners may hold a negative outlook on this music. I deeply believe (and therefore assumed) that Extreme music holds strong potential for use in music therapy sessions with adolescents and that interesting parallels exist with practice and research on other culture/subculture-specific music genres (e.g., rap/hip/hop, rock music, culturally-bound music). Finally, I assumed that the music therapist research participants in this study might feel hesitant to use Extreme music in their work given some of the negative existing attitudes about the genre and/or lack of music therapy literature and resources pertaining to Extreme music. Further reflections upon these assumptions and how they were confirmed or challenged within the context of this study will be addressed in Chapter 5.

Statement of Purpose

The purpose of this study was to investigate the perspectives of three music therapists on the use of Extreme music in music therapy sessions with adolescents. It is my hope that the

results of this inquiry will contribute to filling some of the gaps in knowledge identified above and enable music therapists to consider how Extreme music might be best incorporated into their work with adolescents. I also hope that this paper sparks further interest in conducting additional research on this topic.

Research Questions

The primary research question of this study was: What are three certified music therapists' (MTA) perspectives on the use of Extreme music in music therapy sessions with adolescents? The subsidiary research questions were: (a) Do music therapists use Extreme music with adolescent clients? If so, why and how do they use it? If not, why not? (b) What potential therapeutic benefits do music therapists describe that support the use of Extreme music with adolescent clients? (c) What potential contraindications do music therapists identify in relation to the use of Extreme music with adolescent clients?

Key Terms

Key terms contained in the research questions are defined below. Other key terms are defined in context as they emerge throughout the paper.

Music therapy is “a discipline in which credentialed professionals (MTAs) use music purposefully within therapeutic relationships to support development, health, and well-being. Music therapists use music safely and ethically to address human needs within cognitive, communicative, emotional, musical, physical, social, and spiritual domains” (Canadian Association of Music Therapists, 2020, What is music therapy? section, para. 1).

Certified music therapist (MTA): “MTA Certification is granted from [Canadian Association of Music Therapists] CAMT based on documentation of a successful internship evaluation, passing the board certification exam administered by the Certification Board for Music Therapists, and a signed statement of agreement to adhere to the CAMT Code of Ethics and Standards of Practice” (Canadian Association of Music Therapists, 2020, Music therapy scope of practice section, para. 4).

Extreme music is an umbrella term reuniting genres of music that are unconventional, subcultural, and obscure by nature, who share common themes of musical, artistic, and social transgression. Musical elements include abrasive sounds, heavy instrumentals and/or harsh vocals. It encompasses extreme metal subgenres (e.g., black metal and death metal), hardcore punk and its derivatives, noise rock and other experimental music genres. Crossovers exist,

whether it be with non-Extreme music genres or between each other. Some other contenders for the genre are harsher forms of hip-hop (e.g., screamo rap) and electronic music (e.g., hardstyle, rawstyle and dubstep). This definition was developed using the following sources: Abbey & Helb (2014), Ahmadi (2009), Blush & Petros (2010), Hoffin (2017), Kahn-Harris (2007), Sharman & Dingle (2015), Tau (2022) and Venkatesh et al. (2014). My personal knowledge and experiences of Extreme music were also considered.

An *adolescent* is “a young person who is developing from a child into an adult” (Oxford University Press, n.d., para. 1). The American Psychological Association (n.d.-a, para. 1) adds that “[adolescence is] the period of human development that starts with puberty (10–12 years of age) and ends with physiological maturity (approximately 19 years of age), although the exact age span varies across individuals.” Within the context of this study, *adolescent client* is presented as a general term referring to one who is participating in music therapy for various reasons and does not refer to any specific adolescent clinical population.

The definition of *therapeutic benefit* is twofold. *Therapeutic* is defined as an adjective used to describe something “having beneficial or curative effects” (American Psychological Association, n.d.-b, para. 2). A *benefit* is something that produces good or helpful results or effects or that promotes well-being (Merriam-Webster, n.d.).

A *contraindication* is a specific situation in which a procedure should not be used because it may be harmful to the person in some way. This can include (but is not limited to) psychological harm (Venes & Taber, 2013).

Summary of Chapters

This thesis has been organized into five chapters. Chapter 1 outlined the significance and need for this research and my personal relationship to the topic. The purpose of the study and research questions are presented, and key terms contained in these questions are defined. Chapter 2 explores relevant literature which has been divided into three main sections: (a) An overview of Extreme music; (b) Adolescents and music, and (c) Music therapy and Extreme music. Chapter 3 describes the methodology used in this study, and Chapter 4 presents the research results. Chapter 5 discusses these results, presents limitations of the study, discusses my assumptions, and identifies implications for music therapy practice and future research.

Chapter 2. Literature Review

This chapter reviews relevant literature pertaining to the topic under study and is divided into three main sections. The first section provides a brief overview of the heavy, aggressive, and transgressive musical genres that fall under the overarching umbrella of Extreme music. It will also describe Extreme music scenes and their members. The second section explores the relationship between adolescents and music, focusing on Extreme music, musical preferences, mood regulation, coping, and mental health. The third section examines how Extreme music has been reported to be used in music therapy and gaps in knowledge that indicate a need for further research.

An Overview of Extreme Music

The definition of Extreme music, as presented in Chapter 1, is used to focus the scope of this section of the literature review and acknowledges the complexity and uniqueness of musical labels. For the purpose of this research, more commercially successful and accessible forms of heavy metal, punk, hip-hop and electronic music will also be included within the scope of this definition, as these genres have also consistently been at the center of controversy in the media (Selfhout et al., 2008).

Extreme Metal

Using the adjective *extreme* to describe musical styles seems to originate from specific heavy metal subgenres that fall under the umbrella term of *extreme metal* (Dunn & Belalcazar, 2014; Kahn-Harris, 2007). From the late 1970s to the early 1980s, extreme metal music found its roots in the stylistic steps of thrash metal, that typically accentuates musical speed and the complexity of the music (Dunn & Belalcazar, 2014; Kahn-Harris, 2007; Sharman & Dingle, 2015; Venkatesh et al., 2014). Notable musical elements include “heavy and powerful sounds with expressive vocals” (Sharman & Dingle, 2015, Extreme music section, para. 1) and high levels of distortion (e.g., distorted guitars), harsh/screamed vocals, abrasive sounds and intense drum playing styles (e.g., blast beats) (Abbey & Helb, 2014; Dunn & Belalcazar, 2014; Kahn-Harris, 2007). Extreme metal vocals are specifically known to require multiple complex vocal techniques that go far beyond their rhythmic nature to convey emotions (Smialek, 2016). Beyond this seemingly reductive description, extreme metal is diverse and far-reaching (Dunn & Belalcazar, 2014). Its subgenres include, but are not limited to, death metal, black metal, and

their derivatives, along with crossovers with other genres such as crust punk, grindcore, metalcore, deathcore, and even pagan metal (Dunn & Belalcazar, 2014; Kahn-Harris, 2007).

Key non-musical elements of extreme metal include themes of nihilism and misanthropy (Abbey & Helb, 2014). Sociologist Keith Kahn-Harris (2007) suggests that extreme metal, and its defining attributes are transgressive, as they intend to breach cultural, artistic, social, or aesthetic boundaries, even outside of the music itself. The Norwegian black metal scene, for instance, became infamous in the 1990s for overtly preaching satanism and making headlines worldwide for its links to several cases of arson (including church burnings) and homicides (Hoffin, 2017; Kahn-Harris, 2007; Moynihan & Søderlind, 2003). Extreme metal avoids commercialization and attempts to work against mainstream media and politics (Dunn & Belalcazar, 2014). Extreme metal is often recognized as a complex and rich genre and has clear ties to the development of hardcore punk scenes (Kahn-Harris, 2007; Tau, 2022).

Hardcore Punk, Noise Music, and Hardcore Electronic Music

Taking form in the late 1970s in the United States, hardcore punk arose as a reaction against the hippie movement of the time (Blush & Petros, 2010). Like extreme metal, hardcore punk tends to disavow commercialism and *mainstream* music of all kinds by using socio-politically charged lyrics (Abbey & Helb, 2014; Kahn-Harris, 2007). A key defining trait of the genre is its music scenes, all carrying their unique branding, ideologies, fashion and, sometimes even, record labels (Blush & Petros, 2010), reinforcing the strong subcultural aspect of underground music. It is in the early 1980s, at the height of heavy metal's commercial success and with the arrival of extreme metal, that most crossovers between hardcore and metal music took place (Kahn-Harris, 2007). Some books focused on hardcore punk prefer the term *aggressive* to *extreme* (Abbey & Helb, 2014; Blush & Petros, 2010). In that sense, the legacy of extreme metal and hardcore punk seems to embody a mentality of pushing boundaries, defining transgression as its essence.

The common thread of transgression is still present today and extends to other avant-garde genres such as noise music and industrial music (Abbey & Helb, 2014; Tau, 2022). These genres both derive from the electroacoustic explorations of *musique concrète* and from seminal experimental rock records such as Lou Reed's 1975 record *Metal Machine Music* (Tau, 2022). Reinforcing the underground nature of Extreme music genres and their defiance of what can be defined as music, noise music rejects all that makes music appealing as a commodity (Tau,

2022). Tau (2022) also notes that noise music has also been instrumental in developing some of the more extreme versions of electronic music that started with the genre of *drum & bass* in the early 1980s and evolved into increasingly fast, aggressive, and abrasive styles, generally referred to as breeds of *hardcore electronic music* (e.g., gabber, breakcore, speed core, splittercore, etc.).

To further diversify the dialogue on Extreme music genres, Ahmadi (2009) used the term *hard and heavy music* to refer to genres such as heavy metal, hard rock, hard rap, punk rock, and aggressive pop music. This terminology is linked with extreme musical genres in terms of aggression (both musically and thematically), but it associates them with more accessible genres of music. With that in mind, it is important to note that Extreme music genres did impact popular music through time and have had occasional appearances the mainstream (Tau, 2022).

Extreme Music Scenes

Kahn-Harris (2001; 2007) argues that it is favorable to analyze Extreme music through the lens of its scenes, as they are usually localized and tangible. The notion of band is foundational to heavy metal scenes, where live shows act as rituals, and the relationship between artists and fans is essential (Hamilton et al., 2019). Many Extreme music scenes are associated with criminal behavior (including illegal substance use) and negative tendencies and attitudes (Lozon & Bensimon, 2014). These affiliations seem to be reinforced by media portrayals (Hughes et al., 2018). There is a stereotype that Extreme music fans, especially heavy metal fans, are more aggressive, agitated and aroused than non-fans (Sharman & Dingle, 2015).

Gowensmith & Bloom (1997) compared the effects of heavy metal music on aggression and arousal in college students using an experimental design that included various music listening conditions. They found that heavy metal fan participants were no angrier when listening to metal music than were country music fan participants listening to country music. However, country music fans listening to metal demonstrated higher levels of aggression than metal fans listening to country music (Gowensmith & Bloom, 1997). In a systematic literature review examining links between alternative subcultures and the risk of self-harm and suicide, Hughes et al. (2018), found that associations with alternative subcultures (including Extreme music scenes) were linked to a higher risk of self-harm and suicide. However, there was limited evidence to support possible explanations for this link (e.g., exposure to and normalization of self-harm).

Thompson et al. (2019) found that death metal fans have different personality traits than non-fans, with lower scores in conscientiousness and agreeableness, suggesting a possible

presence of specific traits that attracts them to violent music. This contradicts other correlational findings where the appreciation of what was referred to as *problem music* (e.g., hip-hop and heavy metal) seems to predict externalization of problem behaviors, but the presence of problem behaviors does not predict attraction to these genres (Bodner & Bensimon, 2015). According to a systematic review by Lozon & Bensimon (2014), some studies have found a high positive correlation between substance use and Extreme music, but most of these studies lack any causal link and do not take specific contexts into account (Sharman & Dingle, 2015). For instance, hardcore punk's straight edge movement actively objects to the use of illicit substances (Blush & Petros, 2010).

Extreme music scenes are also criticized for their sociopolitical stances. In extreme metal specifically, there seems to be a conscious reluctance to acknowledge questionable attitudes and politics (e.g., male violence, power, racism, and misogyny), described by Kahn-Harris (2007) as *reflexive anti-reflexivity*. Dramatic events surrounding the Norwegian black metal scene (i.e., murder, arson, and affiliations to Nazism) seem to support this claim (Moynihan & Söderlind, 2003). While the influence of these events on other Extreme music scenes is undeniable, Hoffin (2017) points out that the Norwegian scene does not fit any subcultural model, making it a unique instance that cannot be generalized to other metal scenes.

Adolescents and Music

Musical Preferences

Surprisingly, only a few studies have been conducted specifically regarding the effects of Extreme music genres on adolescents. In an experimental study that examined extreme metal music and anger processing, Sharman & Dingle (2015) found that Extreme music fans used this genre in a positive manner, to match their anger, regulate sadness, and enhance positive emotions. Participants in this study included older adolescents and young adults. In a similar inquiry, McFerran et al. (2015) examined the relationship between self-reported mood management of 111 Australian adolescents and music preference. A correlational analysis indicated that the more distressed participants in the sample were more likely to enjoy angry music (e.g., heavy metal), but did not report it had a more negative effect on their mood than any other genre of music (McFerran et al., 2015). In the same vein, Merz et al. (2020) conducted a survey study that examined the potential relationship between intense and/or rebellious music preference and aggressive behaviors but found no significant correlations. Such conclusions are

supported in a position paper by McFerran & Wölf (2015) wherein they examined literature to explore potential links between music and violence from their perspectives as music therapists. They found that no specific genre of music seems to have a particular relationship with perceived variations in mood. Contradicting these findings, Rea et al. (2012) compared three listening conditions (classical, pop, and metal music) and found that those listening to metal music demonstrated an increase in jitteriness and a decrease in positive states (e.g., calmness, relaxation, security, and satisfaction). However, a notable limitation is that music preferences were not considered in this study.

Regarding the social aspects of preferred music, literature seems to indicate that belonging to music scenes, even Extreme music scenes, can have positive influences on individuals, especially young people. Adolescents are often the main driving force of music scenes, being an essential component in their development, consumption, and longevity; music scenes are an avenue for social expression (Bennett & Nikulinsky, 2019). As this age group often experiences vulnerability and isolation, music scenes present themselves as an avenue to promote self-esteem, self-fulfillment, social inclusion, and a sense of belonging (Bennett & Nikulinsky, 2019). In a study that interviewed seven adult men on their involvement with metal music as teenagers, results indicated that being part of metal music scenes helped participants to explore complex issues, such as religion, death, and politics (Hines and McFerran, 2013). Given the findings of the studies in this section, it appears that further understanding is needed regarding adolescents' music preferences within the context of subcultural genres such as Extreme music. Music is an important part of their identities, often integrating it into their lives in their own fashion and using it as a symbol of pride (Miranda, 2019; North & Hargreaves 2008).

Mood Regulation, Coping and Mental Health

It is often assumed that music is inherently beneficial for mood regulation of adolescents and indeed many forms of musical engagement are positive (McFerran & Saarikallio, 2014; Miranda, 2019). In a systematic review that examined personal and collective roles of *problem music* (e.g., heavy metal and punk rock) in behavior development, Lozon and Bensimon (2014) found that music genres such as heavy metal, punk rock, and alternative music positively affected adolescents in terms of their emotional regulation and consolidation of cultural identity. This is similar to Hines and McFerran (2013), who found that participants were able to validate

and process emotions through their involvement in metal music, helping them foster positive energy and positive emotions (e.g., courage and confidence). A study on flow experiences in metal musicians found that negative emotions played a role as a catalyzer to promote flow states while playing music (Hamilton et al., 2019).

However, literature also indicates that adolescents (and especially those classified as *at-risk*) can use music in ways that perpetuate rumination and isolation (Miranda, 2019). Music therapists have the ability to perceive areas of risk and to facilitate a healthy relationship with music (McFerran & Saarikallio, 2014), and research is warranted to ensure that music is applied in a safe and health-promoting manner (Silverman et al., 2020). Cumulatively, these findings have implications for how and why music may be applied in music therapy contexts with adolescents and further research to this end is needed. As it is, there is no direct indication that Extreme music genres have negative effects on the mood regulation of adolescents, and its role in the process of coping is still unclear (Ahmadi, 2009; Sharman & Dingle, 2015).

Blott (2021) describes how the emotional scope of metal music is vast, allowing possible catharsis for a range of listeners. Furthermore, mental health awareness among metal music fans, especially younger fans, and musicians seems to be growing. Online mental health support communities that focus on heavy metal music have emerged, such as an online blog called *Heavy Metal Therapy* (Blott, 2021; Quinn, 2019). This project was initiated and evaluated by psychologist Kate Quinn (2019), who found this blog be efficient in the dissemination of tools to support the mental health needs of heavy metal fans. Both of these articles speak of metal music fans at large, not adolescents specifically. A systematic review by Olsen et al. (2022) consolidates literature described in previous sections with these findings: preferred music of any genre helps to regulate mood and emotion, to form individual and cultural identity, to facilitate autonomy from the family and to foster peer affiliation, especially for young fans.

Music Therapy and Extreme Music

McFerran's (2010) book, *Adolescents, music, and music therapy: Methods and techniques for clinicians, educators and students* does mention potential for clinical application of metal and punk music genres with adolescent clients. However, other than recommending the use of this type of preferred music as a form of validation, no specific techniques or applications are described. However, the possibility of using Extreme music genres to assist adolescents has been explored to an extent in other literature relevant to music therapy. Through the testimonies

of two cancer patients, Amhadi (2009) found that listening to hard and heavy music played a positive role in purging their negative emotions. While this article was published in an open-access online music therapy journal (*Voices: A World Forum for Music Therapy*), the author is not a music therapist, and does not offer clinical implications or techniques for music therapy practice. In a grounded theory analysis of in-depth interviews, McFerran & Saarikallio (2014) examined music listening as a means of positive outcomes for adolescents. They note that most young people express that they depend on music and do not perceive themselves as being in control of how they use music listening in ways that may be more or less helpful.

Other literature looks at active music-making interventions that employ Extreme music. Kimbel and Protivnak (2010), describe rock-based music interventions and improvisation experiences with high school students. They found they were able to promote the importance of free expression through the use of preferred music genres, including heavy metal. It is relevant to note that the authors are school counselors, so implications of their findings for music therapy were not offered. Two books on voicework in music therapy (Baker & Uhlig (Eds.), 2011; Uhlig, 2006) refer to screaming, grunting, lamenting, and crying throughout various chapters with no references to any genre of Extreme music (e.g., heavy metal, punk, grunge, etc.) with the exception of rap and hip-hop, which is covered quite extensively. Both books include case studies and vocal techniques related to rap and hip-hop music, and encourage its use, especially with young clients who identify with this music.

Some publications meant to help music therapists develop clinical music skills and competencies refer only briefly to applications of Extreme music. With regard to the clinical use of guitar, Krout (2007) and Soshensky (2005) briefly describe some defining features of heavy metal and punk focusing mostly on technical and aesthetic aspects such as chords (e.g., power chords and tritones) and picking techniques. Crooke (2018) offers a general overview of various electronic music genres, some that fit into Extreme music genres, such as gabber and hardcore, but the cultural and clinical relevance of these genres are not addressed. Like other music therapy resources about electronic music and music technology (Crooke & McFerran, 2019; Knight & Krout, 2017), Crooke (2018) focuses on how to incorporate beat-making music therapy practice in a general way without delving into specific genres.

With so little coverage of Extreme music in music therapy, and with some of the music intervention research not considering music therapy specifically, there is a gap in the literature

on how Extreme music may be applied in music therapy with adolescents and when it might be contraindicated. The current research aimed to fill part of this gap by gathering the perspectives of three music therapists on this topic.

Chapter 3. Methodology

Design

This study employed a qualitative descriptive design that involved an “empirical, methodological controlled analysis of [interview] texts within their context of communication, following content analytical rules and step-by-step models, without rash quantification” (Mayring, 2000, Introduction section, para. 5). This research did not aim to produce generalizable results, but rather describe, compare, and contrast the perspectives of three certified music therapists (MTAs) on the use of Extreme music in music therapy session with adolescents.

Participants

The research was approved by the Concordia Human Research Ethics Committee (UHREC) prior to initiating any recruitment or data collection procedures (see Appendix A). Three music therapist participants were recruited by using purposeful and convenience sampling procedures. A recruitment message (see Appendix B) was sent via e-mail by the Canadian Association of Music Therapists (CAMT). There were three criteria for inclusion: (a) be a professional member in good standing with CAMT, (b) currently working or have worked as a music therapist with adolescents in the past five years, and (c) fluent in English or French. The first three respondents who met the criteria for inclusion were e-mailed a consent form in their preferred language (see Appendix C) to review and sign prior to their interview. Participants returned the consent form via e-mail using a scanned, photographed, or electronic signature.

Materials

The materials employed included a password-protected MacBook Pro computer to contact the participants, conduct the interviews, and to store, organize and extract the data. Audio-recording equipment to record interviews (including the Voice Memo application on a password protected iPhone – as a backup to the Zoom audio recording). An external hard drive was also used to back up the data. It was password protected and stored in a locked cabinet in the researcher’s home office as were the signed consent forms.

Data Collection

Once informed consent was obtained, a mutually convenient time was arranged with each participant to conduct an online interview. Prior to their interview, each participant was provided with a copy of the interview questions template (see Appendix D) and a list of Extreme music

recordings with a Google Drive link to access them (see Appendix E). This material was meant to help participants understand how Extreme music was being defined in the context of this study, and the link provided audio excerpts only (i.e., no visuals, images, or videos).

The open-ended/semi-structured individual qualitative interviews were delimited to one hour. One interview was conducted in English, and two were conducted in French. During each interview, participants were given the option to listen to one or more of the audio excerpts from the list of Extreme music they were sent. This was meant to help focus them on the interview subject matter should they so desire and/or to help them demonstrate any points they wanted to make. The online interviews were audio-recorded through Zoom, and a backup recording was produced through the Voice Memo application on my iPhone. A reflexive log was maintained in an encrypted Word document where I recorded thoughts, feelings, and assumptions after each interview. This document was used to help inform my thought process during the data analysis and to assist in my interpretations of the data.

Data Analysis

Each interview was transcribed immediately after it was conducted. A verbatim copy was sent to the participant who was given two weeks (i.e., 10 business days) to verify their transcript, make any desired changes, and send it back via e-mail. Two out of three participants required some modification of their transcript. These modifications largely consisted of rectifications of words or sentences I misheard and/or misunderstood during the transcription process. One of the participants also developed further thoughts after their interview and added some additional context into some of their answers. No data were removed from the interview transcripts.

Once the transcripts were finalized, I read each transcript thoroughly (and multiple times) and extracted data that was directly relevant to the interview questions (i.e., sometimes participants veered off topic and sometimes information contained in a participant's answer to one question was more relevant to another interview question). This was organized in tables and included participant quotes. As the thesis was being submitted in English, specific quotes extracted from the French interviews were translated. The full interview transcripts were not translated because of time constraints.

Topics addressed in the subsidiary research questions served as predetermined theme categories. I then organized various emerging themes within the predetermined theme categories using axial coding techniques (Neuman, 2010). Based on aspects of theme development

described by Vaismoradi et al. (2016), I reviewed my reflexive log to verify the themes described and to organize my thought process during the data analysis. Member checking of the results was not employed for practical reasons (e.g., time) but also because further feedback at this point held potential to convolute rather than to clarify results (Thomas, 2017).

Chapter 4. Results

The primary research question of this thesis was: What are three certified music therapists' (MTA) perspectives on the use of Extreme music in music therapy sessions with adolescents? The subsidiary research questions were: (a) Do music therapists use Extreme music with adolescent clients? If so, why and how do they use it? If not, why not? (b) What potential therapeutic benefits do music therapists describe that support the use of Extreme music with adolescent clients? (c) What potential contraindications do music therapists identify in relation to the use of Extreme music with adolescent clients? To answer these questions, three individual interviews were conducted with music therapists who met the inclusion criteria described in Chapter 3. To contextualize each participant's perspectives, brief descriptions of each participant are provided below. Pseudonyms have been used to ensure anonymity. These participant descriptions are followed by three predetermined categories that contain descriptions of relevant themes that emerged. Participant quotes from the interviews are included to help verify the data analysis and elucidate the themes that emerged.

Participant Descriptions

At the time of our interview, *Reba* had been a practicing music therapist for three years. She had worked with adolescents in various contexts, including long term care and public school settings, and a special needs educational context. She is a classically trained musician and was not well acquainted with Extreme music in her personal life. However, she had encountered instances in her clinical work where she used Extreme music with adolescent clients.

At the time of our interview, *Adam* had been practicing music therapy for about 15 years and worked in mental health contexts where he has supported youth experiencing various challenges, including homelessness and other precarious living conditions. Adam is a classically trained musician, but because of his work, has quite extensive knowledge of Extreme music genres. Although these are not his current preferred musical genres, he did play in hard rock and heavy metal musical acts during his adolescence.

At the time of our interview, *Simone* had been a practicing music therapist for approximately 5 years. Although adolescents were not her primary clientele, she had worked with them in psychiatry and in a community music school context where music therapy was offered. She had also worked with autistic adolescents and those with intellectual disabilities.

Simone identifies as an adamant fan of various forms of heavy music, including progressive rock and metal, symphonic metal, power metal and alternative rock and metal.

When I asked each participant how they had come to work with adolescents, all three expressed a strong interest in this group at large that started very early in their professional careers. Simone indicated: “I always have been attracted to working clinically with teens; it’s as if I remember how it feels to be their age, even though I’m XX years old.” All participants also spoke about aspects specific to this age group in relation to emotions, emotional regulation, and identity. Reba said: “I like doing work that’s a bit grittier and just a bit more emotional.” Simone indicated that this work is not for everyone and that she “often heard from colleagues it’s the music therapist’s ‘pet peeve’ population,” meaning that some music therapists might avoid working with adolescents because of how challenging they believe it might be compared to other age groups. Adam mentioned his fascination with using music as a tool to promote social change and noticed how struggling adolescents’ need for self-expression aligned well with this goal.

Category 1: Using Extreme Music in Music Therapy with Adolescent Clients

Theme 1: Why Use Extreme Music?

When talking about adolescents that enjoy Extreme music, all three participants indicated how this music often relates to the lived experiences of those clients and how it resonates with the reality of many teenagers. Simone, for instance, talked about a client who “was grieving a parent and was going through a difficult relationship, and was able to find a lot of symbolic elements in the words and music.” Reba spoke to the emotional aspects of Extreme music, saying “what I see with some adolescents is that they gravitate towards Extreme music because they’re a bit more in touch with the darker elements of life.” Simone also focused on the flexibility Extreme music had when working with a particular client: “Each week he brought me a different piece that jumped from one extreme to another, sometimes inside a single track. Listening to death metal for example, we had a lot to work with and that was cool.”

Reba spoke to the important principle of meeting clients where they are. She drew a parallel between Extreme music and the extreme emotions an adolescent can experience. She mentioned using the *iso principle*³ in her clinical practice, sometimes with Extreme music:

³ The *iso principle* is a technique used in music therapy focused where the music therapist aims to match the music used in a clinical context to the current mood/state of the client before gradually shifting towards another desired mood/state (Altshuter, 1948; Heiderscheit & Madson, 2015).

Extreme music, I think, is a really good caveat for the iso principle, because whenever someone comes into the therapy room and they're functioning up here [makes an elevated hand gesture], I can meet them with something, and then we come down.

That same idea was corroborated by Adam who indicated that understanding Extreme music is in a way "speaking their language." He also explained that the therapeutic space could be adapted to the client's varied level of expression, however intense that might be, which parallels the sonic aspects of Extreme music. He said, "if we're sitting in a drum circle, and one of the participants wishes to bash hard on drums and play with a double bass drum, well we have to try to support this type of expression and find work surrounding that." In group music therapy settings, Simone cautioned that music might disturb dynamics between participants, but that this can also be interesting somatic and cognitive work.

If someone wants to listen to rock music, it might be disruptive for other members, but I find it interesting because it allows to do a form of stretching of our musical brain and it validates that such music exists, even if we don't know much about it, and to see how it feels to us. It could also open interesting doors in terms of discussions about feelings.

Reba also touched on how appreciation for Extreme music seems to occur often in her therapy work as, "more and more kids are bringing it." Adam noticed this same prevalence of appreciation for Extreme music in his clientele, which paralleled many of their life experiences, "in general, intense music allowed [adolescent clients] to exteriorize difficulties and had a cathartic effect on their lived realities."

Theme 2: Aesthetic Features and Characteristics of Extreme Music and Their Applications in Music Therapy with Adolescents

When asked about the defining aesthetic features of Extreme music, each participant had a unique answer albeit with some overlaps. The word that came up with every interviewee was "loud." All of them also mentioned amplification. Reba said it was "sonically loud" and "full", while Simone said it "isn't music you can appreciate at a low volume." She also mentioned loud vocal features such as "guttural sounds," "overtone screaming," and "growls."

The difficulty of reproducing Extreme music in music therapy sessions was highlighted by all three participants. Reba indicated that she "[doesn't] know how to re-create Extreme

music.” For Adam, it seemed to be more of a technological concern because actively playing Extreme music would require “dedicated instruments and equipment such as adequate microphones, and technical competencies to use and maintain them” and “if we want to record sound, we have to know how to avoid feedback and overly saturated sounds.” Simone talked about the complexity and technicality required in Extreme music genres, saying that she “comes from the idea that people who produce this type of music are virtuosos of their instruments” and that its “very hard to reproduce live.” In her opinion, she felt that Extreme music is also “very complex and rich harmonically”, “has complex themes” and “often doesn’t have classic or typical musical structures such as verse-chorus.” She also said that “it has an unpredictable side, especially in more progressive types of music.” All participants mentioned “electric guitar” and “drums” as defining instruments of the genre.

Adam described themes of Extreme music that came up in his clinical work: “political oppression”, “discrimination”, “alienation”, “heartache”, “death”, “abandonment”, and more rarely, “love” and “resilience”. Reba indicated that “there’s an unpredictability there in the lyricism of Extreme music” and that the lyrics are “intense” in general. Yet, Reba also described Extreme music as being “relatively consistent, almost predictable.” She also mentioned a “certain repetitiveness” in the music, and gave the example of “consistent bass drum, or consistent guitar.” To her this gave Extreme music “a holding feature [...] that some other music doesn’t have.” On the other hand, when asked about the aesthetic features of Extreme music, Simone answered: “It’s a difficult question because within genres there’s a lot of variability.” She described diversity she sees in Extreme music: “music that hits hard, but with soft vocals”, “aggressive vocals with symphonic arrangements”, “hidden tracks in albums”, “East Asia-inspired musical arrangements” and “pieces of music composed differently from the usual style of a band.” She also indicated:

I really want to insist on the richness of those styles, contrarily to what one might think looking at [Extreme music] from the outside, not knowing much about the genres and with ears that aren’t accustomed to it. We often say its only noise when it’s much more than that.

Theme 3: Clinical Interventions That Incorporate Extreme Music

Re-creative music therapy interventions (i.e., those that use precomposed music) were mentioned in every interview to varying degrees. All participants suggested musical play-along,

using drums (including the djembe) and guitar. Adam and Simone discussed the potential for live music and playing as a band, song writing, active listening, and lyric analysis. In reference to a particular client, Simone said:

We would listen to the music and read lyrics at the same time, and he would tell me what he would see in those lyrics. It was beautiful, there was wealth in the poetry that he brought to me ... he was able to find many symbolic elements in those words.

Each participant also discussed unique forms of intervention. Reba spoke about applying the iso principle as a tool for emotional regulation in receptive music therapy that utilizes Extreme music: “a lot of my clients come in very dysregulated, so it’s a clinical benefit in terms of emotional regulation, feeling heard outside of their body, externalize and not carrying all this weight with really complex stuff.” Adam spoke about song compositions and the possibility of recording Extreme music with clients. He also mentioned use of free improvisations aiming for emotional release:

I’m reminded of a young man that would come [into the music room] regularly and play the drums for 15 to 20 minutes. Musically, there wasn’t necessarily any structure, it seemed quite chaotic and messy, but we could easily understand that all his emotions were passing through that intensity, creating a form of sonic magma. The kids who participated in that used to call this ‘de-stressing drums.’

Adam also suggested there might be potential in using Extreme music as a “sound desensitizing tool” for some clients. Simone suggested there might be “interesting work” to do with the “unorthodox use of voice” in Extreme music. She also suggested that the loudness, strong bass presence, and reverberation of Extreme music can be an interesting receptive tool to work with “muscle tension” and to “massage the client’s auditive muscle.”

Theme 4: Outside Perceptions of Extreme Music and Its Use in Music Therapy with Adolescents

All participants discussed outsiders’ perceptions of Extreme music and how these impact perceptions of its use in music therapy. There were two main types of “outsiders” discussed: other professional facility staff and the music therapy community at large (i.e., music therapy colleagues, partitioners, students, and educators).

Reba mentioned a “fear of judgement” by facility staff that sometimes hindered her ability to use Extreme music to address her client’s needs. She asked, “How does society accept this, and how does it come off if they [the staff] hear this kind of stuff?” She also indicated that she has become more comfortable over time with this issue, indicating to colleagues: “if you want to have a conversation on why this is so powerful, then I’m open to it.” Adam indicated that music therapists should be sensitive to the environment within which they use Extreme music. Adam said:

I remember a young man who was in the music room, practicing his screaming technique. The psychosocial workers ran in panic, obviously because they heard screams. The young man was in fact very calm and this seemed to act as a liberating factor to him.

He added there should be discussions with facility staff to raise awareness about the benefits of music, and especially Extreme music. He felt that it’s often “misunderstood” and not preparing others could evoke complicated situations such as “a youth with a discourse that is too crude or too intense in regard to their reality and that would deliver that to someone who isn’t ready to listen might offend their political sensibilities or their values.” Simone believed that staff at her facility generally understand that “music therapy can be noisy” and felt no resistance on their part to the use of Extreme music.

All participants referred to perspectives held by the music therapy community. When asked if she knew of other music therapy colleagues doing work with Extreme music, Reba answered: “No, and I also think my [music therapy colleagues] tend to run away from working with adolescents and this challenging work. Not to say that what they do isn’t [challenging], but I’m the only one on my team doing so. Yeah, I feel kind of isolated in that sense.” Simone shared that she felt “limited” as a music therapy student by other students’ and educators’ perspectives on Extreme music. She felt she was met with a form of “contempt” and shared: “I was feeling in my peers’ and professors’ discourse, in its undertones, a suggestion that to use [metal music] in music therapy would be exaggerated. It was often mentioned jokingly or sarcastically.”

All participants indicated the need for advocacy at many levels when working with people who might misunderstand the need for Extreme music in a therapeutic process. For instance, Reba and Adam both discussed the importance of preparing on-site colleagues and staff when using Extreme music. Reba wanted to develop a “stronger advocacy piece” in her work.

Adam referred specifically to his psychosocial colleagues saying: “there was a need for informing and raising awareness [...] that in fact, it’s not because we listen to Extreme music that we’re not well and that it is maybe, on the contrary, an adequate way to express frustrations.”

Theme 5: Impact of Music Therapists’ Relationship with Extreme Music on Clinical Applications

All participants reflected on how their own unique relationship with extreme music affected how they used it in clinical practice.

Reba is classically trained as a pianist first and foremost and had little to no exposure to Extreme music before it became part of her clinical work. “I knew it existed, but I was kind of scared of it to be honest [...] like, screamo and stuff freaked me out.” When it emerged in her clinical work, she said she “was experiencing self-doubt”, and wasn’t sure of how to proceed. She explained however that exposure to Extreme music through her clinical work allowed her to develop comfort with the genre, especially in a therapeutic process:

I think I’m always coming back to a client-centered approach, so it’s not about me it’s about what my client needs and starting to understand the value of it. I don’t think there’s a lot of music therapists, or people in this realm whose instinct is to go to this type of music.

She indicated that she now believes that “Extreme music holds space, and it’s a container that’s really safe for a lot of kids to feel heard in.”

Adam indicated that he had listened to hard rock and heavy metal quite frequently throughout his youth, even though he had classical music training. “[I] had a lot of energy to give and found in this music something that corresponded to my emotions at the time.” When he began to work with clients who appreciated “intense music genres”, this resonated with him. He was not shocked and received them and their musical preferences openly. “They made me discover many styles of music and made me understand just how important it is to them. It allowed me to understand them better and to therefore adapt my therapeutic tools to each one of them.”

Simone indicated that since her teenage years, she had a fascination for heavy genres of music, even if she “isn’t sitting at the end of the spectrum of musical extremism.” In her music therapy work, she mentioned not having had many occasions to include Extreme music, but that

she was “very excited” when she did work with clients who appreciated this genre of music and is excited to bring it into sessions when it is relevant. She also shared: “I think we’re therapists practising with our human heart, so we necessarily bring elements of ourselves in sessions. I tend to work more efficiently when I work with music that also touches me personally.”

Although their personal backgrounds with Extreme music varied, all participants highlighted a client-centered approach and stated the importance of receiving clients authentically as they are, including young fans of Extreme music. As Adam indicated: “I think that if a music therapist doesn’t have at least minimal knowledge in the domain of Extreme music, they might miss a big part of the person the client is giving us access to.”

Theme 6: Education, Training and Resources About Extreme Music

All three participants spoke to a lack of resources on Extreme music in music therapy literature and education. Overall, they perceived that their music therapy training did not prepare them for clinical work that would incorporate Extreme music genres, or Extreme-adjacent music such as hard rock. In Adam’s words “some music therapists might be bewildered when coming into contact with a client that likes Extreme music.” Reba indicated: “I think as someone who isn’t very well-versed in the world of Extreme music, just having resources that lay out just the basics of it would already be very helpful, because you can only search so much on the internet with minimal language.” Adam stated: “I think this is a relevant subject that deserves being documented in-depth [through publications], because it’s a part of our reality, and whether we listen to [Extreme music] or not, some of our clients use it.” Simone said she “hasn’t found many publications on the matter” even though she was quite curious about it and expressed hope that there will be more in the future. Each participant also suggested resources or other constructive ways to get acquainted with Extreme music. “Personal interest” in the music is something Simone noted. In terms of publications, Reba referred to *Healing the Inner City Child* (Camilleri, 2007) as having a section on extreme rap music that was relevant to her work. Adam suggested adding Extreme music as part of music therapy training: “I think it’d be interesting to have introduction [to Extreme music] in music therapy programs, or perhaps in workshop settings with CAMT or other associations on that matter.” Simone also suggested adding Extreme music into music therapy curricula, even if only a bit, indicating that “inclusivity for all music genres is quite important.” For the uninitiated, Adam and Simone suggested to “simply be curious” by looking up music on streaming platforms, going to shows, and by taking the time to research and

discover what Extreme music might be about. Adam also mentioned that the music clients brought to him served as a good starting point for him to uncover Extreme music genres.

Category 2: Identified Clinical Benefits of Extreme Music for Adolescent Clients

Theme 1: Initiation and Establishment of a Therapeutic Relationship

Meeting clients where they are at was a priority for all three participants. An adolescent client's musical preference for Extreme music is an entry point into the therapeutic relationship (a "pretext" as said by Adam), as it's potentially a strong aspect of their identity. This can then help to develop a strong bond between client and therapist going further into the therapeutic process and in the words of Adam: "As music therapists, we're not here to judge but to receive clients where they're at in their lives, with what they have to share with us."

Participants perceived their clients' musical preferences as a strong element of self-expression that the music therapist has to receive as openly as possible. Adam uses his clients' musical preferences as a bridge for communication, contact, and a springboard for developing a strong therapeutic relationship: "It's first and foremost been about establishing a conduit for communication, by accompanying them in finding tools to help them express themselves." Adam also underlined how much music and the expression of identity are intrinsically linked during the sensitive period of adolescence:

By sharing their musical preferences and their visions of things, they bring therapeutic matter that is part of them, in fact, part of their identity. I also notice how that is linked to passages, to a quest for identity in adolescence. I remember a young man who, one week was dressed in a punk style: a leather blouse with studs, the hair crest, everything. The next week he comes back in hip-hop fashion, with a hoodie and a new hair color. Maybe it was linked to his social network that changed, or maybe he listened to other things, but I was struck by that. At this stage of development, everything is still malleable; there's a great potential for positive change because they're often able to question themselves.

Theme 2: Emotional Resonance and Self-Awareness

All three participants spoke about physical and emotional "resonance" and "reflexivity" with the music, because it contains themes that "corroborates their lives experiences" as mentioned by Adam or is "in concordance with meeting them where they are with the iso principle" as discussed by Reba. She also said: "sometimes a kid just wants to hear a screamo

song and feel heard or listen to a really intense rap song with super vulgar stuff and just not be judged.” Adam also proposed that sensory and receptive music therapy experiences using Extreme music can help to promote “self-awareness and awareness of the body through the sound of the music”. Extreme music’s potential to attain goals of “sensory awareness of the self and of how the music moves in your body” was corroborated by Simone.

Theme 3: Catharsis and Exploration of Complex Themes

Another term that appeared in all three interviews was “catharsis” or “cathartic”, often in reference to the emotional states of clients. While Adam mostly defined it as a “function” of Extreme music, Simone reflected very deeply on the meaning of the word. She related it to the intensity of the music, of its performance, and linked it to other words, such as “well-being”, “discharge”, and “virulence.” She also mentioned the depth of the lyrics and the “poetry” of the music, which reinforces the cathartic aspects of Extreme music. In her words: “I think it feels good [...] if you can take in the wave, I think what it really comes down to is the cathartic aspect of instrumental and vocal intensity of the music.” Both Simone and Adam indicated “emotional discharge” as a therapeutic benefit related to the with Adam adding the “cathartic aspects of Extreme music” and that Extreme music can be used as “a way of discharge for aggression in a safe, therapeutic space.”

Adam also mentioned that he perceives Extreme music as “a formidable pretext to discuss social issues”. Similarly, Simone views discussions around Extreme music, especially in group settings, as formidable occasions to “explore themes of judgement, understanding and acceptance of others.”

Theme 4: Hearing Preservation

On the subject of loudness (see Aesthetic features and characteristics of Extreme music and their relevance in music therapy with adolescents section, para. 1), Adam reported working with young people who were listening to Extreme music in a dangerously loud fashion. In that sense, he felt that using their appreciation for Extreme Music might be a good starting point in promoting good hearing preservation habits. He believes other music therapists should be encouraged to bring to their clients’ awareness the risks of listening to excessively loud music, but as he mentioned himself “a music therapist isn’t an audiologist, so there’s only so much awareness you can do.”

Category 3: Contraindications for the Use of Extreme Music in Music Therapy with Adolescent Clients

Theme 1: Activation of Trauma

All three participants discussed the possibility of Extreme music being activating (i.e., triggering) for some clients, especially in group settings. Reba and Simone talked about how the sound of Extreme music might be problematic for some clients, and that music therapists need to be sensitive to this. Simone mentioned that in group settings, some Extreme music can be triggering for some adolescents, especially non-fans:

I always have this fear that it disturbs other people [in the group]. I often hear sentences like ‘I listen to everything, except for metal’ or ‘violent music scares me.’ And thus, that’s how I often felt when young people brought Extreme music in a group context.

Focusing more closely on the element of sound in relation to the environments her clients come from, Reba stated, “I look at soundscapes a lot, so I try to ensure that the soundscape and the space that I provide is soothing and safe [...] because a lot of the soundscapes my clients come from naturally could be quite activating [i.e., triggering] for them.” Also, because of the nature of many topics in Extreme music, she believed “the topics present in Extreme music might be contentious and too difficult to contain in some spaces.” Simone reiterated the need to be sensitive, in group settings, to the possibility of activating clients. She gave examples of PTSD, where the “rough vocals” or “aggressive thumps” in much of Extreme music can be a reminder of the actions of an abusive partner or parent.

Theme 2: Sensitivity to Sound, Over-Stimulation, and Reinforcement of Non-Target Behaviors

Both Reba and Adam expressed concern regarding the possibility for clients to be hypersensitive to sounds and to the loudness of sounds, which could contraindicate the use of Extreme music in music therapy sessions. Adam added his concern for clients who experience psychosis, indicating that the use of Extreme music for a client in “active psychosis” is not recommended especially “if the music could provoke or accentuate a state of crisis”. He also did not recommend employing Extreme music for clients who need grounding. He described Extreme music as being “very musically busy,” creating a risk for “over-stimulation” which could “reinforce aggressive behaviors.”

Theme 3: Reinforcement of Negative Thought Processes

Adam specifically discussed the possibility of negative ruminations (e.g., brooding) and vicious cycles in relation to the preferred music of clients. Adam similarly noted that Extreme music could sometimes feed into negative feedback loops that were working against a client's well-being. While he felt that it is important to validate what clients enjoy, one also needs to consider when the realism of some lyrical content in relation to the lived experiences of clients reinforces self-destructive behaviors. He said:

However, there's this notion as a music therapist to ensure that music shouldn't entertain ruminations and other negative effects. For instance, some pieces of music could provoke a desire for drug use and that that using drugs provokes a desire to listen to these tracks, and these could be interrelated, we might be in a vicious cycle, in a negative spiral associated to this music.

Like Reba who mentioned the sensitive subjects that can be contained in Extreme music (see Activation of trauma section, para. 2), Adam also noted that with themes such as "death," "suicidal ideations," and "drug abuse," this music "might resonate too strongly with their reality" and thus reinforce self-destructive behaviors. According to him, this doesn't necessarily "include all of Extreme music, but maybe some specific pieces of music." He also mentioned the importance of "simply being aware and sensitive to the fact that such potential contraindications could arise" especially when working with adolescents living in precarious conditions.

Theme 4: Concerns Related to Skill and Context

Participants all seemed to think that Extreme music cannot be integrated into every context. Two discussed the need for adequate skills regarding the technology and equipment required for the clinical use of live Extreme music experiences (i.e., as opposed to using recordings). According to Simone, access to and knowledge of technology "is essential when approaching this kind of music." Adam indicated that one must also have the "knowledge to preserve [and take care of] equipment and instruments" that would be typically used in Extreme music, citing effect pedals as one example. Until the music therapist develops adequate skills the use of live Extreme music may be contraindicated as not knowing how to operate or adequately care for the equipment could hinder the client's clinical process.

All participants indicated a need to be aware of the facilities and environments where the use of Extreme music might not be accommodated because of its "intensity" and "loudness" (see

Aesthetic features and characteristics of Extreme music and their applications in music therapy with adolescents section, para. 1). Reba mentioned specific workplaces that had required some adjustments, such as “nursing homes and school settings”, where “some level of noise might be tolerated.” Adam mentioned that Extreme music might simply be contraindicated in hospital environments or would at least require major adjustments regarding the use of “amplified sounds” that might be disturbing where calm and silence is preferred by other patients.

Chapter 5. Discussion

In this Chapter, I will highlight a few additional summary interpretations of the results in order to emphasize new understandings that emerged in relation to the research questions and the related literature. The sections that follow discuss limitations of the present study, revisiting my assumptions, implications for music therapy practice, education, training, and resources; and recommendations for future research.

Additional Summary Interpretations of Results

Data gathered from the research participants provides various perspectives for music therapists to consider when thinking about using Extreme music with adolescents in a music therapy context. Notably, it may be very important to use Extreme music with adolescent clients who prefer this genre, in order to validate their preferences, to meet them where they are at emotionally, and to establish trust and build rapport early on in the therapeutic process. However, the music itself can be technical and complex, and requires specific musical skills and technological literacy to adequately reproduce in a live format. Furthermore, music therapists' own relationship with and knowledge and perceptions of Extreme music (i.e., both positive and negative) may impact how often they use it and also *how* they use it as various clinical applications were identified by the research participants. Depending on the context, negative outside perceptions of Extreme music (e.g., from facility staff) may also dissuade some music therapists from using it although some music therapists may be in a position to educate others on the potential benefits of this genre. Overall, participants in this study answered the interview questions in complementary ways although some individual perspectives are indicated throughout Chapter 4.

One concept was unique to Reba who spoke explicitly about applying the iso principle in relation to Extreme music and using it as a way to ground adolescent music therapy clients who have high energy levels and /or are experiencing strong negative emotions. It is interesting to note that in controlled experimental study on the iso principle (that I happened upon after the interviews had been completed), Starcke et al., 2021 found that “intense and rebellious genres” (p. 4), such as heavy metal and alternative music had potential to modulate the emotional states of participants. However, there was a wide age range among participants so specific applications of this study to adolescents have yet to be determined.

Limitations

This research had some limitations. This is my first experience developing and implementing a qualitative research project. My skills in conducting interviews are still developing and conducting remote interviews via Zoom may have affected how participants responded. I also chose to write this paper in English, which is my second language. My French to English translation of some participant quotes may have impacted how I interpreted the data and/or represented the results. Due to time constraints, I did not translate the French transcripts in their entirety, and it is possible that this additional information may have further elucidated the results. The results only reflect the perspectives of three Canadian music therapists, and there is likely much more to discover in Canada and beyond, especially since Extreme music is viewed and expressed differently in various cultures across the globe.

My assumptions going into this research (outlined in Chapter 1), may have also inadvertently influenced the data collection and analysis processes. All participants confirmed that Extreme music holds clinical potential for many adolescents. They also confirmed that negative perceptions regarding Extreme music exist among some music therapists and other relevant persons/contexts and that this in turn may impose limitations on the use of Extreme music. However, participants spoke about these issues in their own unique ways and as such, further reflection upon the intricacies of the assumptions I hold is warranted. The parallels that I assumed to exist between practice and research on the use of Extreme music in music therapy and practice and research on other culture/subculture-specific music genres, did not come up in the interviews and as such is a topic for future exploration.

Implications of the Results

Clinical Implications

The results of this study have implications for music therapy practice. They may help music therapists (both those who are knowledgeable about the genre and those who are less familiar with it) to explain to various relevant stakeholders why Extreme music can be an important component of some adolescents' music therapy processes. Some music therapists may feel less hesitant to use Extreme music in their practices when it is clinically indicated and they may better understand when it is truly contraindicated and why. Conducting this study has further fueled my passion for incorporating Extreme music into my future clinical work with

adolescents. Overall, it is my hope that more adolescent clients will have increased access to applications of Extreme music in music therapy contexts.

Education, Training and Resources

The participants indicated a lack of education, training, and resources related to the use of Extreme music in music therapy. Music therapy education programs could integrate Extreme music genres into their curriculum in various didactic and experiential ways (e.g., genre-specific improvisation activities and listening experiences). Music therapy students who are familiar with Extreme music could be provided with opportunities to share their knowledge within the context of their training programs. Music therapists who are well versed in this genre (or even those with who have some relevant applied experience) could work together to provide continuing education opportunities for certified music therapists and/or develop various practical resources (e.g., a supervision group, a manual with practical exercises, technology coaching sessions, etc.).

Recommendations for Future Research

While this research aimed to help in fill a gap in knowledge, it is only a start. More research is needed, especially in the constantly evolving field of music therapy where a diverse scope of practice is integral to the discipline. More research could be conducted on applications of Extreme music in music therapy with adolescents who have specific challenges (e.g., physical, emotional, developmental, etc.) as well as with other age groups and clinical populations. How Extreme music may be realized within specific music therapy theoretical orientations, clinical approaches, and types of interventions are also important areas to be further investigated. All of this research could be realized within various methodological frameworks including experimental designs with large sample sizes and be conducted at local, national, and international levels. Conducting Extreme music-related research on an international scale would allow for consideration of a diversity of contexts (e.g., cultural, legal, etc.) which could further enrich the scholarly discourse on Extreme music genres at large. That being said, the most important reason to conduct any of this research would be to ensure that adolescent music therapy clients (and others) have access to Extreme music experiences that are realized within a best music therapy practices approach in safe and helpful ways.

References

- Abbey, E. J., & Helb, C. (Eds.). (2014). *Hardcore, punk, and other junk: Aggressive sounds in contemporary music*. Lexington Books.
- Ahmadi, F. (2009). Hard and heavy music: Can it make a difference in the young cancer patients' life? *Voices: A World Forum for Music Therapy*, 9(2).
<https://doi.org/10.15845/voices.v9i2.345>
- Altshuler, I. M. (1948). The past, present, and future of musical therapy. In E. Podolsky (Ed.), *Music therapy* (pp. 24–35). Philosophical Library.
- American Psychological Association (n.d.-a). Adolescence. In *APA Dictionary of Psychology*. Retrieved November 14, 2020 from <https://dictionary.apa.org/adolescence>
- American Psychological Association (n.d.-b). Therapeutic. In *APA Dictionary of Psychology*. Retrieved December 4, 2020 from <https://dictionary.apa.org/therapeutic>
- Arnett, J. (1991). Adolescents and heavy metal music. *Youth & Society*, 23(1), 76–98.
<https://doi.org/10.1177/0044118X91023001004>
- Baker, F., & Uhlig, S. (Eds.) (2011). *Voicework in music therapy: Research and practice*. Jessica Kingsley Publishers.
- Bennett, A. & Nikulinsky, L. (2019). Wellbeing, young people and music scenes. In K. S. McFerran, P. Derrington, & S. Saarikallio (Eds.), *Handbook of music, adolescence and wellbeing* (pp. 187-196). Oxford University Press.
- Blott, J. (2021). High spirits: heavy metal and mental health. *The Lancet Psychiatry*, 8(2), 105-107. [https://doi.org/10.1016/S2215-0366\(20\)30558-7](https://doi.org/10.1016/S2215-0366(20)30558-7)
- Blush, S., & Petros, G. (2010). *American hardcore: A tribal history* (2nd ed.). Feral House.
- Bodner, E., & Bensimon, M. (2015). Problem music and its different shades over its fans. *Psychology of Music*, 43(5), 641-660. <https://doi.org/10.1177/0305735614532000>
- Camilleri, V. A. (2007). *Healing the inner city child: creative arts therapies with at-risk youth*. Jessica Kingsley.
- Canadian Association of Music Therapists. (2020a). *About music therapy*. Retrieved December 4, 2020 from <https://www.musictherapy.ca/about-camt-music-therapy/about-music-therapy/>

- Couple listens to Slipknot murder song before killing friend. (2009, March 25). *Daily Express*. Retrieved January 31, 2023 from <https://www.express.co.uk/celebrity-news/90949/Couple-listened-to-Slipknot-murder-song-before-killing-friend>
- Crooke, A. H. D. (2018). Music technology and the hip hop beat making tradition: A history and typology of equipment for music therapy. In *Voices: A World Forum for Music Therapy* 18(2). <https://doi.org/10.15845/voices.v18i2.996>
- Crooke, A. H. D., & McFerran, K. S. (2019). Improvising using beat making technologies in music therapy with young people. *Music Therapy Perspectives*, 37(1), 55-64. <https://doi.org/10.1093/mtp/miy025>
- Derrington, P. (2012) *Music therapy for youth at risk: An exploration of clinical practice through research* (Doctoral dissertation, Anglia Ruskin University). Retrieved from: <https://arro.anglia.ac.uk/id/eprint/295485/>
- Dingle, G., & Sharman, L. (2015, August 31). Getting a bad rap: Why problem music isn't really a problem. *The Conversation*. Retrieved January 31, 2023 from <https://theconversation.com/getting-a-bad-rap-why-problem-music-isnt-really-a-problem-46533>
- Dunn, S. (Writer & Director) & Belalcazar, F. (Writer). (2014, April 15). Extreme Metal: The Lost Episode (Season 1, Episode 12) [TV series episode]. In S. McFayden, S. Dunn, D. Joyce & E. Grief (Executive Producers), *Metal Evolution*. Banger Films.
- 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>
- Hamilton, A. K., Pernía, D. M., Puyol Wilson, C., & Carrasco Dell'Aquila, D. (2019). What makes metalheads happy? A phenomenological analysis of flow experiences in metal musicians. *Qualitative Research in Psychology*, 16(4), 537–565. <https://doi.org/10.1080/14780887.2017.1416210>
- Heiderscheit, A., & Madson, A. (2015). Use of the iso principle as a central method in mood management: a music psychotherapy clinical case study. *Music Therapy Perspectives*, 33(1), 45–52. <https://doi.org/10.1093/mtp/miu042>
- Hines, M., & McFerran, K. S. (2013). Metal made me who I am: Seven adult men reflect on their engagement with metal music during adolescence. *International Journal of Community*

- Music (Special Edition on Metal Music)*, 7(2), 205–222.
https://doi.org/10.1386/ijcm.7.2.205_1
- Hoffin, K. (2017). *‘TRVE’: The Norwegian black metal scene: A subcultural study of transgression through music*. CreateSpace Independent Publishing Platform.
- Hughes, M.A., Knowles, S.F., Dhingra, K., Nicholson, H.L. & Taylor, P.J. (2018). This corrosion: A systematic review of the association between alternative subcultures and the risk of self-harm and suicide. *British Journal of Clinical Psychology*, 57(4), 491-513.
<https://doi.org/10.1111/bjc.12179>
- Kahn-Harris, K. (2001). *Transgression and mundanity: the global extreme metal music scene* (Doctoral dissertation, University of London). Retrieved from <https://kahn-harris.org/wp-content/uploads/2021/05/PhD-full-run.pdf>
- Kahn-Harris, K. (2007). *Extreme metal: Music and culture on the edge*. Berg Publishers.
- Knight, A., & Krout, R. (2017). Making sense of today’s electronic music technology resources for music therapy. *Music Therapy Perspectives*, 35(2), 219-225.
- Kimbel, T.M., & Protivnak, J.J. (2010). For those about to rock (with your high school students), we salute you: School counselors using music interventions. *Journal of Creativity in Mental Health*, 5(1), 25-38. <https://doi.org/10.1080/15401381003626857>
- Krout, R.E. (2007). The attraction of the guitar as an instrument of motivation, preference, and choice for use with clients in music therapy: A review of the literature. *The Arts in Psychotherapy*, 34(1), 36-52. <https://doi.org/10.1016/j.aip.2006.08.005>
- Lozon, J. & Bensimon. M. (2014). Music misuse: A review of the personal and collective roles of “problem music”. *Aggression and Violent Behavior*, 19(3), 207-218.
<https://doi.org/10.1016/j.avb.2014.04.003>
- Mayring, P. (2000). Qualitative content analysis. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 1(2), Art. 20. Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/1089/2386>
- McFerran, K.S (2010). *Adolescents, music and music therapy: Methods and techniques for clinicians, educators and students*. Jessica Kingsley Publishers.
- McFerran, K.S., Garrido, S., O’Grady, L., Grocke, D. & Sawyer, S.M. (2015). Examining relationships between self-reported mood management and music preferences of

- Australian teenagers. *Nordic Journal of Music Therapy*, 24(3), 187-203.
<https://doi.org/10.1080/08098131.2014.908942>
- McFerran, K.S. & Saarikallio, S. (2014). Depending on music to feel better: Being conscious of responsibility when appropriating the power of music. *The Arts in Psychotherapy*, 41(1), 89-97. <https://doi.org/10.1016/j.aip.2013.11.007>
- McFerran, K.S. & Wölf, A. (2015). Music, violence and music therapy with young people in schools: A position paper. *Voices: A World Forum for Music Therapy*, 19(2).
<https://doi.org/10.15845/voices.v15i2.831>
- Merriam-Webster. (n.d.). Benefit. In *Merriam-Webster.com dictionary*. Retrieved December 4, 2020, from <https://www.merriam-webster.com/dictionary/benefit>
- Merz, Z. C., Lace, J. W., Coleman, T. R., & Roth, R. M. (2020). Challenging the presumptive link between musical preference and aggression. *Psychology of Music*, 49(6), 1515–1531.
<https://doi.org/10.1177/0305735620963756>
- Miranda, D. (2019). A review of research on music and coping in adolescence. *Psychomusicology: Music, Mind and Brain*, 29(1), 1-9.
<http://dx.doi.org/10.1037/pmu0000229>
- Moynihan, M., & Sørderlind, D. (2003). *Lords of chaos: The bloody rise of the satanic metal underground*. Feral House.
- Neuman, W. L. (2010). *Social research methods: Qualitative and quantitative approaches* (7th ed.). Pearson.
- North, A. C., and Hargreaves, D. J. (2008). ‘Problem music’ and subcultures. In North, A. C., and Hargreaves D. J. (Eds) *The Social and Applied Psychology of Music*. Oxford Academic. <https://doi.org/10.1093/acprof:oso/9780198567424.003.0004>
- Olsen, K. N., Terry, J., & Thompson, W. F. (2022). Psychosocial risks and benefits of exposure to heavy metal music with aggressive themes: Current theory and evidence. *Current Psychology*, 1-18. <https://doi.org/10.1007/s12144-022-03108-9>
- Oxford University Press (n.d.). Adolescent. In *Oxford Learner’s Dictionaries*. Retrieved November 11, 2020 from
https://www.oxfordlearnersdictionaries.com/definition/american_english/adolescent

- Peterson, R.A., & Bennett, A. (2004). Introducing music scenes. In Peterson, R.A., & Bennett A. (Eds.), *Music Scenes: Local, Trans-local and Virtual* (pp. 1-12). Vanderbilt University Press.
- Quinn, K. (2019). Heavy metal music and managing mental health: heavy metal therapy. *Metal Music Studies*, 5(3), 419-424. https://doi.org/10.1386/mms.5.3.419_1
- Rea, C., MacDonald, P., & Carnes, G. (2012). Listening to classical, pop, and metal music: An investigation of mood. *Emporia State Research Studies*, 46(1), 1-3.
- Saarikallio, S., & Erkkilä, J. (2007) The role of music in adolescents' mood regulation. *Psychology of Music*, 35(1), 88-109. <https://doi.org/10.1177/0305735607068889>
- Selfhout, M.H., Delsing, M.J., Ter Bogt, T.F., & Meeus, W.H. (2008). Heavy metal and hip-hop style preferences and externalizing problem behavior: A two-wave longitudinal study. *Youth & Society*, 39(4), 435-452. <https://doi.org/10.1177/0044118X07308069>
- Sharman, L., & Dingle, G.A. (2015). Extreme metal music and anger processing. *Frontiers in Human Neuroscience*, 9, 272. <https://doi.org/10.3389/fnhum.2015.00272>
- Silverman, M. J., Gooding, L. F., & Yinger, O. (2020). It's... complicated: A theoretical model of music-induced harm. *Journal of music therapy*, 57(3), 251-281. <https://doi.org/10.1093/jmt/thaa008>
- Smialek, E. T. (2016). *Genre and expression in extreme metal music, ca. 1990–2015*. McGill University (Canada).
- Soshensky, R. (2005). Developing a guitar-based approach in Nordoff-Robbins Music Therapy. *Music Therapy Perspectives*, 23(2), 111-117. <https://doi.org/10.1093/mtp/23.2.111>
- Starcke, K., Mayr, J., & von Georgi, R. (2021). Emotion Modulation through Music after Sadness Induction—The Iso Principle in a Controlled Experimental Study. *International Journal of Environmental Research and Public Health*, 18(23), 12486. <https://doi.org/10.3390/ijerph182312486>
- Tau, M. (2022). *Extreme Music: From silence to noise and everything in between*. Feral House.
- Thomas, D. R. (2017). Feedback from research participants: Are member checks useful in qualitative research? *Qualitative Research in Psychology*, 14(1), 23-41. <https://doi.org/10.1080/14780887.2016.1219435>

- Thompson, W.F., Geeves, A.M., & Olsen, K.N. (2019) Who enjoys listening to violent music and why? *Psychology of Popular Media Culture*, 8(3), 218-32.
<https://doi.org/10.1037/ppm0000184>
- Uhlig, S. (2006). *Authentic Voices Authentic Singing: A Multicultural Approach To Vocal Music Therapy*. Barcelona Publishers.
- Vaismoradi, M., Jones, J., Turunen, H., Snelgrove, S. (2016). Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice*, 6(5), 100-110. <https://doi.org/10.5430/jnep.v6n5p100>
- Venes, D., & Taber, C. W. (2013). Contraindication. *In Taber's cyclopedic medical dictionary*. (22nd ed., p.553).
- Venkatesh, V., Podoshen, J. S., Urbaniak, K., & Wallin, J. J. (2014). Eschewing community: Black metal. *Journal of Community & Applied Social Psychology*, 25(1), 66-81.
<https://doi.org/10.1002/casp.2197>

Appendix A
Ethics Approval



**CERTIFICATION OF ETHICAL ACCEPTABILITY
FOR RESEARCH INVOLVING HUMAN SUBJECTS**

Name of Applicant: Sami El-Agha
Department: Faculty of Fine Arts\Creative Arts Therapies
Agency: N/A
Title of Project: Music Therapists' Perspectives on Using Extreme Music in Music Therapy with Adolescents
Certification Number: 30016669
Valid From: July 06, 2022 To: July 05, 2023

The members of the University Human Research Ethics Committee have examined the application for a grant to support the above-named project, and consider the experimental procedures, as outlined by the applicant, to be acceptable on ethical grounds for research involving human subjects.

A handwritten signature in black ink that reads "Richard DeMont".

Dr. Richard DeMont, Chair, University Human Research Ethics Committee

Appendix B

Participant Recruitment E-Mail

(La version française suivra)

Music Therapists' Perspectives on Using Extreme Music in Music Therapy with Adolescents

Dear music therapy colleagues,

This is an invitation to participate in a research study being conducted by Sami El- Agha under the supervision of Dr. Laurel Young at Concordia University. This study is being conducted in partial fulfillment of the requirements for the Master of music therapy program at Concordia and has received ethics approval from Concordia University's Human Research Ethics Committee (protocol #30016669). This qualitative research will examine three (3) music therapists' perspectives on the use of Extreme music with adolescent clients in music therapy. In the context of this study, "Extreme music" includes genres of music with heavy, abrasive instrumentals and/or powerful, harsh vocals such as: black metal (e.g., *Emperor, Mayhem*) death metal (e.g., *Death, Gorguts*), hardcore punk and its derivatives (e.g., *Black Flag, Comeback Kid*), noise rock (e.g., *Daughters, Swans*), experimental music (e.g., *Frank Zappa, Sonic Youth*), harsher forms of hip-hop (e.g., *Scarlxrd, Death Grips*) and electronic music (e.g., *Skrillex, Angerfist*).

The researcher is seeking three certified music therapists (MTAs in good standing) who have worked with adolescents in the past five (5) years to participate in one 45- 60-minute online individual interview (via Zoom) and speak about their practices and perspectives on using Extreme music genres in music therapy sessions with adolescents. Interviews will be audio recorded and conducted in either English or French, depending upon each participant's preference.

After the interview, you will be contacted one more time and asked to review the interview transcript and make any desired changes (within 10 business days). Participation in this research study is voluntary and confidential.

If interested, please contact Sami directly at sami.elagha@hotmail.com. Participation will be limited to the first three (3) participants who contact the researcher, meet the criteria for inclusion, provide informed consent, and do not withdraw from the research process. Please feel free to contact me, or my research supervisor, with any further questions.

Sincerely,

Researcher: Sami El-Agha
Department of Creative Arts Therapies
Concordia University
Email: sami.elagha@hotmail.com

Faculty Research Supervisor: Laurel Young,
PhD, MTA
Department of Creative Arts Therapies
Concordia University
Email: laurel.young@concordia.ca

Les perspectives des musicothérapeutes sur l'usage de musique extrême en contexte de musicothérapie avec des adolescents

Chers collègues en musicothérapie,

La présente est une invitation à participer dans une étude menée par Sami El-Agha sous la supervision de Dre. Laurel Young à l'Université Concordia. Cette recherche en cours est une réalisation partielle des exigences du programme de maîtrise en musicothérapie à Concordia, et a reçu l'approbation du comité d'éthique de l'Université Concordia (protocole #30016669). C'est une recherche qualitative qui examinera les perspectives de trois (3) musicothérapeutes sur l'usage de musique extrême avec la population adolescente. Dans le cadre de cette étude, « musique extrême » englobe, entre autres, les styles de musiques possédant des instrumentations lourdes et abrasives et/ou des performances vocales agressives et puissantes. Ceci inclut par exemple le black metal (*Emperor, Mayhem*) et le death metal (*Death, Gorguts*), le punk hardcore (*Black Flag, Comeback Kid*) et ses dérivés, le noise rock/rock bruitiste (*Daughters, Swans*), ainsi que la musique expérimentale en tous genres (*Frank Zappa, Sonic Youth*). Il est aussi possible d'y inclure les formes plus agressives de hip-hop (*Scarlxrd, Death Grips*) et de musique électronique (*Skrillex, Angerfist*).

Le chercheur souhaite recevoir trois musicothérapeutes certifiés (MTA ayant travaillé avec des adolescent.e.s dans les cinq (5) dernières années, pour participer à une entrevue (sur Zoom) d'une durée d'environ 45-60 minutes. Celle-ci portera sur les pratiques et les perspectives de ces professionnel.le.s sur l'usage de musique extrême comme outil thérapeutique avec cette population lors de séances de musicothérapie. Les entrevues peuvent être tenues en français et en anglais, selon la préférence du ou de la participant.e.

Après l'entrevue, vous serez contacté.e une fois de plus pour réviser le verbatim de l'entrevue et y apporter les changements que vous désirez (dans les 10 jours ouvrables suivant la réception du document). La participation à cette recherche est volontaire et confidentielle.

Si vous êtes intéressé.e à participer, veuillez contacter Sami directement au sami.elagha@hotmail.com. Le nombre de participants sera limité aux trois (3) premier.ère.s répondant.e.s qui correspondent aux critères de sélection et qui ne se retirent pas au courant du processus. Évidemment, sentez-vous libre de nous contacter moi ou ma directrice de recherche si vous avez des questions.

Sincèrement,

Chercheur:
Sami El-Agha
Département des thérapies par les arts
Université Concordia
Courriel: sami.elagha@hotmail.com

Directrice de recherche facultaire:
Laurel Young, PhD., MTA
Département des thérapies par les arts
Université Concordia
Courriel: laurel.young@concordia.ca

Appendix C

Information and Consent Form (English and French versions)

INFORMATION AND CONSENT FORM TO PARTICIPATE IN A RESEARCH STUDY (Protocol #30016669)

Study Title: Music Therapists' Perspectives on Using Extreme Music in Music Therapy with Adolescents.

Researcher: Sami El-Agha, Master's Student, Creative Arts Therapies (Research Thesis Option), Concordia University

Researcher's Contact Information: sami.elagha@hotmail.com

Faculty Supervisor: Dr. Laurel Young, MTA (Associate Professor of Music Therapy)

Faculty Supervisor's Contact Information: laurel.young@concordia.ca

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If there is anything you do not understand, or if you want more information, please ask the researcher.

A. PURPOSE

The purpose of this research is to examine certified music therapists' (MTA) perspectives on the use of Extreme music with adolescent clients in music therapy. To participate in this study, you must be a professional member in good standing with the Canadian Association of Music Therapists (CAMT) and you must be currently working or have worked as a certified music therapist with adolescents within the past five years. It is hoped that this research will inform music therapy practice with adolescent clients, and elucidate further areas for research on the roles of Extreme music in this area of practice.

B. PROCEDURES

Once your informed consent has been obtained (via this document), the researcher will contact you to arrange an online interview to be conducted via Zoom at a mutually convenient time. The interview will follow a semi-structured qualitative format, and the interview guide as well as links to various audio examples of Extreme music will be sent to you prior to the interview. You are not required to review these materials and they are only provided to serve as an advance resource for review, should you find that helpful. During the interview, you will have the option to listen to Extreme music excerpts (from the same list) to help you get into the "headspace" for the interview and/or to help illustrate any points that you would like to make.

During the interview, you may also ask questions, refuse to answer questions, and express any concerns you may have. The entire process (including the optional music listening) is expected to take between 45 and 60 minutes. Please note that the interview will be audio recorded, transcribed, and analyzed using a qualitative content analysis methodology. The audio recordings will be used solely for the purpose of analysis and there will be no public presentations or publications using the audio recordings.

The researcher will transcribe the interview and send it to you as an encrypted document via email for review. You will receive the password to access the file in a separate email once you confirm

that you have received it. You will have 10 business days to return the transcript with any revisions you would like to make. If you do not respond within the given time frame, it will be assumed that no revisions are required.

C. RISKS AND BENEFITS

A foreseeable benefit of participating in this research is having a unique opportunity to reflect upon your own practice. Your contributions may also help to enlighten music therapists and other professionals on the use of Extreme music with adolescents in music therapy contexts, which in turn may help to enhance practice with this population.

Potential risks of this research are minimal. There is a small inconvenience of time spent doing the interview and in reviewing your interview transcript. If you choose to listen to any of the Extreme music selections, you may experience some discomfort with the sounds or lyrics. However, this activity is optional, and you may stop the music at any time.

D. CONFIDENTIALITY

The identity of each participant in this research study will be confidential. There is a small potential risk that participants may still be identifiable (i.e., within the context of any related publications or presentations) given the specific nature of Extreme music being used as a therapeutic tool with adolescents. To address this risk, the researcher will make every effort possible to anonymize the information (i.e., remove all identifiers). Although direct quotes may be used to support the themes that emerge in the data analysis, they will contain no identifying information. It is important to note that participants will take part in this research as individual professionals and not as representatives of their workplaces; no identifying information related to their workplaces will be included in this study.

The researcher will not allow anyone other than his faculty supervisor to have access to the raw interview data. The researcher will only use this information for the purposes of the research described in this form. The researcher will protect the data by:

- 1) Using two digital recorders to audio-record interview data on a password-protected MacBook Pro. The audio of the interview itself will be recorded directly on Zoom, while a backup recording will be done through the Voice Memo application; no recording will be stored on any type of cloud.
- 2) Transferring interview data within 12 hours from the researcher's password-protected MacBook laptop to a password-protected external hard drive as back up. Data will not be saved on iCloud.
- 3) The researcher is the only person to have access to and passwords for the storage devices mentioned above. The backup storage devices and any hard copy transcripts will be kept in a locked cabinet in the researcher's home.
- 4) Transcripts of the recordings which will be saved as password-protected Word documents to the researcher's password-protected MacBook laptop and backed up using a password-protected external hard drive. Data will not be saved on iCloud.

The researcher intends to publish the results of this research. No identifying information will be divulged, and you will be referred to by a pseudonym.

The researcher will destroy all raw data 5 years after the completion of the study (i.e., the study is considered to be complete once the thesis has been deposited in Spectrum, Concordia's open-access online research repository).

F. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. If you do participate, you can stop at any time. You can also ask that the information you provided not be used, and your choice will be respected. If you decide that you don't want the researcher to use your information, you can tell him any time up to the end of the 10-business day deadline that you have to request revisions on the interview transcript. If you withdraw your data by this deadline, your data will be destroyed and not be included as part of the research. There are no negative consequences for not participating, stopping in the middle, or asking the researcher not to use your information.

G. PARTICIPANT'S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME (please print)

SIGNATURE

DATE

I would like a summary of the research results sent to me via email: YES or NO

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page 1. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

FORMULAIRE D'INFORMATIONS ET DE CONSENTEMENT À PARTICIPER DANS UNE ÉTUDE (Protocole #30016669)

Titre de l'étude: Les perspectives des musicothérapeutes sur l'usage de musique extrême en contexte de musicothérapie avec des adolescents.

Chercheur: Sami El-Agha, étudiant à la maîtrise, Département des thérapies par l'art (Option recherche avec mémoire), Université Concordia.

Coordonnées du chercheur: sami.elagha@hotmail.com

Directrice de recherche: Dr. Laurel Young, MTA (Professeure associée en musicothérapie)

Coordonnées de la directrice: laurel.young@concordia.ca

Vous êtes invité.e à participer à l'étude mentionnée ci-haut. Ce formulaire vous fournit les informations quant à la signification de votre participation. Prière de lire en profondeur avant de décider si vous désirez participer ou non. S'il y a quoi que ce soit que vous ne comprenez pas, ou que vous désirez plus d'information, veuillez vous référer au chercheur.

A. OBJECTIF DE LA RECHERCHE

L'objectif de cette recherche est d'examiner les perspectives des musicothérapeutes (MTA) sur l'usage de la musique extrême comme outil thérapeutique avec les adolescent.e.s dans un contexte de musicothérapie. Pour participer à cette étude, vous devez être un membre professionnel en règle de l'Association canadienne de musicothérapie (CAMT). Vous devez aussi présentement travailler ou avoir travaillé en tant que musicothérapeute dans les cinq dernières années avec les adolescent.e.s. Cette recherche souhaite informer les pratiques de la musicothérapie avec les adolescent.e.s, et ouvrir des horizons de recherche portant sur le rôle de la musique extrême dans ce domaine de pratique.

B. PROCÉDURES

Une fois que votre consentement sera obtenu (via ce document), le chercheur vous contactera pour établir une entrevue en vidéoconférence (sur Zoom) à un moment qui convient le mieux aux deux partis. L'entrevue suivra un gabarit semi-structuré, et le guide d'entrevue, ainsi que des liens pour différents exemples audios de musique extrême vous seront envoyés avant l'entrevue. L'examen de ces matériaux est optionnel; ils vous sont fournis comme ressources approfondies si vous les jugez utiles. Au courant de l'entrevue, vous aurez l'option d'écouter des extraits audios de musique extrême (issus de la liste précédemment mentionnée) pour vous aider à vous placer dans l'« état d'esprit » de l'entrevue et/ou pour vous aider à illustrer un point que vous souhaitez faire comprendre. La durée prévue du processus en entier (incluant les écoutes optionnelles) se situe entre 45 et 60 minutes. Veuillez noter que l'entrevue sera enregistrée à l'audio, transcrite et analysée selon une méthodologie d'analyse de contenu qualitative. Les enregistrements seront utilisés uniquement dans le cadre de l'analyse et ne seront pas présentés publiquement ou inclus dans une publication quelconque.

Le chercheur la transcrira et vous enverra le verbatim par courriel pour révision. Le mot de passe pour accéder au document vous sera envoyé une fois que vous confirmerez la réception du verbatim. Un délai de 10 jour ouvrable vous sera alloué pour renvoyer le verbatim révisé de l'entrevue. S'il n'y a aucune réponse d'ici la fin de ce délai, votre approbation de cette transcription sera assumée.

C. RISQUES ET BÉNÉFICES

Un bénéfice possible à votre participation dans ce projet de recherche et d'avoir une opportunité unique de réfléchir à votre propre pratique. Vos contributions pourraient aussi aider à éclairer des musicothérapeutes et d'autres professionnels sur l'usage de la musique extrême comme outil thérapeutique avec les adolescents dans un contexte de musicothérapie. Ceci, en retour, pourrait aider à peaufiner les pratiques auprès de cette population.

Les risques potentiels liés à cette étude sont minimes. Il y a un petit inconvénient de temps investi dans la tenue de l'entrevue même et dans la révision du verbatim. Si vous décidez d'écouter un ou des morceaux sélectionnés de musique extrêmes fournis, vous pourriez vivre un inconfort lié aux sonorités ou aux paroles. Toutefois, cette activité est optionnelle, et, si vous décidez d'écouter les sélections vous pouvez arrêter la musique quand bon vous semble.

D. CONFIDENTIALITÉ

L'identité des participant.e.s de ce projet de recherche sera confidentielle. Il y a toutefois un petit risque potentiel d'être reconnu.e (dans le contexte de présentations ou de publications liées à ce projet, par exemple) étant donné la nature spécifique de l'utilisation de la musique extrême comme outil thérapeutique. Pour pallier ce risque, le chercheur fera tout en son possible pour anonymiser l'information facilement identifiable des participant.e.s, et ce malgré la possible utilisation de citations directes en support des thèmes émergent du traitement des données. Il est important de noter que les participant.e.s prendront part à cette recherche en tant qu'individus pratiquant professionnellement, et non en tant que représentant.e.s de leur milieu de travail. Aussi, aucune information facilement identifiable liée aux milieux de travail ne sera incluse dans l'étude.

Le chercheur n'autorisera l'accès aux données brutes à personne, excepté sa directrice de recherche. Celles-ci et les informations qu'elles contiennent seront utilisées uniquement pour répondre aux objectifs décrits dans ce formulaire. Le chercheur assurera la protection des données brutes en:

- 1) Utilisant des enregistreurs virtuels, dont la sauvegarde se fera sur un portable MacBook Pro protégé par mot de passe. L'audio de l'entrevue telle qu'elle sera enregistrée sur Zoom directement, alors qu'un enregistrement de secours sera produit à travers l'application Voice Memo; aucun enregistrement ne sera sauvegardé dans un nuage virtuel quelconque.
- 2) Transférant les données sous forme d'entrevue dans les 12 heures suivant sa tenue du portable MacBook du chercheur à un disque dur externe protégé par mot de passe comme sauvegarde de secours. Aucune donnée ne sera sauvegardée sur iCloud.
- 3) Étant la seule personne possédant l'accès aux appareils mentionnés ci-haut et à leurs mots de passe respectifs. Les sauvegardes de secours, ainsi que les copies papier des verbatims seront préservés dans un meuble fermé à clé dans la demeure du chercheur.
- 4) S'assurant que les transcriptions des entrevues (verbatim) seront aussi sauvegardées sous forme de documents Word protégés par mot de passe sur le MacBook du chercheur protégé par mot de passe. Des sauvegardes de secours seront faites sur le disque dur externe protégé par mot de passe. Aucune de ces données ne sera sauvegardée sur iCloud.

Le chercheur a l'intention de publier les résultats de ce projet de recherche. Aucune information facilement identifiable ne sera divulguée et vous serez désigné.e par un pseudonyme.

Le chercheur détruira les données brutes 5 ans après la complétion du projet de recherche. L'étude est considérée comme complétée une fois que le manuscrit de l'étude sera déposé sur la plateforme en ligne Spectrum de l'université Concordia.

E. CONDITIONS À LA PARTICIPATION

Vous n'avez aucune obligation de participer à cette recherche. Ceci est purement votre décision. Si vous décidez de participer, vous pouvez vous retirer à tout moment. Vous pouvez aussi demander à ce que les informations que vous avez fournies ne soient pas utilisées, et votre choix sera respecté. Si vous ne voulez pas que nous utilisions vos informations, vous devez en informer le chercheur d'ici à ce vous indiquez votre approbation du verbatim (c'est-à-dire 10 jours ouvrables après la réception du chercheur des transcriptions révisées par vous). Si vous vous retirez avant ce moment, vos données seront détruites et ne seront pas incluses comme élément de la recherche. Il n'y a aucune conséquence néfaste à votre non- participation, à votre retrait du processus ou à votre demande de non inclusion de vos données.

G. DÉCLARATION DU/DE LA PARTICIPANT.E

J'ai lu et bien compris ce formulaire. J'ai eu l'occasion de poser des questions, et toute question a eu une réponse. Je consens à participer à ce projet de recherche sous les conditions décrites dans ce document.

NOM (caractères d'impression)

SIGNATURE

DATE

Je souhaite recevoir un résumé des résultats de la recherche par e-mail : OUI
ou NON

Si vous avez des questions portant sur des aspects scientifiques ou académiques de cette étude, veuillez contacter le chercheur dont les coordonnées sont présentées à la page 1. Vous pouvez aussi contacter sa directrice de recherche.

Si vous avez des inquiétudes liées à des problématiques éthiques dans cette recherche, s'il-vous-plaît, veuillez contacter le Comité d'éthique de la recherche, Université Concordia, 514.848.2424 ex. 7481 ou oor.ethics@concordia.ca.

Appendix D

Interview Guide (English and French versions)

1. For how many years have you been a music therapist?
2. How would you describe your experiences of working as a music therapist with adolescents? What brought you to this work? How long have you been doing it?
3. What is your experience with Extreme music? How do you feel about Extreme music genres?
4. How would you identify and/or describe the defining aesthetic features of Extreme music? What are your experiences of working with adolescent clients who prefer Extreme music genres?
5. How do you feel about working with adolescent clients who enjoy Extreme music genres?
6. Have you experienced any challenges: (a) when working with adolescents who enjoy Extreme music and/or (b) when using Extreme music in music therapy sessions with adolescents?
7. Based on your experience, how do you think Extreme music can be used in music therapy sessions with adolescents? What are the clinical benefits? Please explain. What are the contraindications? Please explain.
8. What resources pertaining to Extreme music have you/ accessed in your work with adolescents? Were these helpful? Why or why not?

Guide de l'entretien

1. Depuis combien de temps êtes-vous musicothérapeute?
2. Comment décririez-vous votre expérience de travail avec des adolescent.e.s comme musicothérapeute? Qu'est-ce qui vous a amené vers cette pratique? Depuis combien de temps le faites-vous?
3. Quelle est votre expérience avec la musique extrême? Comment vous sentez-vous par rapport aux genres de musique extrême?
4. Comment identifieriez-vous et/ou décririez les éléments esthétiques déterminants de la musique extrême? Quelle est votre expérience clinique avec des adolescent.e.s qui préfèrent les genres de musique extrême.
5. Comment vous sentiriez-vous de travailler avec des adolescent.e.s qui apprécient des genre de musique extrême?
6. Avez-vous vécu des défis : (a) en travaillant avec des adolescent.e.s qui apprécient la musique extrême et/ou (b) en utilisant de la musique extrême en séances de musicothérapie avec des adolescent.e.s?
7. En vous basant sur votre expérience, comment la musique extrême pourrait-elle être utilisée en séances de musicothérapie avec des adolescent.e.s? Quels en seraient les bénéfices cliniques? Développez. Quelles contre-indications percevez-vous quant à l'usage de musique extrême en séances de musicothérapie avec des adolescent.e.s? Développez.
8. À quelles ressources en lien avec la musique extrême avez-vous présentement accès ou avez eu accès au courant de votre pratique avec des adolescent.e.s? Vous ont-elles été utiles? Pourquoi?

Appendix E

List of Extreme Music Audio Examples

Google Drive hyperlink to audio excerpts:

<https://drive.google.com/drive/folders/1cGHepLCCBRw98dDN44s6Xm0yxP9YlrEK?usp=sharing>

Listing of the excerpts

Presentation: *Genre: Artist - Song*

1. *Extreme metal: Meshuggah - Bleed*
2. *Black metal: Emperor - I Am the Black Wizards*
3. *Death metal: Death - Crystal Mountain*
4. *Hardcore punk: Comeback Kid - Wake the Dead*
5. *Noise rock: Swans - Power for Power*
6. *Experimental rock: Sonic Youth - Mildred Pierce*
7. *Trap metal: Scarlxrd - Utxpia = Mass Genxide*
8. *Hardcore EDM & Rawstyle: Furyan & Angerfist - HOAX*