THESIS

MOSH PITS AND MENTAL HEALTH:

METAL COMMUNITIES AND EMERGING ADULTS' WELL-BEING

Submitted by

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ABSTRACT

MOSH PITS AND MENTAL HEALTH:

EMERGING ADULT WELL-BEING IN METAL COMMUNITIES

In this thesis I will examine relationships between metal music and community participation and the mental well-being of so-called "emerging adults" within these communities. Building upon previous research on these relationships, I examine how emerging adult mental well-being is affected – both positively and negatively – by engagement and involvement in metal music communities. Utilizing a mixed-methods approach, I employ ethnographic fieldwork, person-centered interviews, and survey methods to describe how not just metal music but other "ritual" activities of metal music culture enact euphoric and also sometimes potentially detrimental effects on the mental health of emerging adults within these communities. Through these methods, I aim to detail how in a paradoxical sense the chaos and aggression inherent in metal music can confer therapeutic calm to individuals through identification with the music, the group, and the performances conducted within these metal music communities.

The introductory Chapter One will first serve to provide an overview of what is exactly meant when describing heavy metal music communities, as ambiguities exist not only in the common understanding of the subculture, but also in the academic literature. In addition to this, a brief history of metal music communities will be discussed, detailing public perceptions, stigmas, and moral panics associated with the music and its fans. The chapter will be closed with a discussion of the research site, scope, and overall aims of the study, namely to provide greater insights into the mental health and well-being of emerging adults within these music scenes.

Chapter Two consists of a review of existing literature on this subject, accounting for research within psychological anthropology, sociology, public health, popular music studies, and adolescent and emerging adult psychology. This Chapter will describe not just previous studies on heavy metal music communities, but should also provide a foundation on which this current study rests. Drawing upon literature and theory from these fields, the question of emerging adult mental health within these music scenes can be better understood, not just in terms of accuracy from a scholarly perspective, but also driven by emic perspective from the field.

In seeking answers to these questions, Chapter Three will discuss the methodology and research design of this study. Attention will be given to the study population, site, locales, and scope and the rationale for using particular methods employed in this study. Chapter Four follows, detailing the analyses of data generated from the field and the results gathered throughout each step of research. Results will be described in both quantitative and qualitative terms, hoping to thus better clarify this study's central question. Limitations of the research will be described in the concluding segments of this chapter. Finally, Chapter Five will discuss the results of this study in relation to theory and previous research, future impacts and considerations in this field, and concluding remarks regarding the relationship between metal music and the mental health of emerging adults.

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CHAPTER ONE – INTRODUCTION

1.1 The Ritual

"Come forth and join this dead cult!" beckoned the hooded figure at the front of the stage. Gathering sacred objects from the black altar that lay in front of him, he turned his back to the watching eyes of his congregation, masking himself with a tattered, blacked funeral shroud. Facing the pacing, oscillating crowd once again, he began working on the assortment of ritual tools that lay arranged on the altar: bundles of burning incense the filled the room with scents of perfume, mahogany, and spice; skulls from goats, lambs, and rams; serpents spun in snug coils hissing at his grasp; a ceremonial dagger adorned with gold and silver. As he turned to look at the other masters of ceremonies on stage, he gave a quick nod to indicate that the ritual had started properly.

He first began with the incense. Lighting each stick with a quick strike of the match, the now obscured figure began wafting the burning light across the plane of the crowd gathered before him. Behind him, stringed instruments began crafting a hypnotic, hypnagogic melody, fluctuating keenly between the same two to three plucked notes as drums bellowed forth, providing a solid rhythm as if to compel those of us in attendance to sway and rock with the lullaby being crafted.

This scene continued for some time, with this dark sermon continuing to seduce and entrance those in the crowd, drawing in non-believers and faithful adherents alike. "I want to see the hands of those who believe in the air, bearing horns," the camouflaged conspirator commanded. Gazing upon the sea of fists raised high, he scanned back and forth. "All of you are

here tonight to see madness and that is what you shall receive," he proclaimed once again, "and there will be no exceptions to this rite!" Concluding with these remarks, the music which once lulled the crowd into a singular lurching body began a deep rumble. Drums became more furious, punctuated with sharp snaps of snare and rolling bass. Guitars furiously strung away, creating a cacophony of dissonant notes at a blazing speed. The crowd was suddenly shaken from this tranquil state – individuals deep in the heart of the ritual space began pacing back and forth, jumping up and down, freeing their limbs, and preparing for the next stage in the ritual process. Many moved away from this scene, unwilling or unfit to see to the conclusion of this incantation. Succumbing to the effervescence of the frothing crowd beneath him and the possessed orchestra behind him, the darkened figure lay on the ground and contorted his back, arms, feet, and body. These convulsions continued for a few seconds more, ceasing only when the agonizing chords of his ensemble stopped. Grasping the microphone that lay beside him, he let out a singular note, a howl, a bark in the dark – the ritual had ended and the concert had begun.

Such a scene would not feel out of place in any of the annals of anthropology. Some of the field's earliest scholars were concerned with the usage of magic, ritual, and religious beliefs in the lives of foreign peoples and cultures around the world. Whether through the works of Tylor, Morgan, Frazer, or numerous others that have inquired into the lifestyles of different cultures, investigations of the unusual, the absurd, and the exotic have always been a key area of interest. While many have gone to faraway places and remote locales to detail these cultural behaviors, the accounts that I documented were taking place in dark, cramped, dimly lit, and loud music venues all over Colorado during the summer of 2016. The world of heavy metal music and the communities of musicians, fans, promoters, and venue owners that make up these

groups represent a paradox of sorts - they find peace in conflict, serenity in instability, calm in chaos, and healing in the center of swirling mosh pits. Outsiders looking upon scenes as described above may remark in similar ways to the earliest of anthropologists in the 19th century, viewing these cultural practices with curiosity at best or indignation at worst. Indeed, throughout the history of heavy metal music public concern, moral panics, and safety concerns have been levied against those that find themselves clad in black, spin-kicking and spinning in mosh pits, and head-banging at these music shows.

Despite all of these issues, however, the scene has continued to develop and thrive, drawing fans from all walks of life to participate in these seemingly chaotic, dangerous, and extreme ritualistic behaviors. Again, much like anthropologists of yore, we have to ask – why? What attracts people to listen to "unlistenable" music, dress in blackened, gore splattered t-shirts, and thrash, bash, and crash into others with potentially violent outcomes? This is the central aim of my research, to investigate the linked physical and psychological wellbeing of those passionate and often times misunderstood fans who find themselves head-banging, moshing, and slam dancing in the world of heavy metal music.

1.2 Satan, Sanity, and Stigma

As new forms of art and entertainment develop, there always seems to be an associated social backlash. Social critiques of this sort are nothing new – Elvis Presley's rock n' roll and gyrating hips were called "revolting" and "emotionally embarrassing" (NME Magazine 1959), punk rock's reverberations and non-conformist attitudes throughout the streets of Great Britain were described as "animal behavior" (Hebdige 1979), and American hip-hop and "gangsta rap" in the 1990's drew the ire of many for lyrics that were perceived to incite violence against police, misogyny, drug use, and other social ills (Giovacchini 1999; Armstrong 2001). Heavy metal

music has been no exception to this phenomenon. When discussing the wellbeing of emerging adults within these heavy metal music scenes, critics often levy claims against the spiritual, moral, and psychological integrity of those within them. In viewing swirling mosh pits, screamed vocals, and abrasive acoustics from the outside, many question the spiritual, emotional, and personal wellbeing of these individuals, with particular attention being given to younger members. Religious institutions and authorities have found issue with occult imagery, violent actions and messages, and other non-conformist attitudes commonly held by heavy metal music fans. Fearing the temptations of Satan or other demonic forces, religious institutions have historically been categorically opposed to the popularity and prevalence of heavy metal music in society and the spiritually corruptive influences that groups such as Black Sabbath, Judas Priest, and Metallica provided in the 1980's and 1990's (Häger 2001; Wright 2000; Weinstein 1991). Political groups and coalitions have often lambasted heavy metal music as being reflective of social decay and degradation, corrupting youth and leading them astray towards a life of ruin. Decrying the availability of suggestive material, groups like the Parents Music Resource Center and their "Filthy Fifteen" have endeavored towards near censorial measures to combat the spread of heavy metal music towards young adults (Chastagner 1999; Binder 1993). Many others have depicted and stereotyped heavy metal musicians, fans, and promoters as being drug and alcohol addicted, lazy, jobless, psychotic, and brutish (Fried 2003; Bryson 1996; Giles et al. 2009), drawing from a variety of sources, such as religious or political institutions. Psychological studies on the influence of heavy metal music and psychological wellbeing have painted a picture of young adults and adolescents who are depressive, suicidal, drug addicted, and abusive (Schwartz and Fouts 2003; Stack, Gundlach, and Reeves 1994).

While the validity of these claims will be addressed later, what remains evident is that the question of the wellbeing of emerging adults (individuals between 18 – 25 years old) (Arnett 2000) and heavy metal music has been a constant source of criticism and debate. While some claims are clearly farcical – such as those depicting heavy metal music fans as harbingers of Satan – others deserve more attention. Are these young heavy metal music fans psychological unwell? If so, what are the causes of this mental distress? How might we as a society go about caring for those that are experiencing psychological issues in their lives? These are all pertinent and important questions that deserve examination but what has been missing from a number of these portrayal has been insider perspective – depictions of metal fans, by metal fans, with my own role as researcher and metal fan perhaps offering its own sets of advantages and insights (Abu-Lughod 1996). In adopting an emic-centered approach, I hope to answer a series of questions related to the psychological wellbeing of emerging adults within these heavy metal music communities. What about metal music may be psychologically stressful or calming? How might moshing or slam dancing impact wellbeing? Does engaging others at live music shows influence mental health? These, among others, are some of the questions that I endeavor to address in this study. What I hope to achieve, furthermore, is an accurate and appropriate depiction of this population not as an anthropologist looking at curiosities and making conclusions, but as a fan and culture conduit so that they themselves may more accurately describe their lifestyles, issues, desires, struggles, and development within these heavy metal music communities.

1.3 Mosh Pits and Mental Health

In undertaking this research, I set about to understand the influence and role of heavy metal music and all of its components (acoustics, lyrics, ritual activities, community

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involvement, socialization, etc.) on the wellbeing of fans within this subculture. There are four principle research questions that will better highlight this central inquiry:

(R1): What are the levels of depression, anxiety, and loneliness in this population and how do those rates compare to those found in the general public? How might perceptions of the efficacy and appropriateness of common psychiatric options – such as psychotherapy and psychopharmaceuticals – impact the ability for those that are in distress to seek aid?

 (R2): How do issues of stigmatizations, stereotyping, and labelling effect the mental wellbeing of heavy metal music fans in relation to their overall mental health?

(R3): How does involvement and engagement with heavy metal music influence the mental wellbeing of those within this population?

(R4): What role does the heavy metal music scene and community play in addressing mental health issues and wellbeing?

To do so I have utilized a mixed-methods approach rooted in grounded theory (Glaser and Strauss 1967), integrating myself in the Colorado heavy metal music scene through prolonged participant observations, later conducting a series of person-centered interviews (Bernard 2006) with fans, musicians, and venue owners all across the state of Colorado, and finally developing and implementing a widely distributed and received qualitative and quantitative survey. Following a seven month period of participant observations and informal interviews within the Colorado heavy metal scene, I developed an interview protocol from the voices of those within the scene, careful to craft questions that would answer the four research questions developed above but with their perspectives in mind. Growing out of these interviews, I then formulated a survey protocol that again aimed to gain deeper insights into these primary

research questions but through the eyes and voices of those involved. Through the use of these methods and analysis of the data generated from them, I have found that the overall relationship between heavy metal music and emerging adult mental health is complex and multilayered. While survey data supports previously reported findings detailing increased rates of depression amongst younger members of these populations, data also details a multitude of ways in which engagement within these scenes improve mental health and personal flourishing (Keyes 2002). These include stress reduction, instilling social support, positive identity formation, and the promotion of "communitas" (social and communal) feelings and experiences (Turner 1969), where all are treated and understood equally under the common banner of heavy metal music fandom. Together, these data suggest that the influence of heavy metal music may play a role in alleviating mental health distresses encountered in other areas of life, such as the stigmatizations and stereotypes encountered with metal music fandom and/or other instances of social distress.

The utility and direction of this study may not be immediately apparent – people tend to enjoy doing certain activities because they receive some form of positive feedback or stimuli in return. In addition to the core questions described above, what this study aims to show is that these moments of happiness and joy occur even in instances as seemingly chaotic and dissonant as a heavy metal music concerts, where people take part in rituals of violent dance under the echoes of blast beats, breakdowns, and barked vocals. This research also aims to demonstrate how alternative sources of mental healing or "communal therapeutics" (Jones 1956; Maton and Wells 1995; Rappaport and Simkins 1991) can be utilized by members of a population in instances in which traditional or common psychiatric options are not available, affordable, appropriate, or culturally acceptable. Through this, it can be seen that engagement and involvement within these heavy metal music subcultures offers individuals who may be suffering

from mental health issues avenues of expressing distress in culturally appropriate "idioms of distress" (Nichter 1981) such as performance, discourse, or public expression of anger, sadness, discontent, but also pleasant emotions such as exuberance, exhilaration, and excitement. This proposition is especially vital in the developing field of global mental health, where there are concerns over the accessibility and viability of psychiatric materials and knowledge amongst young people, not just in the non-Western world but at the heart of Western society as well (Kieling et al. 2011; Collins et al. 2011; Alegria et al. 2008; Patel, Flisher, et al. 2007). Adding then to this literature, this study aims to establish not only a brief insight into the mental health and wellbeing of young people within this specific place and time of heavy metal music studies, but to also provide further to the research and understandings of how mental health services and materials may not be readily viable, appropriate, or cost-efficient for individuals here in the United States and abroad. By examining the emotions, beliefs, and personal histories of those involved in this study, it is hoped that there can be a more accurate perception of heavy metal music, its fans, and the interplay between mosh-pits and mental health.

CHAPTER TWO: LITERATURE REVIEW

In this chapter I discuss theory that shaped the formation of this research study, as well as information that will prove essential in understanding the relationship between heavy metal music and emerging adult mental health. Literature from psychological and cognitive anthropology will yield information regarding the development of alternative means of addressing and understanding mental wellbeing, demonstrating means in which individuals from both Western and non-Western cultures are able to engage in activities and actions to promote trust, cooperation, mental flourishing and thus to overall promote psychosocial growth. Following this there will be a discussion of previous research on heavy metal music – ethnographic studies on heavy metal music, mental health of those within these music scenes, and controversies surrounding this subject will be detailed. A section on global mental health research will describe the current state of mental health programs, materials, literacy, and future endeavors to promote mental health globally. This section aims to bring to light issues surrounding the availability, affordability, and appropriateness of biomedical psychiatric options on a domestic and international scale, illustrating the need for non-medical, culturally specific means of combatting mental health issues. Finally, a review of adolescent and emerging adult mental health literature will describe the "storm and stress" of this period of development (Hall 1916), emphasizing the ways in which music, community, and socialization have potentially therapeutic influences on individuals during this period of instability and uncertainty. This chapter should provide insight into the ways in which heavy metal music results in moments of emotional growth, mental flourishing, and an alternative source of healing and stability.

2.1 Psychological, Psychiatric and Cognitive Anthropology: The Psychosocial Therapeutics of Ritual

In attempting to address issues of mental health and wellbeing, contributions from psychological and cognitive anthropology provide ample theoretical foundations for discussion. Both of these fields have developed critical pieces of theory and practice that better enable for researchers to not just document and describe the processes that are performed in a particular field site, but more specifically to uncover the deeper motivations and psychological functions that these actions utilize. The following subsections will address a wide array of literature from these fields. The first subsection will discuss issues relating to ritual, belief, and folk psychiatries, detailing the ways in which cultural rites and rituals provide psychological benefits for those performing them. Following, a subsection on trust, signaling, and belonging will illuminate the ways in which these same ritual actions function to instill in individuals feelings of solidarity, community, and safety, promoting social behaviors and leading to a sort of "collective effervescence" and "communitas". These brief forays into psychological and cognitive anthropological theory should later become apparent in describing the social actions and attitudes of those within heavy metal music communities and how these aspects of cultural life have a corresponding effect on their psychological wellbeing.

2.1.1 Folk Psychiatries and Rituals

The study of culture has long been the central notion of cultural anthropology – an analysis of the ways in which people live their lives, the activities that they perform, the beliefs, values and dreams that they hold, and the customs and traditions that are essential to their understanding of what it is to be human (Goodenough 1981; D'Andrade 1995). This conquest into the cultural has long been heralded as the source of discovery within the social sciences – whether through observing the symbolic meanings of cock-fights in Bali, understanding the

palettes and tastes of the upper crust of Parisian elites, or the Protestant work ethic, efforts to understand the motivations, thoughts, and attitudes of social actions have led to great works in the social sciences. Notions of ethnocentrism, cultural domination, and antiquarianism fell by the wayside and instead principles of *verstehen* (Weber, Shils, and Finch 1949)*,* cultural relativism, and "idioms of distress" (Nichter 1981) became more appropriate tools for analyzing and discussing the role of culture on the individual (Dressler 2017). In investigating this coaction between culture and the individual, and the individual with society, the role of ritual and the impact of "folk" psychiatries becomes a necessary subject for debate, especially in regards to their effects on mental health and wellbeing.

Ritual, defined as "certain repetitive social practices involving repetitive, formalized, stylized acts and forms of speech" (Palmer and Pomianek 2007), encompasses some of the earliest and most celebrated works in the social sciences. Many theorists, theologians, and scholars have set about to explain the importance of ritual behaviors, religious beliefs, and their socio-psychological effects on the believer. E.B Tylor's foray into animism and primitive rationalism (Tylor 1871) was amongst the first and most well-known, but other important contributions to this field include Malinowski's psychological functionalist approach to magic in the Trobriands (Malinowski 1948) and a documentation of primary and secondary anxieties and rituals that act to reduce these feelings (Homans 1941), Frazer's *Golden Bough* (Frazer 1920), William James' pragmatic and humanistic essays on religious experience (James 1917), Emile Durkheim's masterwork on religious beliefs and practice in *Elementary Forms* (Durkheim 1912) and later Turner's depictions of communitas and liminal ritual spaces (Turner 1977; Turner 1969).

Rituals are inherently social experiences, being a "hearth made by the company of our fellow men" (Durkheim 1976, pp. 427). Being positively social activities, rituals have a series of effects on both individual and group psychology. Through co-presence, contagion, and conformity, studies have shown how rituals can result in physiological and psychological arousal (Marshall 2002), in-group favoritism and thus solidarity (Sosis 2000; Haidt, Seder, and Kesebir 2008) and reaffirmation of cultural ties and regional place (Roemer 2007). Interestingly, the content and character of ritual also seems to have an impact on the degree of which these feelings of belonging are felt. For instance, "extreme" rituals or "rites of terror" (such as body modification, genital mutilation, infliction of pain, or other dysphoric actions) have been noted as increasing these perceptions of solidarity and unity (Whitehouse and Lanman 2014; Fischer and Xygalatas 2014; Xygalatas et al. 2013). Founded upon the notion of "imagistic practices", the salience and memorability of these potentially distressful rituals are more impressionable on the individual and act as a means to link themselves and other participants in the ritual to a given time, place, and social milieu (Whitehouse 1996; Whitehouse and Laidlaw 2004). The ritual process can also be viewed as an upheaval of traditional norms and identities, with the formation of a liminal space or communitas (Turner 1969) and these events can range from an Edinburgh rave (Hutson 2000), to Zulu stick-fighting (Coetzee 2002).

In addition to promoting prosocial behaviors, rituals have also been shown to have a series of psychological effects on performers. Rituals that utilize light, sound, and movements have been shown to have a series of effects on individual psychology and neurology (Walter and Walter 1949; Csikszentmihalyi 2014; Neher 1962). Fischer and Xygalatas have examined the relationship between the performance of extreme rituals such as body piercings, fire-walking, and self-crucifixion and the psychological effects that these actions have on stress, anxiety, and

fatigue (Xygalatas et al. 2013; Fischer and Xygalatas 2014; Fischer et al. 2014). This relationship between ritual performance and stress-relief has been noted in other research as well, showing that when conducted at certain culturally-prescribed moments, ritual actions can exhibit an effect on psychological wellbeing (Alcorta and Sosis 2005; Snodgrass 2015; Scheff 1979; Shariff, Purzycki, and Sosis 2014). These findings together suggest that rituals, in addition to fostering a sense of community, in-group favoritism, and bonding, also present individuals within these ritual spaces with a series of psychological impacts as well, ranging from stress alleviation, heightened arousal, diminished sensations to pain, and a furthered sense of belonging to their respective group.

Growing alongside new research on ritual, continued research into the dynamic relationships between culture and psychology have proven essential in understanding how culture acts as a means of understanding and expressing psychological states. Research into the variations of cultural expressions relating to psychological status (Kleinman 1978; Kirmayer 1989; Kirmayer and Young 1998; Hughes 1998; Summerfield 2008) have demonstrated that when evaluating the status of mental health in a particular cultural locality, there needs to be equal consideration towards the culturally prescribed notions of "healthy" and "sick". Extensive cross-cultural research on these "folk psychiatries" have expressed that the normative labels and models for addressing psychological status not just in non-Western cultures (Dressler 2012; Hinton et al. 2010; Hollan 1994; Kohrt and Hruschka 2010; Kleinman 1980), but also *within* Western cultures (Maduro 1983; Jenkins 1988; Trotter 2001; Wakefield 1992) must be properly vetted and examined. Understandings these folk psychiatries are paramount if mental health researchers wish to examine the ways in which mental health and wellness are understood and addressed by public health officials and providers of healthcare, both domestically and abroad

(Wing 1998; Ness 1981; Engebretson 1994). Analyses of these folk psychiatries makes it apparent that not only does there exist variation in understandings of mental health and wellness around the world, but that these differing perceptions of psychological wellbeing exists within Western cultures as well, and special attention must be given to this fact.

2.1.2 Signals of Trust, Community, and Safety

When conducting rituals and other social activities, the implicit meanings of gestures, behaviors, and actions are often misunderstood. In attempting to understand *how* solidarity and community are fostered through ritual, many scholars have utilized signaling theory as a means of utilizing these ritual performances as a means of analysis. Costly signaling theory (CST) posits that hard to fake signals – impaling oneself on spikes, consuming poison, fire-walking – are received as honest and truthful behaviors that demonstrate group affinity and belief (Connelly et al. 2011; Irons 2001). Rituals with costly signals thus communicate towards others within the group that an individual is physically strong (Bliege Bird et al. 2005), that they are communicative, cooperative, and trustworthy towards others (Palmer and Pomianek 2007; Trivers 1971), that they are a firm believer (Marshall 2002; Sosis 2003; Dengah 2017) and many more culturally important traits for solidarity and stability. The benefit of a ritual with these costly signals is that it combat psychological "freeloaders" or individuals who may attempt to fake a behavior for various advantages (Sosis 2005; Wood 2016). By making ritual behaviors costly and thus hard-to-fake, the fakes in the crowd can be filtered out and the truest of the true can be seen and trusted (Sosis 2004). This brief foray into signaling theory is meant to demonstrate that in even the most dangerous, painful, and confusing ritual behaviors and cultural activities, the meanings and interpretations of the actions can relay important and vital information for those observing them (Palmer 2005; Hall et al. 2015). In viewing rituals as

cultural activities that demonstrate trustworthiness, cooperativeness, and signals of safety and in-group affiliation, rituals act as a means of promoting social cohesion and belonging, bringing with them a host of cultural, social, and psychological benefits.

2.2 Scholarly Research on Heavy Metal

In many ways, the field sites of heavy metal research seem to be as foreign and distant in academia as far off regions of the world – the language is often indecipherable, the modes of dress and posture are in stark contrast to the prim and proper world of academia, and the calm, quiet, and cared-for organization of a library or classroom is substituted with a spinning cauldron of bodies, blackened blurs in motion deafened by pig squeals and breakdowns. Those who have braved the "walls of death" and entered into the often times dingy and dirty bars and taverns that host heavy metal music concerts have often documented these events firsthand. The literature on heavy metal music community and culture have taken on a few forms – ethnographic studies on metal, punk, and other similarly associated subcultural studies, a series of studies on the relationship between heavy metal music and mental health of young people, and then more contemporaneous works that cover a wide array of subjects, oftentimes with much greater depth than previous studies on the scene. Each of these arbitrarily devised divisions will be briefly detailed, giving insights into the current debate as it relates to the role of heavy metal music in the mental wellbeing of emerging adults and how more recent studies on heavy metal music have addressed this issue.

2.2.1 Punk, Metal, and Other Subcultural Studies

Any discussion of youth subcultures or "counter-cultures" must first acknowledge the monumental work contributed by the Birmingham Centre for Contemporary Cultural Studies

(BCCCS). Founded in the mid-1960's, the BCCCS ventured to capture the development and sociocultural origins of British youth subcultures in a post-war England, a time where rapid social and economic development had resulted in various transformations of youth behaviors. Scholars in this discipline, led by the likes of Stuart Hall and Richard Johnson were interested in semiotic and symbolic manifestations of resistance and revolution towards the burgeoning consumerist culture that grew out of post-war capitalist society. Youths in this time period were seen as symbolically and ritualistically appropriating style, consumer practices, and behaviors to subvert the influence of media, government, social norms, and consumerism. Works in this vein documented the "heroic" resistances of skinheads (Clarke 1973), punks (Hebdige 1979), feminists (Partington 1986), the struggles of working class youths (Clarke and Jefferson 1973; Willis 1977), a dramaturgical analysis of youth rebellion (Brake 1985), and the influence of popular media in mediating these efforts against consumerism (Hall 1971; Hall and Jefferson 2004; Connell and Hilton 2015). While today the usage of the BCCCS' approach to subcultural studies has been largely criticized and has fallen out of vogue (see Schulman 1993; Connell and Hilton 2015; Muggleton and Weinzierl 2003; Widdicombe and Wooffitt 1995 for more) due to its more explicit political economic analyses of subcultural origins, failing to address the contributions of the program in documenting the development of youth subcultures would be remiss. In the stead of the BCCCS' approach to youth subcultures, "post-subcultural" interpretations have emerged. Rather than maintaining a particularly Marxist stance towards consumerism, ideology, and the subterfuge of youth actions, many post-subcultural studies are instead more focused on the interplay between media facilitating subcultural change (Thornton 1996), style as indicators of subaltern affiliations rather than revolts against consumerism (Bloustien 2003), and Bourdieusian applications of "taste cultures" to explain intergroup

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variation within these youth groups (Thornton 1996; Bennett 1999; Hutson 2000). An extensive history of subcultural theory and the numerous paradigmatic shifts is beyond the scope of this review, however this subject has been documented across many sources (Blackman 2014; Fischer 1995; Williams 2011).

Heavy metal music subcultures have been the object of prolonged subcultural studies, with many researchers addressing various aspects of the culture and those within it, paying special attention to the intercultural variation that exists throughout. Studies on black metal in particular have yielding insightful research in regards to the resurgence of paganism and neo-Scandinavian religious beliefs (Granholm 2010; Lucas, Deeks, and Spracklen 2011), as well as detailed accounts of how black metal music scenes attempt to navigate between political and apolitical worlds with varying success (Kahn-Harris 2004; Murphy 2011). Additional studies on the relationship between heavy metal music subcultures and religion have examined the apparent contradictions between metal music and Christian beliefs and messages (Moberg 2008; Häger 2001; Moberg 2009). Another pressing subject in heavy metal music studies is minority representation, with a series of studies conducting analyses of how women and other minority groups are presented in metal music. Issues of masculinity in grindcore (Overell 2013), femininity (Riches, Lashua, and Spracklen 2013), whiteness (Spracklen 2015), ethnic histories (Djurslev 2014), and normativity (Spracklen and Hill 2010) have been explored and have detailed the ways in which heavy metal music scenes may create spaces in which non-white, non-male participants are excluded or removed from participating in certain cultural activities such as moshing. Moshing as a symbolic and ritual activity has also been detailed extensively in the literature. In understanding the inherent instability of the mosh pit, the practice has been shown as a liminal space (Riches 2011), a symbolic space of leisure (Riches 2012), and a place

wherein community and values are reaffirmed through praxis (Snell and Hodgetts 2007; Simon 1997; Halnon 2006). The literature on heavy metal music studies is ever expanding, with more scholarly work being conducted to address many of the issues highlighted above. The most pressing issue as it relates to the present study, however, is in the interplay between these communal and cultural practices and mental health.

2.2.2 Brain Rot and Moral Degradation: Metal Mania and Psychiatry

With the development of heavy metal music and the growing attention it received in popular culture and media, more eyes – many of them judgmental – were turned to the music and culture surrounding it. Notions of devils, blood, rituals, and violence were enough to call into question not just the physical safety of those involved, but also the moral and psychological wellbeing of fans of the musical genre (Trzcinski 1992; Aranza 1983; Ballard and Coates 1995). In the wake of the "Satanic Panic" and the rise of Christian fundamentalism in the 1980's (Wilcox and Wilcox 1992), heavy metal music became a popular target for moral criticism and political undertakings of quelling the supposed harmful effects of being exposed to it. Through the creation of a moral, public panic, heavy metal music was under increased scrutiny and pressure from a host of sources, political and moral (Wright 2000; Luhr 2005; Sterne 1999). The creation and actions of the Parent's Media Resource Center (PMRC) and the "Washington Wives" (spouses of U.S. Congressional House representatives and Senators) in the 1980s brought about numerous battles in regards to censorship of vulgar, obscene, occult, or derogatory lyrics, content, or messages in popular music (Chastagner 1999; McDonald 1988; Binder 1993). Increased constitutional debates about the content of music versus artistic license and credibility came to a head when members of the dubbed "Filthy Fifteen" (including Prince, Judas Priest, Twisted Sister, Madonna, and more) engaged in Congressional hearings alongside the Recording

Industry Association of America (RIAA) regarding content warnings (Transportation 1986), with the hearings eventually resulting in increased labelling for adult content on record labels. While some critiques of heavy metal music can be easily refuted and done away with (such as claims of Satanic messages in backmasked Judas Priest records), this increased public critique legitimized questions concerning the moral and psychological wellbeing of those involved in these heavy metal music scenes, bringing about a series of academic studies inquiring into the effects of the music and the scene on younger fans.

In the immediate years following these public debates, a number of studies have been conducted investigating this relationship. Particular attention has been given towards younger individuals, as they represent vulnerable groups that media influence may be more pronounced. Through a variety of measures and means, studies have addressed how musical preference can be used as a proxy for understanding adolescent depression, suicide risk, and antisocial behaviors such as drug use. When isolating heavy metal music preference, research has shown individual report greater instances of depression, suicide ideation, and destructive behaviors than in control groups (Stack, Gundlach, and Reeves 1994), with further evidence showing that gender is a critical area of concern, with more young women experiencing suicidal behaviors than young men (Martin, Clarke, and Pearce 1993). In attempting to explain these reactions, many have pointed to a potentially "priming" attribute of heavy metal music lyrical content, where images and instances of depression, disorder, chaos, and sadness cause a psychological reaction in the individual, leading towards promotion of such behaviors (Rustad et al. 2003). Another source of explanation for these patterns involves the ways in which individuals consume music, with young people who use music to regulate emotions being more at-risk than those who use music as a means of avoidance or disengagement from social situations (Miranda and Claes 2009;

Juslin and Västfjäll 2008). While no studies have purported that heavy metal music *causally* explains these increased instances of mental distress, the utilization of musical preference as a proxy for emotional distress is more favored (Baker and Bor 2008; Martin, Clarke, and Pearce 1993; Schwartz and Fouts 2003). Studies demonstrate that while heavy metal music may not potentially cause or shape instances of depression, suicidality, or antisocial behavioral events, those who may be predisposed to these psychologically distressful instances may have a predilection for heavy metal music for a host of reasons, including lyrical content and messages, musical qualities such as abrasiveness and loudness, or because of how "delinquent" the musical genre is for their age (Lacourse, Claes, and Villeneuve 2001; Roe 1995; Arnett 1991).

Further analysis on this subject is necessary, however, because many of these studies have focused primarily on singular or isolated causes of emotional distress, mainly taking consumption of heavy metal music as the primary variable. What is missing from these analyses are investigations towards the therapeutic effects of music for adolescents (as documented in Bakagiannis and Tarrant 2006; Kemper and Danhauer 2005; Laiho 2004; Saarikallio and Erkkilä 2007; Sloboda, O'Neill, and Ivaldi 2001; North, Hargreaves, and O'Neill 2000). Additional research should also focus on the impacts of healthy community involvement (detailed by Berkman 1995; Maton and Wells 1995; Rappaport and Simkins 1991) and numerous other factors related to the process of engagement and involvement with heavy metal music. Through more critically attempting to understand not just instances of psychological distress but also mental flourishing and healing, the relationship between heavy metal music and mental health can be better understood beyond surveying methodologies.

2.3 Global Mental Health

Mental health, both domestically and internationally, represents a crucial area of public health because of the long-lasting effects that mental illnesses impact upon individuals, families, and communities. All forms of existence are effected by mental health crises – individuals are unable to work (economic), perform familial duties (social), participate in important traditions or practices (cultural), and oftentimes do not get to engage in fulfilling individual development (existential). The following section describes the growth of the global mental health discipline, documenting the issues that exist in combatting mental illness on a global scale, the pervasive and devastating force that stigma imbues on those with a mental illness, and steps towards making mental healthcare available, affordable, and appropriate for those most in need. This section should highlight the ways in which many issues found in *global* mental health initiatives can be seen in a *local* setting – mosh pits, crowded music halls, and packed venues of heavy metal music concerts. While it may be easy to view these "global" issues of mental health as solely being found in poor or developing countries, this section should also convey that many of these issues, whether they be lack of access or inability to seek care, are right here in our midst in Colorado and the United States.

2.3.1 A Global Crisis

As the world's population continues to develop, increased efforts to provide affordable housing, infrastructure, healthcare, food, and resources become growing concerns. The continued development of multilateral organizations, international banking institutions, and non-governmental organizations all aim to address these issues and many more, but an often forgotten and underfunded aspect of wellness is mental health. Despite mental illnesses accounting significantly contributing to the global burden of disease, disability-adjusted life-years (DALYs), and resulting in over 1.2 million deaths per year (World Health Organization

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2005), the global infrastructure, knowledge resources, and professional personnel for mental healthcare are scarce, unequally distributed, and aren't sufficient in providing care for those most in need (Saxena et al. 2007). Advocates for greater increase not just in physical resources, but also in academic scholarship and public attitudes towards mental healthcare, have been foundational attributes of the global mental health campaign. Following a 2007 Lancet series on global mental health, some of the "grand challenges" of the global mental health sphere of scholarship were made more evident: identifying causes and treatment options, improving and expanding access to care (Patel 2012), raising awareness of the global issues (Horton 2007), and developing human capacities for local understandings of sickness and health (Prince et al. 2007) were among the most prescient concerns of scholars and advocates (Collins et al. 2011).

Failing to address the pain and suffering of those with mental illness on a global scale doesn't just amount to a floundering of technical, intellectual, or economic ability, but instead represents a "failure of humanity" (Kleinman 2009). Estimates of up to 30% of the world's population will suffer from a mental illness in a given year, with two out of three of those individuals not receiving care, and these numbers are even higher in countries where healthcare resources are more abundant, such as the United States and United Kingdom (Lancet 2007). Within these nations, ethnic minorities and socially marginalized groups are increasingly more at-risk for developing mental illnesses and also more likely to not seek or receive care based on the inability, incapability, or inappropriateness of available care (Alegria et al. 2008; Wells et al. 2001; Jackson et al. 2004). Such issues are more present and more dramatic in low-income countries around the world, with research showing countries not allocating funding to areas of mental health (Jacob et al. 2007), not having equal access to these resources (Saxena et al. 2007),

and having these resources not be economically feasible for those that require them (Patel, Araya, et al. 2007).

Of particular concern is the mental health of young people and adolescence. These populations are particularly vulnerable to the effects of mental illness because of neurobiological changes during adolescent growth and development (Giedd, Keshavan, and Paus 2008) coinciding with shifts in social/cultural responsibilities and maturation, potentially stunting future life goals, accomplishments and achievements (Kieling et al. 2011). Failing to recognize not only the neurobiological changes of adolescents, but also their changing place as maturing adults is harmful in that it denies them the medical treatments of their younger and older counterparts to a detriment (Kleinert 2007). While it might be convenient or easy to dismiss the challenges and struggles of adolescence as angst or "storm and stress" (Hall 1916), mental health coverage and facilities for these populations globally are sporadic (Patel, Flisher, et al. 2007; Kieling et al. 2011) and knowledge regarding mental health conditions and help seeking options have been shown to be equally lacking (Burns and Rapee 2006; McCauley et al. 1993; Wang and Lai 2008; McFarlane, Bellissimo, and Norman 1995).

In the process of attempting to address these issues of availability, affordability, and appropriateness of healthcare, the final piece of the triumvirate presents a new series of issues to contend with. As noted earlier, the emergence of literature on folk psychiatries has revealed how local perceptions of illness, healing, and mental states results in potentially conflicting worldviews based on disease origins and treatments (Kleinman 1978). In upscaling mental health services on a global scale, there comes with it fears that this will also result in a global "Americanization" or "Westernization" of mental illness categories (Watters 2010; Summerfield 2008; Summerfield 2001). Culturally-specific or idiomatically defined illness, entangled in their

own webs of sociocultural meanings (alongside webs of healings) could potentially conflict with Western biomedical models of mental illness, leading to potentially damaging effects on an individual's ability to seek care and receive it (Kohrt and Harper 2008; Alarcón 2009; Summerfield 2012). Efforts to work with these culturally defined means of illness have resulted in the proliferation of "task-shifting" models, wherein local peoples who are familiar with and understand the explanatory models (Young 1982) and idioms of distress bound in the cultural language of illness (Nichter 1981). Task shifting provides tools, infrastructure, and psychiatric training to locals who are knowledgeable in issues of local illness and disease, allowing them to better define the presence or absence of mental illness. Examples of mental healthcare being utilized through a task shifting framework can be seen in examples from South Africa (Petersen et al. 2012), Zimbabwe (Chibanda et al. 2011), India (Buttorff et al. 2012), and Uganda (Dambisya and Matinhure 2012) (more information on feasibility and applications of task shifting can be found in Padmanathan and De Silva 2013).

2.3.2 The Destructive Force of Stigma

Throughout all of these issues of mental healthcare disparities, perhaps the most pervasive and caustic of all is the impact of stigmas on individuals with mental illness. Defined as a process wherein individuals are assigned "an attribute that is deeply discrediting" (Goffman 1963) and the attribution of negative character behaviors based on aberrant or deviant qualities (Jones 1984; Scheff 1970), the impacts of mental health stigmas have long been discussed as a major cause of under-diagnosis and under-treatment (Satcher 2000; Surgeon General 1999). Stigmas associated with mental illness include perceived threats of dangerousness, both towards others and oneself (Halter 2004; Peluso and Blay 2009; Choe, Teplin, and Abram 2008), beliefs that mentally ill individuals possess character flaws that led to mental illness (Corrigan et al.

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2003; Martin, Pescosolido, and Tuch 2000), and that mental illnesses are weaknesses in strength or moral integrity (Link et al. 1999; Angermeyer and Dietrich 2006; Rüsch, Angermeyer, and Corrigan 2005). Contra to the optimism of many members of the public, these stigmatizing beliefs are still prevalent among the public (Kuppin and Carpiano 2006; Crisp et al. 2000; Pescosolido et al. 2010). The resulting factors of these public stigmas include detrimental self-isolation and harm (Wahl 1999; Markowitz 1998), diminished self-esteem and self-efficacy in completing therapy and drug treatment plans (Picco et al. 2016; Pasmatzi, Koulierakis, and Giaglis 2016; Roeloffs et al. 2003; Chronister, Chou, and Liao 2013), and the internalization of stigma as a "self-stigma" wherein individuals dramatically reduce their ability to seek care out of fears of fulfilling public beliefs about mentally ill individuals (Corrigan and Watson 2002; Corrigan 1998; Vogel, Wade, and Hackler 2007; Watson et al. 2007). In efforts to address these issues of stigmatizations, many have pointed towards increased mental health literacy and advocacy as a means to promote more appropriate sources of knowledge and understandings regarding mental illness. Through increased efforts to promote mental health literacy, including knowledge regarding the origins, development, and manifestations of mental illness, issues related to stigmatizations can be remedied (Jorm 2000; Wang and Lai 2008). Efforts towards increased awareness and literacy have achieved paradoxical results, however, as more people conceive of mental illnesses of having a biological/genetic origin, and yet perceptions of dangerousness and violence have *increased* over time (Pescosolido et al. 2010; Wang and Lai 2008).

This section on global mental health demonstrates the need for increased services and a shift in public perceptions of the mentally ill. The continued proliferation of stigmatized beliefs in regards to the origins and development of mental illnesses results in a number of life-altering

effects on the lives of those suffering from mental distress, and these perceptions tend to result in infrastructural, political, and cultural failures in tending to these individuals. Not only are mental healthcare systems around the world understaffed, underfunded, and underutilized, but their absence – coupled with pervasive cultural beliefs about the mentally ill as being dangerous, broken, and guilty of some failure of their own – have resulted in a global crisis where those that are most in need are often most unable to seek it.

2.4 Adolescent and Emerging Adult Mental Health

As mentioned previously, adolescent and emerging adult mental health represents a pivotal areas of research for a host of reasons. This critical juncture in the development of young peoples around the world marks a key area of research interest and the literature in this section will describe in detail the emergence of the term "emerging adult" and the issues related to this new stage in life, and how music, community, belonging, and social connections enable these peoples to navigate the often-times turbulent nature of emerging adulthood. This section will demonstrate how the term "emerging adult" is more apt for the contemporary socioeconomic conditions that youths find themselves participating in, and how engagement in music related subcultures can result in salubrious moments of community and connection with others.

2.4.1 The Struggles of Adolescence and Emerging Adulthood

Throughout time, the period of transition from adolescence to adulthood has been seen as being particularly turbulent, with shifting identities, priorities, and messages resulting in a pronounced period of "storm and stress" (Hall 1916). Research into this developmental period has shown increased rates of mental distress, risky behaviors, and instability as a result of these changes in social status and responsibilities. Mental health disorders in adolescent and young

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adult populations have revealed increased vulnerability and susceptibility to depression (Birmaher et al. 1996; Faust, Baum, and Forehand 1985; Reinherz et al. 2003; Rao, Hammen, and Daley 1999), anxiety (Purvis et al. 2006; Goodwin 2003; Bond et al. 2001; Silk et al. 2012), and suicidality (Fergusson, Beautrais, and Horwood 2003; Lester and Gatto 1990; Purvis et al. 2006). Explanations for the increased vulnerability for mental illness during this period range from shifts in sociocultural responsibilities and tasks assigned to youths, difficulties in crafting a firm identity and sense of self, struggles in achievements and accomplishments, and neurobiological etiologies. While definitive explanations for why these hardships strike during this developmental period vary, what is accepted is that mental health risks during this period are pronounced. In addition to changing aspects of mental health, adolescence and young adulthood also present greater instances of social risk-taking, spurred on by peer influence and social surrounding, with research demonstrating this phenomenon (Monahan, Steinberg, and Cauffman 2009; Jessor 1991; Roberts, Gunes, and Seward 2011; McFarlane, Bellissimo, and Norman 1995). Coupled together, the increased incidences of risk behaviors and potentially underlying mental health issues that emerge during adolescence and young adulthood present pressing issues for public health officials.

As society has developed, however, the term "young adult" has become more muddled. While the term once had a definite meaning, often corresponding to a series of life achievements (e.g. graduating high school, gaining employment, marriage), recent research from scholars has called into question the utility of this terminology in today's modern age. Drawing heavily from Jeffrey Arnett's work on young adults spanning over 20 years, he has conceived of a new term for identifying youths on their developmental path towards adulthood: "emerging adults" (Arnett 1998; Arnett 1999; Arnett 2000; Arnett 2003; Arnett 2007). This notion of emerging adulthood

is differentiated from "young adult" for a number of reasons. First, the typical goals and life achievements of young adulthood are now commonplace and present throughout society and their meaning has been lost. In working with young adults, Arnett found that many didn't perceive of their education or employment status as making them "adults", and that the availability of school and work has changed the conceptualization of "adult" (Schwartz, Côté, and Arnett 2005; Nelson 2005). Additional sources of differentiation emerge from changes in age of marriage and parenthood, shifts towards greater individualization and openness in life goals, and changes in attitudes towards future occupations, residency, and an overall instability in identity and sense of place (Arnett 2000). Emerging adults, in short, are 18 – 25 year old individuals who express ambiguity in their status as adult because of societal changes in education, employment, economics, sensibilities, stability, and morality. Within this model, emerging adulthood is still entails many of the issues associated with adolescence, but the developmental path of these issues is both extended temporally, if not diminished in terms of severity. Utilizing this framework, it may be easy to diminish the struggles of these individuals as simple "storm and stress" as stated by Hall (1916), and that modern youths exhibit a near-nihilistic appreciation of life, but further research by Arnett has demonstrated that many "myths" associated with emerging adults (including selfishness, vanity, laziness, and abject destitution) are in fact just that - myths (Arnett 2006).

This notion of emerging adulthood is essential to the foundation of this project because the current sociology, economic, and cultural milieu of young people represents a dynamic shift in the ways that their mental health can be mediated. College, employment, property-ownership, and marriage are no longer defining moments of adulthood and as such notions of adulthood – carrying with them self-confidence, efficacy, and respect – are possibly absent for many. Due to

these shifts, investigations on how individuals grow and develop in alternative avenues becomes that much more necessary.

2.4.2 Importance of Music, Belonging, Community, and Connection

With this understanding of the flux and instability of youth identity and values associated with emerging adulthood, the importance and function of youth music subcultures is more easily appreciated. The groups offer emerging adults opportunities for expression, identity, community, and stability in the wake of the failure of previous notions of adulthood. Music, belonging, community, and connection become even more important during this stage of life and youth music subcultures offer means for these individuals to seek pathways towards adulthood. For young people, music fulfills a host of purposes in life, including means of regulating emotions (Juslin and Västfjäll 2008; Laiho 2004; Saarikallio and Erkkilä 2007; Miranda and Claes 2009), the creation of social identities (North, Hargreaves, and O'Neill 2000; Tarrant, North, and Hargreaves 2000), and as a means to create "taste cultures" among other peers (Thornton 1996; Lonsdale and North 2009; Zillmann and Gan 1997). In and of itself, music can then be viewed as offering potentially therapeutic effects for those that consume it, allowing individuals the ability to use music as a conduit for emotional expressions (both positive and negative), for problem-solving or task-oriented works (as described by Sloboda, O'Neill, and Ivaldi 2001), and for a host of social reasons, including group membership and identity formation.

As music grows from individualistic consumption and entails more and more social elements, the potential therapeutic effects of group membership become more apparent. Music fandom and subcultural affiliation bring with them a sense of belonging and community, both of which have been demonstrated to exude beneficial effects on members. Growing out of Maslow's hierarchy of needs (Maslow 1943), belonging has been viewed as an integral aspect of

mental health and wellbeing for some time (Anant 1967; Anant 1969). Promoting a sense of

belonging in individuals can act as a potential buffer against mental health problems (Bonnie M.

K. Hagerty 1992; Bonnie M. Hagerty 1996; Sargent 2002), with the opposite – perceptions of

social isolation and loneliness – resulting in greater exhibitions of depression, anxiety, and other

physical/psychological issues (Choenarom, Williams, and Hagerty 2005; Mellor et al. 2008;

Heinrich and Gullone 2006). This cultivation of belonging by members in these subcultures is

further developed in literature on community therapeutics, positing that social groups can act as

therapeutic spaces for individuals to express stress and concerns (Jones 1956; Jones and Bonn

1973; Berkman 1995). Youth music subcultures are then important spaces for engagement due to

the potentially therapeutic aspects of music consumption, the fostering of a sense of belonging,

and the creation of a therapeutic community in which individuals assist one another in

psychological struggles that they exhibit.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This project was undertaken using a mixed methods approach, combining rich qualitative data generated from notes from the field, personal interviews with respondents, and detailed answers from field surveys with rigorous statistical measures for determining associations and relationships between key research variables. Through this approach, it is hoped that the central questions that were posited from this project can be more accurately and appropriately addressed, aiming to not just understand statistically the interplay between reported measures of mental health and metal music, but insider perspectives on the ways in which this relationship is actively curated and informed through the lives and histories of respondents. Research methods and tools were formed in a hermeneutic process, utilizing both *a priori* knowledge from the literature and previous field experience in conjunction with a "grounded theory" approach (Glaser and Strauss 1967) through which new and iterative data generated from research informed future theoretical and methodological considerations. Utilizing this approach, I aimed to examine in detail the intricate balance between the apparent chaos of heavy metal music subcultures and the calming serenity of mental wellness in a way that is both informed by members of these communities themselves. It should be noted, however, that this mixed methods approach offers a series of benefits at the potential costs of thick ethnographic descriptions and highly refined statistical interpretations of data. The approach taken for this research may lack some subtle intricacies of a prolonged ethnographic endeavors or complex quantitative analyses, but in utilizing a mixed methods approach I aim to demonstrate how both a qualitative *and* quantitative approach to this

issue can provide more insightful and powerful knowledge in regards to mosh pits and mental health.

3.2 Overview of Methods Utilized and Their Rationale

This research project began with preliminary data collection through participant observations in a variety of field sites throughout the state of Colorado. Prior to the initiation of this research, the investigator had spent a prolonged degree of time within the music subculture by attending heavy metal music shows and other events throughout Colorado. Formal investigations and data collection through participant observations began in May of 2016 and continued through January of 2017. During this time, participant observation was conducted at over thirty heavy metal music concerts (averaging between 4 – 5 hours in the field per event), wherein observations were geared towards generating data about cultural practices, norms, patterns of speech, behaviors, and other vital information that may result in beneficial or detrimental mental health outcomes.

Concurrent with this period of participant observation, person-centered interviews were developed from data gathered from analyses of fieldnotes (Hollan 2005). Noted prior, the construction of these person-centered interviews were informed both by data and themes present during participant observations as well as from previous sources of literature, including adapted versions of scales to measure belonging (Hagerty and Patusky 1995), stress (Cohen et al. 1994), and loneliness (Dan Russell 1978). These interviews (N=15) were utilized to further develop thematics and data for understanding emic perspectives of mental health, mental illness, and the relationship between these states of being and engagement with heavy metal music and its subculture, using respondents as both informants of culture and respondents of these cultural values. Respondents were found via convenience sampling, drawn upon through the distribution

of flyers containing study and contact information posted throughout various field sites in Colorado. Respondents were typically white Caucasian males in their 20s, although a contingent of interviewees were older and also women.

Again, data generated from these previous stages of research shaped the development of future research methods, facilitating local knowledge as a means to further refine researcher knowledge. The next stage of data collection focused on the formulation and distribution of a survey questionnaire to continue to develop research insights. After refining and retooling certain aspects of content, a survey was distributed in both offline (music venues, bars, record stores, student clubs) and online (Facebook groups, Reddit forums, other metal fan sites) to gather data on these pressing issue. Survey respondents (N=450) answered using a combination of qualitative and quantitative means, through both the usage of Likert scales on some questions and open-ended qualitative questions in other sections of the survey (see Appendix C for full survey protocol).

The following Chapter 4 will discuss the data generated from the use of person-centered interviews and field surveys. Utilizing a mixed methods approach, both interview and survey data will be analyzed through both qualitative and quantitative means, building on one another to create a more compelling analysis into the relationship between heavy metal music engagement and mental wellbeing amongst emerging adults. The results of these data will then be discussed in the concluding Chapter 5, where issues such as mental health histories, stigmatizations, heavy metal music consumption, and community will be addressed. From the use of these field methods, the data generated from them, and the consequent discussions of these data, it will become more clear the complex and sometimes even paradoxical relationship between heavy metal music and mental wellbeing.

3.3 Participants

Combining both interview and survey respondents, this study gathered data from 465 heavy metal music fans. Participants in this study were self-described fans of heavy metal music, drawn from a series of sampling efforts in a host of cities in Colorado (namely Fort Collins, Denver, Colorado Springs, Parker, and Highlands Ranch), as well as through various online heavy metal music forums and communities (namely Reddit's Metal, Metalcore, and Deathcore forums, as well as Facebook groups such as Denver Heavy Metal Society and "Pig Squeals and Breakdowns"). I engaged with various members of these metal music communities, attempting to gain insights into this issue from both those who produce this music as well as those who consume it. Through conversations with these local participants, information and data was then utilized to expand this project to a larger, international heavy metal community.

Demographic information gathered from these sampling methods are presented. The average age of all participants was 21 years old, ranging from 14 year old to 65 years old. There were a total of 423 males (90%) and 33 females (7%) in this study, with these respondents being from local areas such as Fort Collins, Colorado but also regions such as Calcutta, India, Sydney, Australia, São Paulo, Brazil, and Marrakech, Morocco. While the generalizability of this study is in a sense hindered by the broad geographic distribution of respondents within this sample, the data generated from the distribution and widespread acceptance of this study should prove useful in that it encapsulates potential overlaps between heavy metal music fans internationally, while also revealing potential regional variations within the larger heavy metal music scene, particularly in regards to subgenre affiliation and preference.

3.4 Setting

Local research methods for this study took place within the state of Colorado, focusing on heavy metal music concerts, venues, and fans established within Fort Collins, Denver, Colorado Springs, and a variety of other locales throughout the state during the summer, fall, and winter of 2016 and 2017. During this period, I attended in excess of 30 heavy metal music concerts throughout the state of Colorado, with many taking place at The Black Sheep in Colorado Springs, The Marquis Theatre and Summit Music Hall in Denver, as well as The Aggie Theater and Hodi's Half-Note in Fort Collins in particular. Throughout this time in the field, I attempted to cover a wide variety of metal music concerts, operating under the assumption that subcultural differences between groups may be enlightening. During this time I attended metal concerts showcasing acts from a host of scenes including metal/death/grindcore, death metal, black metal, doom metal, and progressive metal.

It is important to note at this point that the term "heavy metal music" is the term *de jure* in the literature, but in common parlance within these scenes, this term is overly broad and lacks meaning – rather, subgenre classifications are more useful for both identifying and identifying with metal music styles. For instance, "doom metal" and "thrash metal" may fall under the umbrella of "heavy metal music", but for fans of both genres, the differences are often more pronounced than the similarities. A parallel can be made with fine art: while there certainly can be generalized observations about the medium as a whole, the prevalence of movements such as Dada, Surrealism, and Vanitas all have their intricacies, finely woven histories, and subjective meanings that separate them and the artists responsible for them in noticeable ways. While the issue of subgenre classification can border on needlessness and impracticality when it comes to description in academic works, these subtle distinctions in style and performance are vitally

important to understanding this subject. For example, the stylistic differences between Bay Area hardcore and depressive suicidal black metal (DSBM) are important to take note of as they relate to this study. As such, I will attempt to be more precise in these distinctions throughout the remainder of this paper as these subcultural groups can often have different actions and beliefs that may impact their mental wellbeing.

3.5 Participant Observation

Participant observations and engagement with individuals in the field are perhaps one of the most important aspect of this study. In contrast to other forms of literature that utilized single-distribution psychiatric surveys, participant observation enables researchers to document not just *if* these distressful psychological states are present, but also *how* and *why* they're expressed within a given population. More plainly, participant observation amongst these populations can give further clarity to the exact nature in which heavy metal music – alongside the social aspects of subcultural community – influence the mental states of individuals. By engrossing oneself within these music scenes within Colorado, I have attempted to understand how engagement and involvement within these taste cultures can result in both positive and negative effects on psychological wellbeing.

Forays into the field began in the early weeks of May of 2016 and continued extensively until January of 2017. During this time, I collected and recorded thorough notes on various actions, modes of speech, behaviors, and aspects of subcultural identity that may impact psychological wellbeing. I often found myself arriving to music venues 30 minutes before the venue allowed individuals inside, finding that during this time I was able to hold casual, informal conversations with individuals as well as scoping out a stable research site for observations. Field notes from these periods first included the date of the music event, the music venue

location, bands performing, subgenre identifications, rough estimations of crowd age and gender demographics, and if contact information had been left with any individuals. As the concert began, more detailed notes were recorded – how do various cultural activities (such as moshing, circle pits, or walls of death) impact health, how do individuals connect with one another, how does style convey aspects of community or camaraderie? While the "bill" for a metal music show varies, average length in the field was around 4.5 hours, resulting in approximately 150 hours in the field. While data saturation occurred much earlier than this final total, I found it important to remain in the field for as long as possible, aiming to document potential difference between metal music subgenres in terms of activities, dispositions, and relations, seeing how individuals in one subcultural milieu may behave differently than in another.

In order to further understand the rationale and effects of various cultural activities, I found myself acting as an "observing participant" at some of these metal music shows. Whether through "slam dancing" at Jungle Rot, "hardcore dancing" with others during a set by The Acacia Strain, or being in a part of a "circle pit" during Vektor, performing these dances with others in these scenes provided valuable information that informed later aspects of research. At the risk of "going native", I found that it simply wasn't enough to just report on the behaviors done within these subcultural contexts, but that I had to experience them for myself to gain both etic and emic perspectives on these issues. Over time I identified the means in which a pit is opened, the various styles of dancing within these liminal spaces, the unspoken rules and ethics of behavior inside these chaotic masses, and the ways in which people express themselves inside. Through talking with venue owners and security, metal music artists and their road crews, metal music label representative and associates, and fans from all walks of life, I found my efforts in

participant observation to be successful in elucidating cultural meanings behind behaviors and understandings of how cultural norms are shared and expressed.

3.6 Concluding Statements on Methods and Applicability

The methods and research process advocated by this study are well-established within the tradition of cultural and psychological anthropology. Emic understandings of engagement and involvement within these metal music scenes was obtained through extensive participant observations over the course of months in the Colorado metal music scenes. Building upon this, these notions of cultural knowledge were further refined and developed through person-centered interviews, asking individuals to not only explain what it means to exist within these subcultural groups, but also how they themselves understand their own position within these communities. Data generated from these previous stages of research allowed for a more culturally appropriate and viable survey to be distributed at large, successfully generating data describing issues of metal music community, stigmatization, and mental health. In pursuing answers to the central questions of this research, this methodological approach has best enabled me to do so through its consistent aim to address emic needs from emic perspectives. Rather than simply examining the prevalence (or lack thereof) of mental distress within these communities, responses from the field pushed for a more comprehensive analysis of metal music subcultures. Individuals within these music scenes wanted to be more appropriately represented, to have their world be seen as they see it and understand it. Many expressed discontent that the only "news" spread about metal music seems to be the bad and none of the good. Many pushed me to give a fair and accurate portrayal of what it means to be a metal fan, to go to crowded and hot concert venues on a Tuesday night in July, and what it means to "dedicate your life to the scene". In utilizing this

methodological approach, through paying attention to the lives and experiences of metal heads as they *themselves* see it, I hope that I was able to do justice to these desires.

CHAPTER FOUR: DATA ANALYSIS

4.1 Person-Centered Interviews: Formulation and Data Collection

Utilizing data generated through participant observations and analyses of field notes, person-centered interviews were developed to further elucidate knowledge on an array of both cultural and personal beliefs and attitudes about metal music and mental health. In performing these interviews, I wanted to obtain varying degrees of perceptions so I set out to interview not only fans of metal music, but also musicians themselves, venue security, and many more, with considerations being made towards gender and degree of metal music engagement. Data collection was utilized through both convenience sampling methods as a result of flyers and posters posted throughout Colorado, as well as snowball sampling via the recommendations of respondents.

Interviews ranged from 30 – 90 minutes, following a person-centered interview protocol (Appendix A). This protocol was developed through a combination of inductive and deductive methodologies, drawing on both observations and informal conversations in the field as well as from the literature discussed in Chapter Two. More specifically, I wanted to investigate issues related to identity, stigma, belonging, various mental health issues, and experiences with metal music and metal music concerts. These issues were identified as being relevant and essential in understanding the various ways in which mental health and metal music interact with one another, as elements of identity formation, belonging, stigmatization/stereotyping, and community are all important aspects of the self and may impact mental wellbeing, positively or negatively. Sections regarding mental health status and opinions on psychiatric options aimed to investigate the prevalence of mental health issues within these communities, as well as

perceptions on the efficacy and applicability of common psychiatric options for those in need, illuminating ways in which mental health care may or may not be an appropriate or available outcome for those in need. Data from interviews was analyzed in MAXQDA (a qualitative data analysis tool) using a grounded theory approach, allowing data to emerge from the respondents themselves and later coding for repeated patterns inductively (Kuckartz 2010). The codebook developed during this stage of analysis saw the emergence of a variety of themes, supplementing information gathered in the field and developing new forms of analyses for later stages of research (see Appendix B for full codebook).

4.1.1 Qualitative Data Derived from Interviews

4.1.1.1 Theme Analysis: Psychosomatic Impacts of Metal Music, Community, and Stigma

Data generated from person-centered interviews was analyzed using a grounded theory approach, elucidating codes and themes as they emerged organically from the responses of informants (Strauss and Corbin 1998). Detailed overviews of the codebook generated in this fashion can be seen in Appendix B. Upon completion of open coding and memoing data, a theme analysis was performed to examine deeper patterns and relationships between patterns and meanings within the responses of interviewees. A theme analysis revealed that respondents described their relationships with metal music, mental health, and other factors within metal music communities within a framework of physical expressions, psychological effects, and social communications.

Respondents typically explained their fulfillment with metal music through a series of physical or biological explanations. Whether it be through attending a show and using the body to physically exert oneself in a mosh pit, or through a sort of cathartic release of pent up energy

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or aggression, respondents continually noted that they felt metal music as having some form of physical, *real* reaction for them. Respondents (hereby referred to as R#) referred to these moments of energetic release as "letting the craziness out of you" (R3), "amping yourself up to let it all go" (R5), as something that "empowers me, charges me, strengthens me" (R7). One respondent noted the following about the potential therapeutics of metal music, stating that:

> "Let's say you have a bunch of these people who are angry or have frustrations or stress that maybe they can't deal with, without metal you don't have an outlet. For concerts, without those concerts, you don't have a time and place they can go and release their energy in a safe environment, and that's kind of more significant than a lot of the other stuff is, you know?" (R6)

In this sense, metal music and metal music shows provide an appropriate and necessary outlet for individuals to express frustrations, anxieties, or other stresses in their lives in a manner that may not be readily available to them. Other instances of bodily therapeutics include one respondent stating how metal music was comparable to physical exercise and that "When I haven't been able to listen to music, I feel it" (R13) and how listening to metal music and attending metal music shows resulted in one respondent "feeling younger for doing it, I'm fighting age" (R14).

Psychological effects and reflections compromised the second prong of this theme analysis, revealing how metal music results in cathartic and therapeutic release for respondents. Respondents would frequently note that they were able to connect with metal music, whether that be the lyrics themselves or the sonic/acoustic aspects of the genre, and that these connections were meaningful and deep to them. When prompted, individuals would remark about how metal music "takes your mind off of things" (R8), how its beneficial in that "you can't really hear what's going on in your head" (R9), and that through connecting with the music both individually and communally at shows you "realize that other people feel that same way, that I'm

not alone" (R3). This cathartic release and connection with metal music was best exemplified by one respondent who stated:

> "I think if I didn't listen to it I'd spend a lot more time in my head and contemplating bad feelings or thoughts and just kind of you know, not like self-loathing but like wallowing and those feelings. But with it, it can become cathartic and transmute those kind of feelings into an energy that moves more into your body and less in your brain" (R1)

When viewed this way, metal music isn't used to simply mask or avoid certain negative emotions, but enables the listener to find release in the music and messages within it. Additionally, many respondents felt that metal music was particularly impactful in their lives because it allows them to express and feel what they perceived to be socially unacceptable emotions. One respondent found release in metal music because it can "show people that it's okay to feel angry as long as you have an outlet for it like music" (R10), with another finding metal to be the only place to speak about certain social ills because its "the only place to express this distaste because a lot of society has a hard time going against the grain" (R3). Similarly one respondent felt that "there's a lot of social circumstances where you can't say what you want but if you can put it into a song, whether it's metal or whatever, you can sort of say whatever you want" (R14), finding that metal music can be an avenue for expressing some dissident beliefs and attitudes about social ills.

Finally, social connections and the creation and maintenance of a local scene represented the final aspect of this theme analysis. Respondents noted throughout the prevalence and widespread sense of community that they felt not only amongst friends or associates who listened to metal music, but also a sense of inclusivity and belonging at metal music shows amongst complete strangers. One respondent stated that "even if you go to a metal show alone or

something, you still kind of feel like you're with people" (R2), with another noting how "people that listen to metal or in the scene are some of the nicest people I've met. They're all really kind to each other, everybody is really welcoming, there is no negative stigma attached to it anymore" (R10). This sense of community may stem from a sense of "otherness" within society – many respondents noted that they felt more at place during these concerts because of perceived stigmas held against them. Instances of this included one respondent who noted that "it's like you're seeing a brother in arms or something because we're few and far between and it's such a smaller niche… we are a minority to an extent, and you gotta help each other out" (R3), with another stating that the inclusivity of the scene is because "it is a lot of outsiders, you know? It isn't most of the mainstream pop and you can be yourself" (R4). Notions of camaraderie and togetherness in the Denver metal scene were noted when I interviewed various artists, one of which noted how "I feel like everybody knows everybody, every show we go to everybody knows everybody, it's just like one huge family" (R9), with another respondent echoing that this feeling of family is "crazy, it was the most comfortable environment ever" (R7).

An interview with a prominent metalcore vocalist in Denver revealed how these sentiments of community didn't extend solely between fans, but that artists within the scene feel connected to the communities that they play in. When asked about why he referred to his fans as "Lovers" rather than just fans, he said:

> We're all defined by how we love. We're all very different – some people love money, but people who love money are sure as hell defined by money, people who love shows are defined by shows and they get their favorite lyrics tattoos and so like we're defined by what we love and as a Christian I want to be defined by my love of God and my love of people, love first and foremost, so lovers was a very thought out thing, we love them, they love us, they love this music, it's all love. (R11)

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When later asked about reflecting on the state of the metal scene and the impact that this music has on the fans he stated that "the impact that we have on people *is* the reason for the music and so just as much as I reflect on what tours we have coming up, how many shirts I need to print, how much gas we need to put in our tank, I reflect on the people, one in the same, because the business wouldn't exist without the people" (R11). From these examples, the social interactions and community that makes up a metal music scene is clearly an important aspect to consider when understanding the interplay between metal music and mental health.

In addition to the revealing features of this theme analysis, issues of stigma and stereotypes were also heavily referenced. When asked to describe these mischaracterizations, typical responses describe features of style and/or character traits. Observations about style were interesting due to the homogeneity of responses as well as beliefs about their origins. For example, nearly all informants offered a similar perspective on a stereotyped image of a metal music fan, with one going so far as to quote Jello Biafra in that "not even a high school gym teacher could get so many people to dress alike" (R5). Common features of this stereotypical style given by informants included band t-shirts, skinny or ripped jeans, facial hair of some sort, tattoos, and an unkempt appearance and that "wearing black seems to be one of the only characteristics that links everything together" (R6). When asked to describe where these perceived images come from responses ranged from uninformed images brought about by media (namely news organizations), conflating metal music subcultures with motorcycle subcultures, and outdated images typically associated with metal bands from the 1980s. Issues of character were the other component of stigmatizations and are perhaps more important and more hurtful when examining responses from interviewees. Examples of these stereotypes include being perceived as stupid, hateful, "kicking puppies and burning churches" (R5), and other features such as drug and alcohol abuse, being prone to violence, and lacking in moral willpower. In

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order to combat these stereotypes, many explained that they live their lives in ways that actively dispute these claims, by being involved in their communities, being courteous, and showing that these stereotypes are just that – stereotypes. When asked about these issues, one respondent stated that "You don't have to be absolutely aggressive about it or anything like that, or confrontational. The way you handle yourself I think is the best way to go about it" (R2), with another stating similarly how "if I hold the door for someone, if I do an act of kindness, and then go and blast some metal they'll go, 'Oh, that guys listening to this 'angry music' but he just held the door for me and picked up the papers I dropped on the floor'" (R3).

4.1.1.2 "Antagonism Toward Organized Psychiatry"

4.1.1.2.1 Schema Analysis

Throughout the coding and analysis of interviews, it became apparent that there exists a great degree of uncertainty and apprehension about common psychiatric options (namely medications and therapy, but also the field of psychiatry itself). To investigate this further, I performed both schema and content analyses to gain insights into the character of these hesitations and their potential origins. A schema analysis was first conducted to examine the means in which individuals utilize cognitive simplifications or shortcuts in order to better understand and conceive of their world around them, aiming to see cultural models of health seeking options (Holland and Quinn 1987; D'Andrade 2005), eventually seeing a schema emerge. I've codified this schema as "psychological antagonism" and it refers to large degree of hesitation, apprehension, and outright distrust between these respondents and traditional forms of psychiatric care – namely the field of psychiatry, psychiatric medication, and psychotherapy. Evidence of this barrier between these individuals and these health options are readily apparent, as in nearly *all* of my interviews individuals expressed a serious degree of unease about the

application, appropriateness, approach, and administration of these biomedical options. Individuals noted that they were uncertain about the viability of psychiatry as a practice due to the inherent individualism that exists within a person, noting that they don't see how it's possible or appropriate to make definitive claims on a person's mental state without deep, prolonged sessions with someone. Evidence of this is apparent in quotes from numerous respondents, including one who said that "It just really didn't make a connection. I think it's a very important thing that's there but personally it's not my witch doctor. It doesn't really do anything" (R5), and another seeing the failures of psychiatry because "a lot of times our classifications are symptoms of a deeper issue…they're largely, and unfortunately, falling to the temptations of power and money" (R11). Additionally, concerns over medications and therapy were centered on issues of price, side effects, dependency, and a general concern regarding over-prescription in the face of addressing core issues relating to mental health, whether they be social, emotional, or spiritual. Evidence of this came in the form of statements such as "I find really impersonal to just sit down with someone that you literally know nothing about and they know nothing about you and try to explain what's going on with you" (R1), "I know people who are on quite a lot of medication for psychiatric reasons and I don't know, it seems like it creates more trouble than it's worth and you need to try something" (R15), and "It's definitely a harder road to travel, to not take medications but there are a lot of medications that have side effects like Prozac they say may increase your suicidal tendencies and I think that's a fucking twisted game" (R8). One respondent captured a great deal in describing her apprehensions towards medications, saying how:

> Our culture is very about diagnosing symptoms, we're not a prevention based healthcare system and you really see that with medications with I think psychiatry, they treat you for one thing and then you're having symptoms, they treat you for those symptoms, then you're having something else. They just

keep piling on the meds when they really haven't worked out everything and
that's where I see a lot of negative aspects (R9)

This idea of psychological antagonism will be developed later, both quantifiably and through

survey response data. What is important to understand from these qualitative data is that there

exists a great deal of distrust, confusion, and skepticism regarding common psychiatric options.

Whether due to philosophical issues, or conflicts about cost or appropriateness, these beliefs

about the use and applicability of psychiatric healthcare options represents a key issue for future

consideration.

4.1.1.2.2 Quantitative Data Derived from Interviews: A Content Analysis

Quantitative analysis of interview data was conducted through descriptive statistical

analyses of mental health histories and the creation of a schematic to present this notion of

psychological antagonism. Given the overwhelming emphasis on qualitative data for the focus of

this interview section, this foray into quantitative data will be brief, but will provide insights into

later stages of analysis. The notion of psychological antagonism is further developed through

these quantitative descriptions, first describing the overall perceptions of respondents and then

modeling these trends through a schematic.

Table One: Descriptive Statistics of Interview Respondents (N=15)

	Mental Health Issue	Positive Perception of Psychiatry	Positive Perception of Medication	Positive Perception of Therapy
Yes (1)	11 (73%)	6 (40%)	1 (7%)	9 (60%)
No (0)	4 (27%)	9 (60%)	14 (93%)	6 (40%)

Table One provides a brief analysis of some descriptive statistics relating to interview respondents. Of the fifteen respondents, 11 reported experiencing some form of diagnosed or undiagnosed mental distress in their lives, with the most common response being depression or anxiety. A second piece of analysis gives insight into the perceptions of psychiatric options, either being viewed positively or negatively. When asked to evaluate and discuss the field of psychiatry, there was a great degree of ambivalence, as indicated in the data, with a 60/40 split being present. Individuals expressing a positive perception of psychiatry more notably focused on the performance of science and the utility that it presents for those in need, while detractors found issue in the growth of pharmaceutical companies, the impersonality of psychiatric methods, and the overall financial costs associated with psychiatry. Next, respondents overwhelmingly expressed negative opinions of psychopharmaceuticals, with all but one maintaining a negative perception of their usage. As described earlier, issues with psychiatric medications ranged from the prevalence of side effects, the inability for them to combat illnesses themselves, fears of dependency and over-prescription, and weariness about using drugs over actually addressing central issues presented by mental illness. Conversely, the issue of psychotherapy was more well-received: there was still an amount of hesitance on the practice, but supporters found that this method was more appropriate for understanding the person and their illness (as opposed to a "band-aid" approach of medications), while some still felt that the impersonality, costs, and barriers towards access of psychotherapy still represented unsustainable hurdles.

Using data from these interviews, the following schematic was developed to provide an overview of perceptions of common psychiatric options, supplemented by key quotes from

respondents to further highlight the various means in which individuals can navigate these factors.
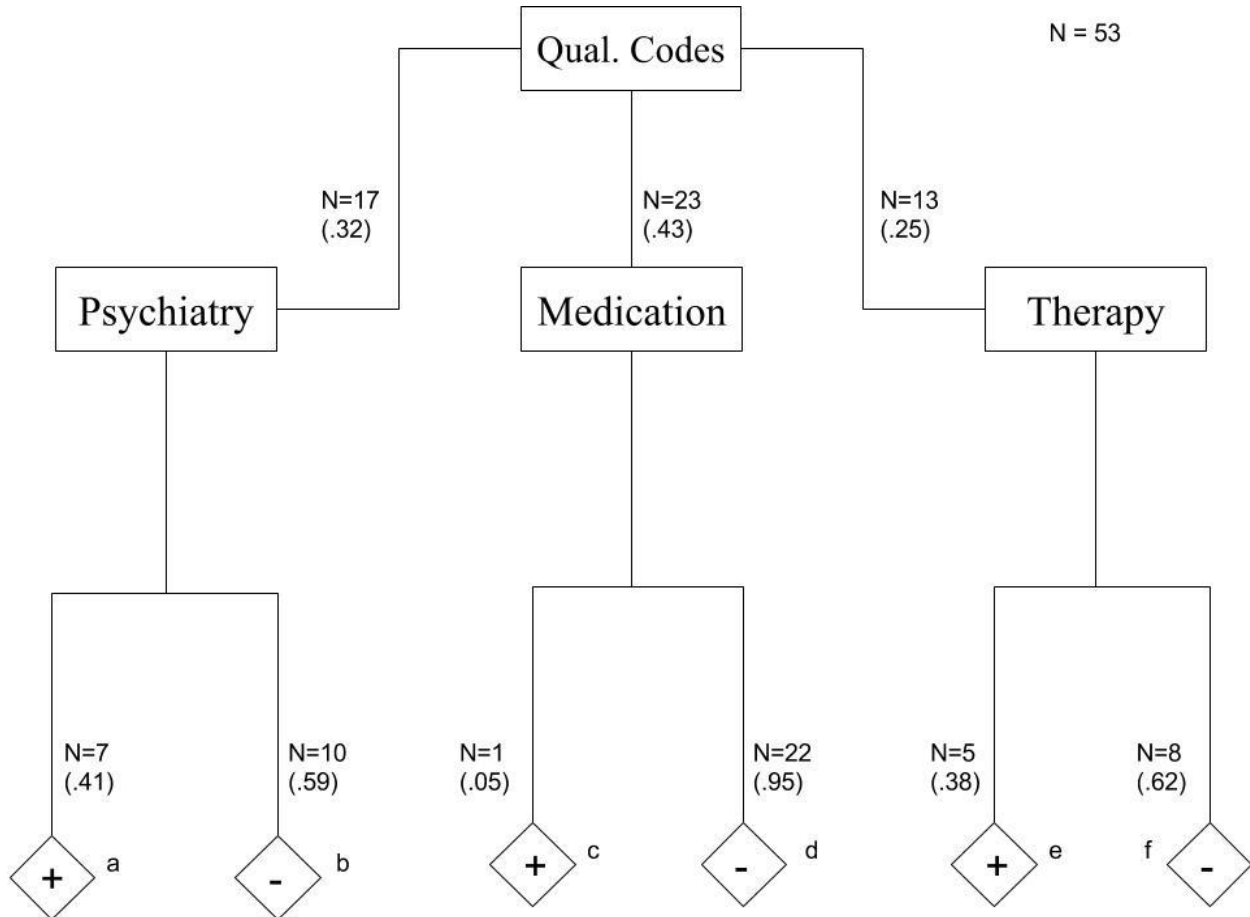
Figure One: Psychological Antagonism Schematic

Quotes from Respondents corresponding to each particular path:

A - It's all for study and I know it's not a complete fine science but the more you know (R4)

B - That's the unenviable job of a psychiatrist is getting to work with a prototype and it can be professional and patient but it's still one person having to relate to another, and some times that doesn't work (R14)

C - There's a lot of good things out there right now, I think it's good that there are options for people that really need them. I think we're just barely touching the tip of the iceberg on what we can do with medicine, pharmaceuticals. (R13)

D - I forgot my medication and it's something that's supposed to be taken on time each day, I used to have electrical impulse feelings in my face and it was just really uncomfortable and something that I just did not want to continue doing. (R8)

E - Some people don't have family and a psychiatrist is an expert that deals with, you know, mental aspects of a human being and communication, so some people need to talk to a psychiatrist to bounce ideas, to deal, to be able to go out in society after hiding for 5 years, I mean, it's a necessary. (R5)

F - I find really impersonal to just sit down with someone that you literally know nothing about and they know nothing about you and try to explain what's going on with you. (R1)

In viewing this schematic, it is hoped to give support to this notion of psychological antagonism first described during this phase of interviews. The overlap and co-occurrence of coded sequences alongside the prior descriptive statistics of respondents gives weight to this sense of hesitation, uncertainty, and unease towards these common psychiatric options. When asked to evaluate the effectiveness, usefulness, and appropriateness of psychiatry and therapy there was a divisive split as seen through both qualitative reports and quantitative data in terms of overall sentiment, supported by coded sequences. Conversely, there was very little supportive beliefs for the utilization and administration of psychiatric medications, demonstrated both through qualitative data as well as these quantitative measures. This idea of psychological antagonism was explored in depth during the distribution and analysis of survey results.

4.2 – Field Surveys: Formulation, Distribution, and Data Collection

Field surveys were constructed using data generated from participant observations, inductively driven information from earlier person-centered interviews, and previously constructed scales and inventories to gather information regarding levels of engagement and involvement with metal music, mental health histories and prevalence of mental distress, notions of stigmatization, stereotypes, and labelling effects, and the role that communities and local scenes play in potentially mediating mental health issues. Survey construction incorporated inductively driven questions as a result of interviews and field experience, aspects of theory developed in Chapter Two, and reputable but modified psychiatric scales (such as Hagerty's Sense of Belonging Index, Cohen's Perceived Stress Scale, and Beck's Anxiety Index). Following a period of participant observation and initial analyses of interview data, a field survey protocol (Appendix C) was developed, submitted, and approved by CSU's IRB for use in both field settings in Colorado as well as in various sites online.

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Information containing this survey was posted in the form of posters and flyers throughout Fort Collins, Denver, Colorado Springs, and Parker, Colorado. Additionally, this survey was distributed online through a host of websites and forums, most notably various Reddit forums and a set of metal related Facebook pages. In total, there were 450 responses, with a predominant majority (90+%) coming from online hosts. Demographic data will be described in greater detail in quantitative data sections but Table Two (below) provides brief descriptive statistics.

Table Two: Descriptive Statistics for Field Survey Respondents (N=450)

	Mean (s.d.)
Age (Years)	21.6 (0.21)
Gender: Male % (N)	91.5 (411)
Years Listening to Metal	5.2 (0.91)
Hours of Metal/Day	3.5 (1.7)
Metal Shows/Year	3.0 (1.1)

Data was collected through Google Forms, an online survey creation and data collection tool. Qualitative data fragments were imported into MAXQDA and were analyzed using deductive content analysis techniques to determine the saliency of hypotheses constructed during previous stages of research and to determine the prevalence of various theoretical assumptions, utilizing schema, grounded theory, and content analyses to complement one another and provide a wide array of observations and analytical perspectives. Quantitative data was exported from Google Forms into Excel spreadsheets and were then imported into STATA, a quantitative data analysis

tool where tests were performed to examine correlations, relationships, and associations between the data as they relate to central research questions.

4.2.1 Mental Health Histories and Perceptions of Psychiatric Options

4.2.1.1 Qualitative Data Analysis

Survey respondents were asked a series of questions regarding their personal experiences with mental illness in an attempt to understand not just the prevalence of mental health issues within these communities, but also ways in which illness is manifested. Additionally, questions were crafted to gain further insight into this notion of psychological antagonism developed earlier, aiming to describe the ways in which individuals respond to common mental health services.

In describing their mental health struggles, sources of distress varied. Some were able to pinpoint their current mental health issues to situations stemming from early childhood and adolescence. Whether through bullying ("severe depression, anxiety and bullying at school due to having long hair and listening to 'that gross screamo shit'"), difficulties in school ("because of my slipping grades and my teachers hating me for it, I became very stressed and upset"), or from abuse, many experienced issues during childhood that impacted their mental wellbeing. Familial issues were also another source of strain on mental health. Instances include respondents describing parental separations ("my parents went through a nasty divorce that fucked me up mentally") or loss of loved ones ("my cousin killed himself") as being particularly impactful upon their mental states. Many respondents indicated that the general stress and struggles of life in general were also causes of mental distress throughout their lives, with individuals describing how stress from jobs ("the toll on my mental health wasn't worth it to the point where my therapist told me to quit"), relationship breakups ("it dropped me off to a breaking point where I

was drinking all the time and causing harm to myself"), and new transitions in life ("being lonely because I moved to a new town") caused mental distress in their lives. Other depictions of mental health struggles included issues with body image and weight, bipolar disorder and schizophrenia, social anxiety and panic disorders, and hardships brought about through issues of self-worth and purpose in life.

With these concerns in mind, I also wanted to investigate how perceptions of the utility and value of common psychiatric options may impact the ability for those in need to seek the help they desire. If individuals didn't feel that these options were available to them, were appropriate, or matched their needs, this barrier to care could detrimentally impact mental wellbeing. When asked to describe thoughts on the field of psychiatry, there was largely approval for its usage, although many were quick to point out its flaws in application. A respondent noted that "I think that for many people it can help ease or completely alleviate their mental issues but that it is not 100% effective", with this point being developed more by an individual who feels that "peoples thoughts and opinions can change in a daily basis and through different experiences. Things can't be pinned down like that". Other difficulties included trying to find an appropriate match between the individual and the specialist ("it entirely depends on the practitioner"), problems with solving the inherent individuality of minds ("our personality and mindset are too complicated to truly understand and isolate") and that some symptoms can only be "managed through your lifetime so it's similar to a band aid when it comes to fixing the problem".

The topic of psychopharmaceuticals and medication was much more polarizing. Responses about the use, appropriateness, and utility of psychiatric medications revealed an overall negative evaluation of these options for mental health conditions. While many expressed

that they have a time and a place, that they can be used to accomplish great strides for those in need, many levied a series of critiques against their usage. A large number of respondents echoed the point that many medications are only acting on addressing symptoms rather than the root cause of distress in their lives. One individual remarked how "Simply popping pills cannot solve mental issues caused by outside influences", with others repeating this sentiment through statements such as "I believe mental illnesses should be treated mentally and not through pharmaceuticals", and another who explained that "it's not wrong using medication, but there's something wrong in being tied to it". Another main concern with the usage and application of psychiatric medication stemmed from the side effects associated with their prescription. Individuals frequently described how the side effects of these drugs were often more trouble than the benefits provided by them, and that these alone are enough to call into question their distribution and use. In describing this pattern, one respondent remarked how:

> "The worst I saw of it was a friend who was given 5 or 6 different drugs stacked on top of one another over time to try to treat all of the side effects of the drugs, and they eventually quit everything and found life to be much better".

One individual linked this issue with the economics of pharmaceuticals, noting that "the business of pharmaceuticals is far too corporatized to trust that pharmaceutical companies have their patient's care in their best interest". Not all held these perceptions however, with many finding that when utilized and crafted in ways that matched the individual and coupled with therapy that there can be great positives from using these medications. Expressed through statements such as "psychopharmaceuticals work well in unison with psychiatry, however they take a lot more experimentation to get right", and "medications can be extremely effective IF you find they right

combination of medications at the correct dose", many again saw the overall utility of these methods for care, but expressed hesitation in widespread approval from their own experiences.

Psychotherapy constituted a third commonly utilized option and individuals expressed more positive views of this method, but still had some issues. For many, the act of expressing one's issues and distress to another human being was a more practical and worthwhile option than medications because it gets towards the systemic causes of distress. In appraising psychotherapy, one respondent described it as "a form of healing more powerful than medication and more likely to have lasting effects. It gets to the root of the problem and addresses it". Another described their use of therapy as being beneficial because "therapy appears to be the best method of treatment in terms of dealing with the problem completely and working to move past it". Generally, people with a positive perceptions of therapy felt that the act of talking to someone was beneficial and that being able to work through issues and discover root causes was the strongest benefit of the method. Despite being more well received than medications, there were still a series of complexities experienced by respondents when evaluating the use of therapy. As noted earlier in this section, many felt that the barrier between professional and individual was too strong and that there couldn't be much of a worthwhile or intimate connection. Issues of opening up and connection were depicted by one respondent who stated how "for those willing to really open up, and are fortunate enough to have a therapist they can truly connect to, it can do wonders", but that "it would require a good connection between the therapist and the patient, which is not always a certainty". Others found that the methods used in therapy could be done on their own terms ("one should be able to be their own Psychologist through self-reflection and a thorough examination of oneself") or that the effects may not be immediately felt or timely due to financial constraints ("Personal experiences with therapy have

never yielded any results", "It works. Just not all the time. Sometimes it's legit biological and there's nothing psychotherapy can do about that."). Overall, however, it would seem as though respondents perceive therapy as being more positive and useful than some forms of medications due to its approach to talking through issues and digging towards underlying causes, rather than the prescriptions of medications.

4.2.1.2 Quantitative Data Analysis

Mental health histories were collected via survey responses to determine the prevalence and incidence of mental health issues within these communities and evaluate them against comparative populations. Additionally, questions regarding the appraisal or disapproval of three psychiatric options were also analyzed, aiming to indicate the degree to which individuals in these communities may see these options as being unavailable, unaffordable, or inappropriate for their personal mental health concerns. Table Six presents data generated from questions regarding mental health statuses of individuals and presents these findings alongside similarly aged populations with data collected by the National Institute of Mental Health (NIMH)[1]:

Table Three: Self-Reported Mental Health Histories (N=450)

	Yes (Sample)[1]	Yes (Population)[2]	No (Sample)[1]	Unsure (Sample)[1]
Depression	58.8	10.3	24.1	16.7
Anxiety	59.5	18.1	26.5	14.0
Extreme Loneliness	51.7	48.0±5.0	38.5	9.1

1: Data viewed between sample populations and a generalizable population may not be comparable due to differences in selection criterion. Individuals within the study sample were asked to self-report their own experiences and struggles with mental illnesses throughout their life, irrespective of utilizing definitive diagnostic criteria to avoid potentially stigmatizing or leading. Conversely, data gathered from the NIMH sample may have utilized a more traditionally biomedical framework for this sample, utilizing criteria from DSM-V, ICD-10 or some other metric. It may be possible that these research techniques result in differing response rates for each diagnostic, whether it be framing the questions around a measure of personal self-reports, or professional diagnoses of mental illness.

Data suggests that levels of depression, anxiety, and loneliness within this sample are higher than comparative levels as seen in groups of similar age and demographics. Individuals within this sample who experienced instances of depression reported so at a rate over five times higher than a comparative population. Similarly, instances of anxiety were also higher within this sample, displaying heightened rates over 3 times higher than the rate found amongst a similar population. Loneliness as a measure is difficult to compare due to the ambiguity that exists in defining and measuring the feature nationally, with data indicating prevalence ranging from 43 – 53%, indicating that the rates found within this sample are within these normative parameters.

Quantitative results regarding perceptions on psychiatric options were generated via Likert scale data. Respondents were asked to evaluate their thoughts on each method on a scale of strongly negative to strongly positive, with this data later being quantified and demarcated below in Table Seven. Data was dichotomized, collating varying degrees of supportive or unsupportive beliefs alongside one another, indicating that attitudes in one regard or another were more similar than dissimilar in an ultimate appraisal of each method.

Table Four: Self-Reported Perceptions on Efficacy of Psychiatry and Psychiatric Options (N=450)

	Positive	Negative
Psychiatry[1]	59.4	40.6
Psychiatric Medication[2]	33.4	66.6
Psychotherapy[3]	42.3	57.7

Note: [1]Psychiatry aggregated as Slightly Positive, Positive, and Strongly Positive being "Positive" and Neutral, Slightly Negative, Negative, and Strongly Negative being "Negative" - (Strongly Negative=1, 1.3%; Negative=2, 4.0%; Slightly Negative=3, 5.8%; Neutral=4, 29.4%; Slightly Positive=5, 26.9%; Positive=6, 18.7%; Strongly Positive=7, 13.8%)

Note: [2]Psychiatric Medications aggregated as Slightly Positive, Positive, and Strongly Positive being "Positive" and Neutral, Slightly Negative, Negative, and Strongly Negative being "Negative" - (Strongly Negative=1, 6.5%; Negative=2, 7.1%; Slightly Negative=3, 8.5%; Neutral=4, 44.5%; Slightly Positive=5, 17.4%; Positive=6, 10.9%; Strongly Positive=7, 5.1%)

Viewing this data in conjunction with qualitative statements supports the overall appraisal and critiques of each method described earlier. Psychiatry as a practice remains largely positive, but a serious degree of neutral responses are indicative of ambiguities and hesitations that exist as well. Psychiatric medications were equally ambiguous, although more neutral and negative responses indicate that this method entails more apprehension and uncertainty than either of the other alternative. Psychotherapy as a solution sees more positive remarks, although the emergence of a strong neutral response indicates that, again, strong sentiments of unease and doubt exist. Neutral responses were treated as indicating negative qualities because of supporting data from qualitative information – responses that expressed a neutral sentiment regarding the utility of a given method were more often than not neutral due to the attachment of a negative characteristic or quality. Alternatively, one could view the data as continuous rather than dichotomous and the overall degree of neutrality is indicative of wavering perceptions of each method.

4.2.2. Stigmatization and Stereotypes

4.2.2.1 Qualitative Data Analysis

Issues such a stigmatization, stereotyped images and mischaracterizations, and feelings of belonging or inclusivity were developed in later sections of this survey. When examining qualitative data, many results echoed those found during the interviewing phases of research. Common stereotypes were found to be centered around both stylistic qualities and personal characteristics commonly (more often than not, negatively) associated with metal music and those who listen to it. Stylistic qualities described by survey respondents include those

previously uncovered – black clothing, long hair, tattoos, and potentially having a beard. More

pressing than these properties of style, however, were character flaws commonly associated with

metal music fans. A theme analysis of these trends in the data resulted in the creation of three

distinctive categories which the majority of these stigmas/stereotypes could fall: (1) physical

threats, (2) character flaws, and (3) mental instability. Stigmas present metal music fans as

physical threats include (perhaps the most prevalent) description of individuals as angry,

aggressive, violent, or hateful. Respondents noted that many of these factors emerge from

depictions of the mosh pit as a violent free-for-all of fists and kicks, and that people hear

screamed vocals and assume that all metal and all metal music are equally angry or spiteful.

Character flaws compromise the second thematic for metal music stigma/stereotypes and these

include notions such as drug and alcohol abuse, reports of Satanism or militant atheism,

joblessness/laziness, and lacking morality. When describing these features, respondents typically

noted that these may stem from a few extreme cases that are then amplified and applied to the

whole (many particularly pointing out the Norwegian black metal scene of the 1990's for some

of these concerns). Finally, the third categorization of stereotypes described by survey

respondents included issues of mental instability, wherein metal music fans were described as

being psychotic, depressed, suicidal, crazy, dumb, or stupid. Respondents described these

features as being present in the metal music scene, but that attempts to generalize and expand the

features of a few to a group of millions was farcical. This attitude can be expanded to all of these

stereotyped features as when prompted to discuss how they'd personally try and combat these

issues, many remarked that they were so outrageous that they didn't warrant confrontation when

presented. Some expressed that they would try to break through these stereotypes by either

bringing people with them to metal music shows or through introducing them to metal music in a

way that would allow them to see past its rough exterior, or through acting in ways that actively cast doubt on these character flaws identified, but many simply stated that stereotypes are extremely prevalent throughout society and that trying to combat *any* stereotype is often more effort than it is worth. Succinctly stated by one respondent:

> "I wouldn't waste my time. People who are closed-minded enough to judge somebody by something as superficial as the music they like, are generally not predisposed to listen anything you can say to change their views".

4.2.2.2 Quantitative Data Analysis

In addition to having respondents perform a qualitative free-list of stereotypes terms and stigmatized images, a series of Likert-scale questions were posted to determine the extent to which individuals believed there to be stereotypes of metal music, and to try and locate the prevalence of these views stemming from both the normative society and from those within the scene themselves. Table Four presents these data, dichotomize the data as presence or absence of stigma:

Table Five: Self-Reported Feelings of Stigmatization and Stereotypes Regarding Metal Music (N=450)

	Yes	No
Does Stigma Exist?[1]	74.0	26.0
Stigma from Society[2]	79.3	20.7
Stigma from Metal Fans[3]	10.7	89.3

Note: [1] *"Does Stigma Exist" Yes aggregated as Agree and Strongly Agree being "Yes" and Neutral, Disagree, and Strongly Disagree being "No" - (Strongly Disagree=1, 1.3%; Disagree=2, 7.3%; Neutral=3, 17.4%; Agree=4, 41.9%; Strongly Agree=5, 32.1%)*

Note: [2] *"Stigma From Society" Yes aggregated as Agree and Strongly Agree being "Yes" and Neutral, Disagree, and Strongly Disagree being "No" - (Strongly Disagree=1, 1.1%; Disagree=2, 4.5%; Neutral=3, 15.1%; Agree=4, 29.6%; Strongly Agree=5, 49.7%)*

Note: [3] *"Stigma From Metal Fans" Yes aggregated as Agree and Strongly Agree being "Yes" and Neutral, Disagree, and Strongly Disagree being "No" - (Strongly Disagree=1, 40.8%; Disagree=2, 30.1%; Neutral=3, 18.4%; Agree=4, 4.7%; Strongly Agree=5, 6.0%)*

Data reveals that a majority of individuals believe there to be stigmas and stereotypes about metal music and metal music fandom. Additionally, when asked to try and pinpoint where exactly these beliefs stem from, almost 80% of survey respondents identified them as being sourced from society at large, but not from friends and family. Finally, when prompted to describe the degree to which they feel stigmas may emerge from metal fans themselves, very few (10.3%) felt as though metal fans stigmatize one another. These findings give light to the ways in which stigma may present itself within society and how individuals may mediate these effects through participation in metal music scene, where they view the likelihood of facing stigma as being much greater. An individual may feel stigmatized and may know that these forces are being driven by outsiders who may not understand their sense of style, or appreciation of music, but when around like-minded others, they may not experience these same feelings of distrust and otherness.

A second source of quantitative data came in the form of a content analysis performed on free-list data asking individuals to describe stereotypes surrounding metal music and metal music fans. Utilizing a series of character traits and stereotypical images developed in previous sources of literature, I performed a key-word-in-context content analysis (Wood 1984) on a subsample (N=200) of responses to determine the salience of these terms, their prevalence within the data, and what sort of effects these may potentially have on the mental health of these individuals, with each count indicating an individual using the term (i.e. equal weight given to respondents). Utilizing a deductive approach with these terms (displayed below), Table Five described the results of this content analysis in terms of frequency of terms (being the incidence of word appearance in the subsample of 200 responses):

Table Six: Content Analysis of Stigmatized and Stereotypical Terms (N=200)

Term	Usage (%)
Anger/Angry	87 (43.5)
Satan/Satanism/Satanic	80 (40.0)
Violent	77 (38.5)
Depressed/Suicidal	41 (20.5)
Drug/Alcohol Abuse	35 (17.5)
Stupid/Dumb/Lazy	22 (11.0)

In performing this content analysis, I aimed to establish the degree to which commonly

associated terms – found in both interview/survey responses and previous research – could be

quantified and described in a subsample of respondents. Terms denoting anger, angry, violent, or

violence (described as physical threat stereotypes previously) were found in 82% of responses

about stereotypes and stigmas within this subsample, potentially revealing the extent to which

these features are prevalent and understood by members of this sample. Issues of character flaws

were seen in 57.5% of responses, compiling data from responses that referenced issues of

Satanism and drug and alcohol abuse. Traits associated with mental instability were quantified

next, with 31.5% of respondents indicating some form or expression of being view as depressed,

suicidal, lazy, or incompetent for their appreciation of metal music. These data indicate the

degree to which individuals are aware of these commonly associated stigmatized perceptions of

metal music fans and may have an impact on their mental wellbeing, dependent on the extent to

which these issues are impressed upon them by society or in their daily interactions. Through

knowing and understanding this issues, one may attempt to actively thwart these images by

acting against them, but in instances in which this may not be possible, being cognizant of these issues and the ability for public stigma to impact them may become distressful. While some may find it easy to disregard these stereotypes as just that – stereotypes – others may find them to be more distressing and harmful to their self-worth. The role of stigmatized views and perceptions will be developed in the next chapter.

4.2.3 Metal Music Engagement and Involvement

4.2.3.1 Qualitative Data Analysis from Open-Ended Survey Items

Respondents were asked a series of questions that aimed to gain emic perspectives on the utility and function of metal music in their everyday lives – what metal music means for them, their reasons for listening to metal music, what function metal music entails in the scope of their livelihoods. The logic behind asking these questions was to determine how metal music might act as a positive or negative force in their mental health, examining the forces at play as they relate to mental distress or flourishing. Analyses of qualitative data from this survey revealed an overwhelming support and affinity for metal music, repeating many of the issues found during interviews.

Many respondents were very forthright about the value of metal music in their lives, finding it to be fundamental to their mental health and wellness. Respondents felt that the act of listening to, attending, and participating in metal music resulted in therapeutic and cathartic stress relief and many even credited metal music as being a cornerstone in their mental health. Mirroring sentiments presented from interviewees, survey respondents located these avenues of healing in three predominant localities: connections with content and message, feeling connected to a larger community, and an ability to express and "de-stress" oneself without fear of judgment. Many respondents felt that metal music was important in their lives due to the variety

of themes that are addressed, but more specifically those that concern mental health issues (such as depression, loneliness, sadness, etc.) or emotions that they feel are suppressed by society, namely anger. One respondent explained that "society teaches people that anger is bad and should be ignored/pushed away, but that is not the case. There needs to be a positive way to vent out aggression and anger, and for me, metal music/concerts are such a way", with another reiterating this belief by stating how "listening to metal music makes you feel good, has cathartic effects on releasing anger, or simply makes you happy then it can help you deal with mental health issues".

Social connections and community were another key aspect of metal music engagement and involvement. As stated thoughtfully by one survey respondent:

> "I was at a bad point in my life, being bullied every single day, when I discovered the metal community. It was an inclusive place I could go to feel like I had friends that knew what I was going through. The chaos and angst of the music was great to fuel my ambition to get back on my feet and keep continuing every day"

Such sentiments were reiterated time and time again – "The sense of belonging and the feeling of community at a metal show can be really calming and relaxing. People you've never met will be kind towards you and it's sort of a brotherhood", as well as how "a feeling of togetherness can be a great way to help with any mental health issue as it can give you a sense of belonging". While these statements of social connection were powerful, there were some issues raised by more marginalized members of these communities in some regards. Female respondents in particular noted how they feel at times excluded from this inclusivity with one respondent stating that "teenaged girls feel the least welcome at metal shows, which are supposed to be accepting environments because we are constantly treated like 'fake fans'". Another fan expressed

frustrations by a common belief that "if they are a young female that they're only there for a band member's appearance or that they only know a couple songs - the idea that teenaged girls are just hormone-crazed psychos and they aren't real fans. It's bullshit". The gendered dynamics of metal music spaces present an interesting corollary to the themes of sameness and equality discussed by others, highlighting how for some these spaces may not be as freeing as for others.

Finally, a major component of the potential therapeutics of metal music engagement and involvement was centered on the ability to express oneself and mediate and manage stress. Respondents found that metal music offered a chance to express anger, angst, and other emotions that they felt they weren't allowed or able to express. Instances of this include one individual who states that "I can get out a lot of anger and frustration that is inside of me that I do not want to let others experience and feel" and that "It is a release of built up anger and rage that is otherwise not acceptable in society". Metal as a means of relieving stress was mentioned through statements such as "metal music helps me as a stress reliever. And it gives me an escape from my problems". In describing his experience with metal music one respondent noted that:

> "I feel that metal music has been a healthy means to diverting stress and anxiety. With things like depression, you have a hard time FEELING. Metal music helps you feel those things. ANGER, frustration, happiness, and sadness"

Again, however, many were quick to note that not all may find relief in metal music or metal music shows. Many individuals with social anxiety noted that they experience a great deal of distress at metal music shows, finding crowds and tight spaces to be distressful and triggering panic attacks. Additionally, others find that they can only listen to metal music under certain conditions, expressing that the high energy and stimuli of metal music and metal music shows can often times result in more distress than eustress. In concluding this section, it should be

present that there isn't a universality in responses towards the effects of metal music engagement

and involvement – while many found this style of music powerful, often times evoking strong

emotions that they would not have otherwise felt or expressed and bringing together individuals

in a unified taste culture, this isn't to say that there are no issues or disparities within these

scenes. Some may find the energy, stimuli, and messages evoked through metal music to be

distasteful, overzealous, or even marginalizing and these sentiments are not to be ignored.

Equally present are statements about exclusion, isolation, and social disregard felt by some

women within these scenes. These issues are pressing issues within the scene and when asked

about these issues, many expressed displeasure in their existence within pockets of the scene,

displaying hope that these issues can be resolved in the future. These issues considered, however,

qualitative data from these survey responses indicate a genuine sense of community, stress relief,

and emotional connection in these metal scenes, with individuals finding connection, release, and

power from metal music and metal music communities.

4.2.3.2 Quantitative Data Analysis

      Quantitative data regarding metal music engagement and involvement was primarily

focused around the interactions between various measures of metal music

consumption/participation and mental health measures. Utilizing data derived from Likert scales,

Table Three presents measures of associations between these aspects of metal music engagement

and involvement with various mental health measures and psychiatric inventories modified for

use through this survey:

Table Seven: Associations between Metal Music Engagement and Self-Reported Mental Health (Measured via Pearson's Chi^2) (N=450)

	Depression	Anxiety	Loneliness
Music Importance	22.313***	6.146	12.121
Metal Importance	9.716	5.394	17.310**
Years Listening to Metal	13.56	11.62	33.33**
Hours of Metal Per Day	24.147**	9.178	22.807**
Metal Listened by Family Members	6.09	6.945†	9.99†
Metal Listened by Social Circle	5.295	4.089	10.979*

Note: *** p < .01; ** p < .05; * p < .10; † p < .15

Metal music engagement and involvement was measured across a series of six variables. Music importance and metal music importance were first asked to determine the extent to which respondents viewed music (generally) as being particularly impactful in their lives, and then how appreciation for metal music may or may not be different in this regard. Years listening to metal and hours of metal music listened to per day were asked to determine the extent to which metal music is being consumed and as a rough proxy for social involvement within metal music. Finally, direct social influence of family and friends who listen to metal music were addressed to determine whether or not this influence could have a positive or negative impact on mental health.

In examining these relationships, a few observations can be made. First, depression was found to be in strongest relation with subjective measures of music importance in one's life, with hours of metal music listened to in a day also showing linkages. Reasons for this relationship could be that individuals experiencing depressive symptoms may find more comfort in music (in general) and could also find more availability for consuming music of all types, metal included.

Anxiety as a measure did not reveal any insightful relationships, with family members being metal music fans only weakly expressing some form of association. Loneliness proves to be the most interesting category in this matrix, revealing potential relationships across five of six categories. Metal music importance, shows attendance, and hours of metal music per day all displayed associations with increased degrees of loneliness, with weaker associations being seen with social circle metal music fandom. Explanations of this data could include individuals feeling more ostracized and isolated for their metal music appreciation, thus leading to potential loneliness, or feeling as their increased affiliation with metal music scenes and music creating a greater barrier between them and a normative society, or perhaps instead turning to metal music and community for relief. These data and their potential explanations will be developed additionally in subsequent sections of this analysis.

4.2.4. Metal Music Community and the Promotion of Positive Mental Health

4.2.4.1 Qualitative Data Analysis

One of the final sections of inquiry that I aimed to examine through survey data was the importance and utility of community and scene within this population. Interview data revealed that social interaction, connection, and shared identity was a key component of being engaged with metal music and survey data would hopefully reveal the extent to which these sentiments are felt throughout. Additionally, the role of community and social connections towards mental health and wellbeing was established in the literature as being paramount to mental health, and so inquiries into these properties was necessary.

Respondents were asked to describe ways in which there may exist social stratifications within the larger metal music scene, attempting to understand the ways in which some people are more "true" than others, or if such notions are even relevant. Some noted that there were definite

lines to be drawn in this regard, with the more "hardcore" fans being those who've put more life into their scene, through being present at shows, dressing the part of a dedicated fan, possessing tattoos, and generally being more knowledgeable about a band or genre. One respondent made a scale describing this process as:

> "Avid listener < Occasionally goes to concerts < Frequently goes to concerts and searches for concerts ≤ Mosh pit fanatic (makes you a bit more "hardcore" I'd say). Extra points if you have a band logo/lyrics tattoo'd"

In reviewing the data, the lines between "true" and "false" seemed less apparent and important so much as they were levels of enthusiasm. Terms such as "hardcore", "diehard", and "fanatic" were used more often and more positively than terms such as "true". Many who disagreed with this true/false dichotomy stated that it was elitist in nature and acted more as a toxic element within the scene than anything else. One found that "most of the time 'true' metal heads are elitists and talk down on people that listen to different types of metal like metalcore", and that "there are elitists in the genre who believe that their tastes are superior". In this regard, it seems as though much of the stratifications that exists within the scene are artificial and that a shared appreciation for the music and the scene trumps all in most regards. Notions of this were present throughout responses, with individuals expressing how love of the music is all it takes to be a fan. Dedication to the genre, whether it be through going to shows, listening to albums, buying merchandise, or promote new bands and local scenes seemed to be where most sentiments lay.

A critical aspect of any discussion on metal music has to be around the mosh pit. The practice is emblematic of the musical style and understanding how and why people navigate the mosh pit was an interesting source of investigation. From both experience in various forms of mosh pits and through past interviews, I understood that the pit isn't a free-for-all, that there was a form of "pit etiquette" involved and that knowledge of these rules can make or break oneself.

Survey respondents described some of these features, giving insight into how community rules of care, safety, and – most of all – fun were upheld by these basic goals. A theme analysis of a section asking for basic rules and understandings within a pit revealed that the number one most obvious rule was to be a nice person, or phased precisely by 60+ respondents – "don't be a dick". A key-word-in-context search revealed that picking up people as they fall down, helping one another, providing assistance and aid to those hurt, and making sure people are having fun were all aspects of this sentimentality. The chaotic nature of a mosh pit calls upon those inside (and those outside as well) to take care of one another and ensure that no one gets seriously hurt – pick people up as they fall down, try to maintain the pit within the pit, help someone if they need it, collect lost objects and wait to return them. Where aspects of this begin to fall apart, however, is when alternative forms of moshing come into contact with one another. Through interviews and experiences, there are a host of different styles of moshing but respondents singled out "hardcore dancing" as being the most inflammatory. Respondents of all kinds noted that decorum and respect within a pit seem to disappear when hardcore dancing begins. Numerous instances derided hardcore dancing for throwing fists and spin kicks, for "crowd killing" and for actively derailing concert experiences. Describing this style, one individual stated how:

> *"*Hardcore dancing in clubs in 9/10 cases is unacceptable because of the lack of concern about people around you, and is strongly forced out by proper, safe moshers either by shared strength of the group disagreeing with that violent and unsafe activity, or by talking them out of it*"*

So while it does seem that there exists a general sense of order and sense about how to conduct oneself in a mosh pit, many find that when different styles clash, conflicts can arise and the enjoyment of a concert can be at risk. Aside from this one hiccup, however, data revealed that there is a sense of community within these scenes formed around a shared appreciation of music,

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affiliation of style and sentiment, and a sense of care and safety for one another even within the disorder and blur of mosh pits.

4.2.4.2 Quantitative Data Analysis

Likert scale questions were utilized to encompass how survey respondents felt about aspects of metal music and stress, and their perceptions about the metal scene in general. Data was again dichotomized and is presented below in Table Eight to describe these features of metal music and metal music's utility:

Table Eight: Self-Reported Perceptions of Metal Music and Community (N=450)

	Yes	No
Does Metal Music Relieve Stress?[1]	94.6	5.4
Does Attending Metal Concerts Relieve Stress?[2]	87.3	12.7
Does Moshing Relieve Stress?[3]	74.6	25.4
Is the Metal Scene a Positive Place?[4]	84.2	15.8
Do People Within the Scene Care About One Another?[5]	89.8	10.2

Note: [1]"Metal Music Stress" Yes aggregated as Slightly Agree, Agree and Strongly Agree being "Yes" and Neutral, Slightly Disagree, Disagree, and Strongly Disagree being "No" - (Strongly Disagree=1, 0.67%; Disagree=2, 0.45%; Slightly Disagree=3, 1.34%; Neutral=4, 2.90%; Slightly Agree=5, 9.80%; Agree=6, 32.29%; Strongly Agree=7, 52.56%)

Note: [2]"Metal Concert Stress" Yes aggregated as Slightly Agree, Agree and Strongly Agree being "Yes" and Neutral, Slightly Disagree, Disagree, and Strongly Disagree being "No" - (Strongly Disagree=1, 0.67%; Disagree=2, 1.34%; Slightly Disagree=3, 2.45%; Neutral=4, 8.24%; Slightly Agree=5, 14.48%; Agree=6, 29.40%; Strongly Agree=7, 43.43%)

Note: [3]"Mosh Stress" Yes aggregated as Slightly Agree, Agree and Strongly Agree being "Yes" and Neutral, Slightly Disagree, Disagree, and Strongly Disagree being "No" - (Strongly Disagree=1, 2.90%; Disagree=2, 2.90%; Slightly Disagree=3, 4.90%; Neutral=4, 14.70%; Slightly Agree=5, 12.92%; Agree=6, 20.49%; Strongly Agree=7, 41.20%)

Note: [4]"Scene Positive" Yes aggregated as Slightly Agree, Agree and Strongly Agree being "Yes" and Neutral, Slightly Disagree, Disagree, and Strongly Disagree being "No" - (Strongly Disagree=1, 0.22%; Disagree=2, 0.45%; Slightly Disagree=3, 1.78%; Neutral=4, 13.36%; Slightly Agree=5, 17.59%; Agree=6, 39.87%; Strongly Agree=7, 26.73%)

Note: [5]"Scene Cares" Yes aggregated as Slightly Agree, Agree and Strongly Agree being "Yes" and Neutral, Slightly Disagree, Disagree, and Strongly Disagree being "No" - (Strongly Disagree=1, 0.67%; Disagree=2, 1.56%; Slightly Disagree=3, 0.67%; Neutral=4, 7.35%; Slightly Agree=5, 17.59%; Agree=6, 32.74%; Strongly Agree=7, 39.42%)

Quantitative data from these respondents describe metal music as being strongly stress reducing, with differing aspects being also stress reducing but to varying degree. Metal music concerts and moshing could be viewed as being more stressful than simply listening to the music due to the often times frenetic and energetic nature of metal music shows, with crowds often being found in close quarters, often in contact with one another, and sometimes within close proximity to a mosh pit that may be off-putting. As referenced earlier, the strength and type of mosh pit itself, while a great relief of stress for those who perform within them, may also be concerning to those on the edge of the pit, especially in instances in which hardcore dancing and "crowd killing" is present. When asked to describe the character of the scene and the care that exists within them, responses were greatly positive. Many found their music scenes to be places of free expression, free from judgment, and an appropriate avenue to let loose and relieve stress. They found that these scenes provide for them a place to enjoy music, connect with it, and share it with others. Finally, individuals felt that people within the scene cared for one another – whether it be through picking up one another within a circle pit, or through the messages of positivity and togetherness promoted by bands themselves, individuals found their music scenes to be places where they felt cared for and could care for one another.

4.3 Limitations

4.3.1 Sampling: Localization, Distribution, and Management

When viewing this data, there are a series of limitations of which we should be cognizant, mainly centered around the sampling of these data sets. Interview data was sampled from convenience sampling (speaking with anyone available and willing) within the Colorado metal music scene and may not be representative of metal music scenes across the United States or the world for that matter. The data generated from interviews, which later influenced survey

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protocols, may not be readily applicable or appropriate in other avenues. I have attempted to address these concerns earlier by noting that a serious methodological issue that I found in the literature was a widespread generalization of data describing metal music fans. I've attempted to avoid this as much as possible by framing my data and results as they relate specifically for this sample.

A secondary sampling issue would be the overall composition of survey data respondents. While this survey was distributed in both offline and online localities, a predominance (90%) of responses were from online sources (mainly various Reddit forums and Facebook pages). With this in mind, there are a few analytical complications that could arise from this – How representative are online metal music fans of non-online metal music fans? How might online participants be more or less predisposed to mental health issues? What are some of the ways in which online sampling skews data in one way or another? While many of these issues are valid, I still maintain that the data generated from these survey responses are worthwhile and indicate important aspects of metal music community and fandom. As the internet becomes an ever-important aspect of social life, metal music is becoming more and more integrated and dependent on online music forums and communities for growth, appeal, and word of mouth, and many of the individuals within these online scenes also participate in the local scenes as well.

One final concern regarding these data is that of the influence of the deference effect: the ability for individuals to respond to questions in a biased fashion, either for the researcher or for any number of other reasons. For this research project, discussing issues such as stigma, stereotypes, and mischaracterizations seem to raise the odds of such outcomes happening as individuals who feel that they've been slighted or misunderstood would (rightfully so) aim to

trounce these false beliefs. The central issue is then attempting to determine how, who, and why this deference effect is happening, and what to do about it. A prolonged discussion of the practicality and assumptions of managing this effect go beyond the scope of this researcher, but I feel as an anthropologist that I should imbue trust, fairness, and honesty towards my respondents and take their words, experiences, hardships, and struggles in life as fact. I don't believe it would be proper or possible to vet responses through some barometer of projection and while some may see these statements of metal music appreciation and fandom as being potentially over exaggerated, overstated, or overzealous, I maintain faith in the sincerity of the stories and reports found throughout this study.

CHAPTER FIVE: CONCLUSION

5.1 Discussion

This study began with a series of relevant research questions regarding the interplay between metal music and mental health, encompassing aspects of stigma, identity, belonging, and community. With data now being presented, the four central questions of this study can now be viewed in full, linking them with literature highlighted in Chapter Two. When taken together, these data describe a relationship between music, scene, mind, and sociality that is intricate, complex, and multifaceted, but ultimately has great meaning for those involved.

5.1.1 Mental Health and Antagonism Toward Psychiatry

Data from this research gives insights into the ways in which mental illness is found within these communities, their origins, and how varying perceptions of psychiatric options may represent a barrier to care in many instances where these are not appropriate, available, or affordable. Survey data revealed that levels of mental distress within these communities were much higher than normative levels for a comparable demographic, giving weight to many of the concerns raised by mental health proponents, both domestically and abroad. The mental health of emerging adults represents a crucial area of care because many of these young people are venturing out into new lives, responsibilities, and identities, making mental health struggles that much more impactful. Literature from members of the global mental health movement reiterate just how important it is to seek out and assist these individuals, as individuals within this emerging adult age bracket are soon going to constitute an ever larger proportion of the population and ensuring their mental health and flourishing should be an imperative for public health advocates in the future.

These issues are even more concerning in the face of large degrees of ambivalence, hesitance, and apprehension regarding common psychiatric options. While there have been many strides taken in the United States and other regions of the world to promote advocacy for mental health, mental illness awareness, and lowering barriers of access for mental health facilities, these data fall in line with others who have suggested that these notions may be misplaced. Many individuals who need care the most do not see themselves as maintaining many actual options for seeking care. Psychiatry as a practice is still not well understood by many, psychiatric medications are viewed as being immensely hazardous, and therapy is seen as being ineffective and impersonal to a detriment. What these interviews, responses, and data describe is a need for more culturally (or in this case, subculturally) appropriate means of administering care, efforts to reduce the costs and side effects associated with medications, and more dedicated and personable means of therapy and understanding. Global mental health advocates have again championed this cause, calling for more culturally salient means of understanding sickness and health, cautioning against the propagation of pharmaceuticals, and aiming to examine the social alongside the psychological (Kohrt and Mendenhall 2016).

Not all is gloom and doom, however. In recent years, as seen by myself and described by many others within these music scenes, more and more is being done to promote understanding and awareness of mental health struggles. Many bands within the metalcore and deathcore scenes have songs and even albums about the issues surrounding stigmas and harms of mental illness (such as *Psychescape* by Silent Planet, *Youngblood* by Wage War, and *Gone with the Wind* by Architects) and have been engaged with young fans at concerts who are personally struggling in their lives. This promotion of mental health literacy should be congratulated – bands, organizations, and individuals within these scenes are more aware now than perhaps ever of the

issues of mental illness, the stigmas surrounding them, and that they are not alone in their struggles. Through organizations like Heart Support (heartsupport.com) - formed by bands within the metalcore and hardcore scenes that run workshops and provide counseling materials for those in need - alongside many others, they are able to see these issues of the prevalence of mental distress in the scene and a lack of options and combat them head on. Community involvement, activism, and awareness are all aspects commonly found in the tenets of global mental health literature and psychological anthropology and are well and present within these scenes today.

5.1.2 Stigma, Stereotypes, Labelling and Mental Health

A second crucial area of concern that hasn't been well addressed in previous research on the interplay between metal music and mental health has been the potentially corrosive effect of negative perceptions and stigmas on mental wellbeing. Throughout this research, I've attempted to understand where these labels come from, how they may impact individuals, and what there is to be done about them. Stigma literature has provided ample support for just how harmful some of these negative beliefs can be on individuals who internalize them – once beliefs become internalized, they become much more entrenched within one's psyche and conscience, making them that much more impactful. Perceptions such as being hateful, violent, unstable, and suicidal are all very reminiscent of research on mental illness stigmas which have all pointed towards the immediate and continual pressures and effects of self-stigmatization, leading to a feedback loop of potentially devastating mental health effects. To complicate matters more, with this case there exists three layers of self-stigmatization. First, many noted that they actively combat the stigmas of being a metal music fan by acting against these stereotypical images, and failing to do so or falling into these stigmas only proves detractors right. Additionally, there exists the well-

established sources of mental illness stigmas which overlap heavily in some instances with those of metal music. Finally, then, there exists the potential for individuals to embody and reinforce the stereotyped image of a mentally ill metal music fan, possessing qualities of both categories. These three forces all coalesce and form an individual of "spoiled identity", capturing the various "abominations of the body" and "blemishes of individual character" remarked upon by Goffman (Goffman 1963). The impact of these various strains of stigma are bountiful – in the first regard individuals have to constantly monitor how they act, continually bucking the system that labels them as being psychotic, angry, violent, or substance abusing. Aside from being a metal fan, individuals may then also have to contend with the promotion and proliferation of stigmas surrounding mental illness, concealing their suffering, their symptoms, and their struggles. When both of these are combined the effects are even more concerning, where you have individuals who are suffering on the inside but are potentially fearful of expressing these concerns to themselves, to others, or to society out of fear of being a prime example of how metal music fans are all crazy, mentally ill, or unstable members of society.

The impacts of these stigmas are becoming more and more present within society and within these music spaces, however, with the promotion of more understanding and care within these scenes. While many state that they do not take these classifications to heart and that they are easy to blow off, the prevalence of understanding of not only what these key features are but where they come from highlights the degree to which they may weigh on individuals. The critical junction in many areas of stigma research is in understanding how and when stigmas move from being outside voices and perceptions to being internalized and reified by individuals themselves, and the closer we get to knowing these factors, the more we as a society can understand the harmful effects of stigma.

5.1.3 Involvement, Engagement, Metal Music, and Mental Health

This research aimed to build upon previous studies concerning this key question of mental health within these communities, approaching the issue more holistically in efforts to determine the finer details of this interaction between music, community, and mental health. Quantitative data reveals there to be some associations between various forms of involvement and engagement with metal music and measures of mental illness, but these results are speculative. There were measures of associations across various features of metal music involvement and engagement alongside measures of mental illness, but the strength and internal validity of these associations must be taken with caution. These data should not be seen to represent any degree of directionality and the truth is more obscured than that. These data do not make it possible to determine whether individuals listened to metal first, thus leading to mental illness (which seem highly improbable, but not entirely impossible), or if those with mental illness were attracted to features of metal music (such as themes relating to death, sadness, isolation, etc.). Additionally, quantitative data may be skewed in some sense due to the sampling frame utilized, with a predominance of internet-based user being highlighted more than samples from within the (physical) field.

While some previous research has attempted to link these forms of correlations within data to direct (or as close to direct) causations, through either arguing that metal music can be used as a proxy for mental illness or that young people who listen to this music should be monitored closely, I argue that instead more time should be given to the qualitative data and what they've revealed. When asked to describe their struggles with mental illness, respondents noted instances of heartbreak, death, abuse, and other issues that seem more compelling and impactful than whether or not someone listens to death metal. Rather than seeing someone's

appreciation of metal music as being indicative of their mental health and running with conclusions from these, we should pay more close attention to the social histories and personal narratives described by individuals who are suffering from mental illness. One could run data on common hobbies and activities found amongst those with a mental illness and find similarities in one form or another across the board. One could also ask through person-centered interviews for details about the emergence of their mental illness and the personal struggles they've experienced in their lives. Doing so would reveal much more insights into how mental illness manifests on a personal level and what sources of internal strife may be the cause, rather than blithely scapegoating someone's preference in music as the cause of their anguish.

5.1.4. The Role of the Scene

The impact of the community and of locals scenes in managing mental health have often be stated as being essential for any degree of healing and safety. Numerous anthropological studies have described how the simple creation and fostering of community can prove to be the cornerstone of promoting mental wellness and such is the case with metal music fans from what I've experiences and been told. Through both the cultivation of a shared sense of identity and a unified understanding that love of music and love of scene trump all, the role of community cannot be understated. For individuals that may find themselves isolated, excluded, or on the boundaries of society in their day-to-day grind, the ability to find comfort and a sense of belonging in the midst of mosh pits is cathartic. Even within the most chaotic and violent circle pits, individuals are still able to connect to one another and identify community from looking at one another. Signals of trust, cooperation, and safety are conveyed through picking up fallen comrades, providing water for those who are dehydrated, sharing beers with friends, and from head banging all night long alongside complete strangers.

These tight, compact, and humid concert venues represent in many way ritual spaces. Forming a temporary, liminal boundary, individuals shed whoever they are at the door and come into the venue just as a metal music fan. It doesn't matter if you're an accountant, a bank teller, or a pharmacist because when you enter into this liminal space all that seems to matter is your enjoyment of the band and the show. These scenes represent spaces where people of all shapes, sizes, dispositions, and background can come and express themselves however they want without judgment. The formation of this stigma-free space is crucial for those who feel as though they cannot express themselves in their normal lives, whether it be the way they dress, the way they act or feel, or the music that they listen to. But once inside a push pit or as soon as a breakdown hits, all of that goes away and the only thing that matters is the music on stage. These factors all confluence to create a sort of communitas-like state, where identity is forsaken and new ones are created. While this certainly isn't the case for all, with many women and minorities sometimes feeling excluded, the ability to craft a sort of "third space" where violence is acceptable, where screaming and shouting about war, death, and hate are allowed, and where human emotions like anger, disgust, and sadness aren't shushed offers a series of dramatic and profound effects on mental health and wellbeing.

5.2 Future Research and Applications

I would hope that this wouldn't be the last foray into describing the relationships between metal music and mental health. There are still many opportunities and interesting avenues for research to be done by some future investigation and it would be a shame if this question isn't analyzed and researched further. While I attempted to describe this question in as much detail as possible, one interesting approach would be to gain a more definite and refined timeline of what emerges first, metal music fandom or mental illness? In doing so, one could potentially

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understand the ways in which someone with mental illness appreciates metal or what qualities attract them, or conversely what aspects of metal music may be distressing to individuals. Additionally, I feel that this project could be potentially analyzed through the lens of more local scenes: performing this study amongst fans of Cascadian black metal in the Pacific Northwest, or within hardcore crews on the East Coast could reveal new or different insights. Additionally, performing this research utilizing methods of biocultural anthropology could move this beyond qualitative and quantitative data and onto a new level. Through the analysis of cortisol (Pike and Williams 2006), Epstein-Barr virus (McDade 2002), and many others, the exact biological impact of metal could be found and presented. Much research has been conducting using these methods in other cultural localities and have revealed the extent to which culture, this nebulous thing we all know and understand, is actually felt by the body.

All of these considerations said, I still maintain that an anthropological approach should be taken. The ability to engage with fans, talk to them on their own terms, and understand their lives and meanings deeply shouldn't be forsaken in future research. This question I've attempted to answer is too complex and multifaceted for just using psychiatric inventories or brief field surveys. The reasons, rationales, and wants of fans within this scene are so strong that I don't feel that they could possibly be captured through 15 Likert scale questions that range from 1 – 5. For this reason, approaching this issue with a social scientific, mixed-methods approach would prove most fruitful.

5.3 Conclusion

Fists were thrown, roundhouse kicks were doled out in great numbers and many spinning members of the pit in front of me were sweaty, bruised, and battered. But once the music came to a slow, they all stopped and looked ahead. The vocalist of this popular deathcore outfit gave the

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word: that this was it – one last breakdown before we all had to go back to our boring lives as construction workers, nurses, engineers, and graduate students. Guitarists let one note ring out, allowing for the crowd to get worked up into a frenzy with many more members of the crowd converging towards the center of the floor for one last moment of ecstasy. Knowing what was coming next, I hoped from off of my anthropological perch, putting aside my role as a patient observer and just felt like one of many who wanted to be there that night. People inside were making space, spinning along the edges of the pit to stabilize it, pushing the circle pit to the absolute brim, jumping up and down in anticipation.

Soon, drums, guitar, and bass started to build. The slow, rumbling groan of music at the stage was only made more palpable by those inside the pit, brimming and bursting with one last bout of energy after a long show in a hot room. I looked around and saw all kinds of people – men, women, some people who had to have only been thirteen years old, a man with a cast on his leg and another with one around his arm. All walks of life, all ages, and all abilities were there in that pit that night, ready for the final breakdown of the night and the final chance to let loose. I noticed one quality in common, though – smiles all around, everyone knowing what was coming next and knowing that things were going to get crazy in just a few short seconds. With this thought in my mind, I looked over and saw the vocalist give one last shout and everything ahead was a blur of bodies, blackness, and bursts of energy.

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Appendix A: Person-Centered Interview Protocol

Demographics:

1. Where are you from? Are you in school? If so, what university are you attending?
2. How important is music to your life (On a verbal scale of 1 to 10)?
3. How long have you been listening to metal music?
4. How long have you been going to metal shows?
5. What are some of your favorite bands? What are some of your favorite subgenres?
6. Does anyone in your immediate family listen to metal music?
7. Does anyone in your friend group/social network listen to metal music?

Identity:

1. When the phrase "metalhead" is used, what kinds of things come to mind? What sorts of imagery or characteristics would you assume from someone who talks about metalheads or identifies as a metalhead?
2. Do you yourself identity as a metalhead?
    a. If Yes, ask them to elaborate on why they self-identify
    b. If No, ask them to elaborate why not
3. How would your family characterize people who listen to metal/metalheads? Are these defining characteristics more positive or negative?
4. How might you try and identify other people, who you do not know, that listen to metal music? Without talking to someone, are there any defining features that you might try to see?
5. Do you believe that there are varying degrees of being a metalhead? Are there some metal music fans that are more "true"/"legit"/hardcore than others? What are some of these characteristics?
    a. If yes, where do you fall on this spectrum? Why?
    b. If No, move on

Stigma:

1. A lot of people have talked about how metal music seems to have a bad reputation, do you agree with this statement? Do you believe that there exists a certain stigma when it comes to listening and enjoying metal music?
2. Have you ever felt stigmatized, criticized, or left out for your enjoyment of metal music?
3. Have you ever felt any of these feelings of stigma from your family or friends? How did that make you feel?
    a. Conversely, do you believe that your family and friends have been supportive of your musical tastes?
4. What sorts of stereotypes exists of people that listen to metal music? Do you think any of these stereotypes are warranted or accurate? What are your thoughts on these stereotypes?
5. If you could express anything about metal, to someone who doesn't understand or know anything about metal, what would it be?

Belonging:

1. Do you feel included, valuable, and like you belong when at school? What about at work? What about at home?
2. Do you feel included, valuable, and like you belong when at metal music shows?
3. Do you feel excluded, ignored, and like you do not belong when at school, work, or at home?

4. Do you feel excluded, ignored, and like you do not belong when at metal music shows?
5. At metal shows, do you think people are more or less inclusive than other areas of life, such as at school, work, or elsewhere?

Mental Health:

1. In the past or present, have you ever suffered from or have experienced depression?
2. In the past or present, have you ever suffered from or have experienced anxiety?
3. In the past or present, have you ever suffered from or have experience extreme loneliness?
4. What steps have you taken, are taking, or will take to address issues such as depression, anxiety, and loneliness?
5. What are your general thoughts on the effectiveness of psychiatry? What about your thoughts on the effectiveness of pharmaceutical drugs? What about your thoughts on the effectiveness of therapy?
6. Aside from the medical solutions, do you think that there are any other ways to remedy or otherwise alleviate mental health issues? What are these strategies?
7. Do you think that there is anything about metal music itself or metal music shows that can alleviate mental health issues, complicate mental health issues, or do both?
    a. If yes, allow for them to elaborate. Utilize answers to lead into further development.

Metal Experiences:

1. If you could think of one positive experience at a metal music show, what would that experience be? What made that experience so positive? How did it make you feel?
2. Conversely, if you could think of one negative experience at a metal music show, what would that experience be? What made that experience negative? How did it make you feel?
3. Would you say that metal music shows reduce stress or cause stress? What makes you say so?
4. What aspect about metal music shows do you enjoy the most? Why?
5. What aspect about metal music shows do you least enjoy? Why?
6. Do you mosh?
    a. If yes, why do you mosh? How do you do it? Are there any rules to follow?
    b. If no, why not? What do you think of moshing?
7. In summation, what are some of your more general thoughts about metal music shows, in your own experiences?

Appendix B: Codebook (N Documents = 27)

Code System	Memo	#
Code System		892
Communitas	Using Victor Turner's perception of an egalitarian community based on a liminal rite of passage. All individuals, regardless of identity, process, or purpose, are equal.	18
Style - Identity and Stigma	Style being viewed in a paradoxical sense of both creating identity but also generating stigma	14
Moshing as Stress Relief	Moshing being used as a form of stress relief, to alleviate issues in life, or as an outlet for negative energy	17
Psychiatric Antagonism	Used to indicate a sense of apprehension, negative perceptions, or distaste towards biomedical psychiatric options.	16

Miscellaneous			Miscellaneous topics - politics, tone, atmosphere, vibe, and subject matter related to metal music and metal music subcultures.	43
	Violence		Violence - not in the sense of moshing - but in that metal fans are violent people.	13
	Counter-cultural		Aspects of metal music and metal music subculture that can be viewed as being counter-cultural or otherwise expressly opposite to a larger, "mainstream" culture.	17
	Drugs and Alcohol		References to drugs and alcohol and how the use of substances is viewed and effects metal music engagement.	11
	Loudness		Instances in which the loudness of a concert or music is referenced (0/1)	2
Healing			Therapeutic instances, moments in which individuals experience subjective healing as a result of a host of factors	61
	Musical		Using musical as a source of healing for mental health afflictions.	43
	Social		Healing in the sense of being around others or having others as a support system.	18
Opinions on Psychiatry			Instances in which respondents discuss their opinions on psychiatry, psychopharmaceuticals, and therapy, both in positive and negative instances.	74
	Alternative Sources		Alternative sources of mental healing, besides therapy or psychopharmaceuticals.	21
	Therapy		Opinions on the effectiveness, usefulness, and appropriateness of psychotherapy.	13
		Negative	Negative statements on the effectivity or usefulness of therapy.	8
		Positive	Positive statements on the effectivity or usefulness of therapy.	5
	Psychopharmaceuticals		Opinions on the effectiveness, usefulness, and appropriateness of psychopharmaceuticals.	23
		Negative	Negative statements on the effectivity or usefulness of psychopharmaceuticals.	22
		Positive	Positive statements on the effectivity or usefulness of psychopharmaceuticals.	1
	Psychiatry		Opinions on the effectiveness, usefulness, and appropriateness of psychiatry as a practice/science.	17
		Negative	Negative statements on the effectivity or usefulness of psychiatry.	10
		Positive	Positive statements on the effectivity or usefulness of therapy.	7
Mental Health Afflictions			Code index for instances discussing various mental health afflictions.	11
	Anxiety		Explicit mentions of previous or current issues surrounding anxiety.	7

		Depression	Explicit mentions of previous or current issues surrounding depression.	4
	Acoustics		Discussion of the singular instrumental aspects of the music, not including the lyrics, vocal delivery, or tone of the music.	8
	Moshing		Instances of moshing, mosh pits, or moshing activities.	37
		Hardcore Dancing	Expressions regarding "hardcore dancing" - a variant of traditional metal moshing.	11
		Acceptable Violence	Expressions of how moshing is acceptable in this situation/social environment.	16
		Expression	Moshing as a means to express oneself.	6
	High Importance		Denotes instances in which respondents place high value or high appraisal of some sort on an object, time, notion, or practice	24
	Musicianship		Discussions of the musicianship, technicality, physical prowess, or ability of musicians	12
	Content and Message		The content and message of music being a vocal point of interest, in both positive and negative fashions.	18
	Communication		Communication in social contexts, through both conversations, style, and dance.	8
	Style		Stylistic choices or preferences, used in both the form of music and personal dress.	34
	Belonging		Instances in which respondents feel as if they belong, are valued, and contribute to their social surroundings and groupings.	14
	Inclusion/Exclusion		Instances of people being included and excluded in metal music communities and social groups, both within and without.	22
	Brotherhood/Camaraderie		Instances of fellowship, cooperation, oneness, or community	36
	Social Hierarchy		True vs. Poser, Real vs. Fake, Authentic vs. Inauthentic	19
	Stereotypes		Stereotyped images, perceptions, or beliefs in regards to metal music, metal music culture, and metal music shows.	30
		Combat Stereotypes	Ways in which people attempt to - or fail to - combat, address, or understand stereotypes and stigmas associated with metal music.	14
		Misunderstandings	Stereotypes emerging from misunderstandings or misrepresentations of a particular group of people or actions of people.	12
		Media	Stereotypes as the result of media perceptions, moral panics, and other outrages.	14
	Stigma		Issues of stigmatization, mischaracterization, being made fun of, or otherwise denigrated for musical preference, looks, preferences, or style.	35

Family	Respondent family opinions and viewpoints, may or may not impact the perceptions and beliefs of the respondent in regards to various attitudes and opinions.	20
"Others"	When the influence of people outside of the scene/not familiar with the scene becomes an issue to people.	4
Society	Segments in which the beliefs, perceptions, or issues of society writ large are discussed. Typically done when discussing stigma or stereotypes.	8
Friends	Used when discussing the perceptions, beliefs, or attitudes of friends.	13
Physical Contact/Impact/Movement	When respondents indicate instances of physical contact, impacts or violence at metal music shows. Can be used in coordination with Moshing codes. Instances of being hit, being in the mosh, and hitting others.	11
Stress	Used when respondents denote a relief or increase in stress as a result of metal music, metal music shows, or engagement in metal music. Similarly linked with Release of Energy.	24
Biological Explanation	Instances in which a biological explanation is given for a certain act or response - notions such as stress relief, "blowing off steam", letting out energy, etc.	15
Release of Energy	When respondents note a release of energy, or some sort of physical exertion being done. Can be used in a positive or negative connotation. "Blow off some steam", "let loose", "relieve some tension" are common phrasings of this.	29

Appendix C: Field Survey Protocol

Section One – Demographic Information

The purpose of this section is to gather brief, descriptive information about yourself for summary purposes. Please answer each of the following questions:

(1) What is your age?

(2) What is your gender?

(3) Where are you from?

(4) On a scale of 1 – 5, how important would you say music is in your life?
        1   2   3   4   5

(5) On a scale of 1 – 5, how important would you say metal music is in your life?

1   2   3   4   5

(6) What subgenres of metal do you listen to the most?

        Possible answers: Metalcore, Deathcore, Death Metal, Black Metal, Thrash Metal,   Doom   Metal,
Power Metal, Grindcore, Drone Metal, Sludge Metal, Other/Not Listed

(7) How long have you been seriously listening to metal music?

        Possible answers: Less than 1 year, 1 – 2 years, 2 – 5 years, 5 – 10 years, 10 – 15 years,   over 15 years,
My whole life

(8) On average, how many metal music concerts do you attend in a given year?

        Possible answers: None, 1 – 3 shows a year, 3 – 6 shows a year, 6 – 9 shows a year, 10 – 15 shows a year,
15 – 20 shows a year, 20 – 25 shows a year, More than 25 shows a year

(9) Does anyone in your family listen to metal music?

        Possible answers: Yes, No, Not Sure

(10) Does anyone in your social circle/friend group listen to metal music?

        Possible answers: Yes, No, Not Sure

(11) How often/long do you listen to metal music in a given day?

        Possible answers: Almost never, Between 1 – 2 hours, Between 2 – 4 hours, Between 4 - 6 hours, Between
6 – 8 hours, Over 8 hours

Section Two: Identity

*This section examines various aspects of identity and how you yourself understand them. Please answer each of the
following questions:*

(1) When the phrase "metalhead" is used, what kind of images come to mind? What sort of characteristics would
     you assume when someone describes or talks about metalheads?

(2) Do you yourself identity as a metalhead? Please explain your answer:

(3) How would your family characterize metalheads, or people that listen to metal music? Are these defining
     characteristics more positive or negative?

(4) How might you try and identify other people, who you do not know, that listen to metal music? Without talking to them, are there any defining features that you might try to see?

(5) Do you believe that there are varying degrees to being a metalhead? Are there some metal fans that are more "true", "hardcore" or legitimate that others? What are some of these characteristics? If yes, where do you fall on this spectrum?

Section Three: Stigma and Responses

The purpose of this section is to understand whether or not stigmatization exists and affects you when it comes to your metal music listening and enjoyment. Whether it be from friends, family, or other people in the world, stigmatization can have a significant impact on mental health outcomes and we are interested in understanding whether or not you believe that there exists stigma, where this stigma emerges from, and how you respond to such beliefs. Stigma in this sense relates to a set of unfair or mischaracterized beliefs from another group regarding a certain action, object, or activity. Please answer the following questions:

(1) Do you ever feel judged or criticized by others when at metal music shows? (Never – Very Often)
     1   2   3   4   5

(2) Do you believe that metal music and metal music fandom is stigmatized? (Strongly Disagree – Strongly Agree)
     1   2   3   4   5

(3) Have you ever been stigmatized, criticized, or felt excluded due to your enjoyment of metal music? (Strongly Disagree – Strongly Agree)
     1   2   3   4   5

(4) Have you ever been stigmatized, criticized, or felt excluded due to your appearance when wearing metal music t-shirts, sweatshirts, or other clothing? (Strongly Disagree – Strongly Agree)
     1   2   3   4   5

(5) Have you ever been stigmatized, criticized, or felt excluded by family and/or friends due to your enjoyment of metal music? (Strongly Disagree – Strongly Agree)
     1   2   3   4   5

(6) Have you ever been stigmatized, criticized, or felt excluded by family and/or friends due to your enjoyment of metal music? (Strongly Disagree – Strongly Agree)
     1   2   3   4   5

(7) What sorts of stereotypes exist of people that listen to metal music? Do you think that any of these stereotypes are warranted or true? What are your thoughts on these stereotypes?

(8) If you could do anything to remove some of these potential stereotypes, what would you do? What could you say or explain to someone about metal music that would change their perceptions?

Section Four: Belonging

The purpose of this section is to understand various aspects of belonging and inclusion, both in terms of metal music and your activities in your day-to-day life. We aim to understand how inclusion and exclusion in differing areas of your life may have an effect on your mental well-being and attitudes. Please answer the following questions:

(1) Do you feel included, valuable, and like you belong when at school, work, or at any location in your daily routine? (Never – Very Often)

1   2   3   4   5

(2) Do you feel included, valuable, and like you belong when at metal music shows/concerts? (Never – Very Often)
1   2   3   4   5

(3) At metal music shows, do you think people are more or less inclusive than other areas of life, such as school, work, or at any location in your daily routine? (Less Inclusive – More Inclusive)
1   2   3   4   5

(4) Do you ever feel excluded, ignored, or like you don't belong on a normal basis? (Never – Very Often)
1   2   3   4   5

(5) Do you ever feel lonely, isolated, or distant from others on a normal basis? (Never – Very Often)
1   2   3   4   5

Section Five: Mental Health

The purpose of this section is to gather information regarding your previous experiences with mental health issues, as well as your subjective beliefs on various mental health services. This section aims to understand how various aspects of metal music - whether they be inclusion, identity formation, or other factors - can impact mental health outcomes. This section of the survey is entirely voluntary; if you feel uncomfortable in answering any of the questions, feel free to skip them at your discretion. If any of the questions cause discomfort or psychological risk, you are entirely within your rights to skip them. Again, all responses will be kept confidential and made anonymous in the event that they are used beyond statistical descriptions. Please answer the following questions:

(1) In the past or present, have you ever experienced or suffered from depression?

        Yes   No   Not Sure   Rather Not Say

(2) In the past or present, have you ever experienced or suffered from anxiety?

        Yes   No   Not Sure   Rather Not Say

(3) In the past or present, have you ever experienced or suffered from extreme loneliness?

        Yes   No   Not Sure   Rather Not Say

(4) In the last month, how often have you felt that you were unable to control the important things in your life? (Never – Very Often)
1   2   3   4   5

(5) In the last month, how often have you felt confident about your ability to handle your personal problems? (Never – Very Often)
1   2   3   4   5

(6) In the last month, how often have you felt things were going in your way? (Never – Very Often)
1   2   3   4   5

(7) In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? (Never – Very Often)
1   2   3   4   5

(8) In the past or present, have you ever experienced or suffered from any other form of major mental distress? Please briefly explain.

(9) What steps have you taken, or will take, to address any mental health issues that you have experienced?
Possible answers: Psychopharmaceuticals/medications, psychotherapy, group therapy,   online forums for mental health, personal networks of family, friends, associates,   homeopathic alternatives, self-help measures, I have not received nor sought out help,

Other/not listed

(10) What are your thoughts on the effectiveness of the field of psychiatry? (Strongly Negative – Strongly Positive)

1   2   3   4   5   6   7

(11) Please elaborate on your thoughts regarding the previous question (the effectiveness of psychiatry):

(12) What are your thoughts on the effectiveness of psychopharmaceuticals? (Strongly Negative – Strongly Positive)

1   2   3   4   5   6   7

(13) Please elaborate on your thoughts regarding the previous question (effectiveness of psychopharmaceuticals):

(14) What are your thoughts on the effectiveness of psychotherapy? (Strongly Negative – Strongly Positive)

1   2   3   4   5   6   7

(15) Please elaborate on your thoughts regarding the previous question (effectiveness of psychotherapy):

(16) Beyond medical solutions, do you think that there are any other ways to remedy or otherwise alleviate mental health issues? Please explain your answer:

(17) Do you think that there is anything about metal music itself or metal music shows that can alleviate mental health issues, complicate mental health issues, or do both? Please explain your answer:

Section Six: Metal Experiences and Community

In this final section, we aim to receive various insights from you regarding metal music experiences. We hope that these experiences will provide us with further information regarding the potential therapeutic aspects of metal music as it relates to mental health outcomes. Please answer the following questions:

(1) My experiences with metal music and metal music shows has been largely positive (Strongly Disagree – Strongly Agree)

1   2   3   4   5   6   7

(2) My experiences with metal music and metal music shows has been largely negative (Strongly Disagree – Strongly Agree)

1   2   3   4   5   6   7

(3) Is metal music stress reducing or stress increasing? (Stress Reducing – Stress Increasing)

1   2   3   4   5   6   7

(4) Are metal music shows stress reducing or stress increasing? (Stress Reducing – Stress Increasing)

       1   2   3   4   5   6   7

(5) Is moshing stress reducing or stress increasing? (Stress Reducing – Stress Increasing)

       1   2   3   4   5   6   7

(6) Do you find metal communities to be generally positive or negative places (in terms of your interactions and experiences)? Or is it somewhere in between? (Strongly Negative – Strongly Positive)

       1   2   3   4   5   6   7

(7) Do you think metal bands, fans, and community members care about one another? (Strongly Disagree – Strongly Agree)

       1   2   3   4   5   6   7

(8) Are there any unwritten rules, norms, or guidelines that you personally know or abide by when at metal music shows?

(9) Where did you learn of this survey?

     Possible answers: Facebook, Reddit, Poster/Flyer, Concert Venue, Personal Contact, Friend of Friend, Other/Not Listed

Section Seven: Concluding Thoughts

Please utilize this section to provide any additional thoughts, details, or experiences that you wish to give to researchers. You can discuss any of the previous sections of this survey, any thoughts on the study, or anything else that you wish to bring to the attention of the researchers: