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A Little Bit More the Same than Yesterday: A Mixed Methods Exploration of Choir Member Empathy and Attitudes toward Individuals with Disabilities

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A MIXED METHODS EXPLORATION OF CHOIR MEMBER EMPATHY AND ATTITUDES TOWARD INDIVIDUALS WITH DISABILITIES

By

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University of Nebraska, 2016

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The purpose of this mixed methods study was to examine the effect of self-reported contact with individuals with disabilities on choir member empathy and attitudes toward individuals with disabilities. Further, this study investigated effects of an inclusive choral music experience on empathy and attitudes toward individuals with disabilities. Finally, the study explored expectations, experiences, perceptions, and beliefs of six individuals who participated in an inclusive choral music experience.

Phase I (n=207) addressed the effect of level of contact with individuals with disabilities on choral members' empathy and attitudes toward people with disabilities, and relationships between empathy and attitudes. A significant difference was found at the .05 level of significance for participants with a high level of contact with individuals with disabilities on empathic concern (M=4.08, SD=.54) compared with participants with a low level of contact (M=3.81, SD=.64), $t(203) = -2.153$, $p < .033$. No significant differences were found for any attitude subscales. Bivariate correlations revealed three significant relationships between empathy and attitudes subscales: 1) empathic concern

and cognitive attitudes (Pearson's r = .254), 2) personal distress and affective attitudes (r=-.186), and personal distress and behavioral attitudes (r=-.154).

Phase II (n=15) hypotheses were investigated for choral members' empathy and attitudes toward individuals with disabilities before and after an inclusive choral music experience. There were no statistically significant differences between pre-test and post-test means on any empathy or attitudes subscales.

In Phase III, qualitative interviews were used to explore the experiences of six individuals who participated in the inclusive choral music experience. Qualitative analysis revealed themes that include: expectations for limited social interactions, presumptions regarding music skills and music quality, perceptions about structure and modes of inclusive music learning, reflections about artistic experience and relationships formed, and revelations about beliefs toward people with disabilities.

…just knowing one person kind of changes your whole opinion about everyone. And that gets more vast. You go out into the world and you see people that are more marginalized, and you do feel ***like we are a little bit more the same than yesterday.***

Dedication

To my husband and life partner, Todd. Your love has been the scaffolding of this degree. My deepest and most intimate gratitude is reserved for you. I love thee.

To my amazing children, Holden Anthony, Harrison Robert, and Hamilton Rose. May you always be kind and include others in your life and music making.

To Robert and Judith Ewell, my dear parents and my foundation. Your prayers, affection, and encouragement have supported this journey and all those before it. You raised me to believe that anything was possible, and you helped make everything possible.

To Martha and Rachel, my sisters and ever present supporters.

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I would like to first thank all the musicians whom I have taught over the years, from the littlest of preschoolers to the oldest members of many a church choir. I have learned the most from you – from your strengths and your challenges, your efforts and failures, and your forgiveness of mine. A teacher never forgets a student, for they teach you more than you could ever know.

I cannot *dream a world* without the beauty of the inclusive choir in this study. You give your hearts and voices every week and your commitment to singing together and continually challenging our community to *draw the circle* wider will never cease to be recognized and appreciated. Like a *bumblebee* takes to flight, you are each a fabulous *firework*, and because of you, I have been changed *for good*.

I am indebted to all the participants of this study, but especially grateful for the 6 young men who boldly dedicated their time, energy, and musical selves in their participation, and who shared without hesitation.

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Chapter 1: Introduction

The most basic of all human needs is the need to understand and be understood.

–Ralph G. Nichols (1980)

I grew up with a young man named Shawn. We started Kindergarten together and had many of the same teachers through elementary school. Shawn was a bit different than I was – he looked and spoke and sometimes behaved differently. He often left the classroom with a teacher or another adult and even missed out on many of the fun parts of school like music class. It wasn't until I was in second or third grade that I began to understand why Shawn was missing some of the time. Shawn has an intellectual disability. Before then, I knew him as a classmate and friend and someone who could make me laugh.

As we began to grow up through elementary school it seemed that our differences grew larger and he spent more time apart from our class. The times Shawn did join us were often tumultuous when classmates would pick on him, call him names like "retard," and exclude him. He wanted to do what everyone else was doing. I was often a bystander to these situations, not knowing quite how to include Shawn or how to stop the teasing. On the occasions when I would say something or stick up for Shawn I would also get teased. When we all moved up to the junior high, the bullying really began to escalate as some of my peers found out that Shawn loved pennies and would do anything to chase them down the hallway. They would laugh and tease while Shawn ran after the pennies being thrown. It seemed like Shawn was oblivious to the meanness of this game, but I was aware of the ill intentions and it hurt me to see my friend from childhood be treated

that way. A few of us continued to try and stop the teasing, but not many. I hardly knew him since we didn't have any classes with him anymore. Shawn and I went to different high schools, and I often think about our happy early childhood together and wonder where he is and how he is. I wish he had spent more time with us, especially doing the thing I loved most in school – music.

Much has changed in the decades since I was an elementary student in the way that we include, teach, and serve students like my friend Shawn in schools and communities. We've come a long way in knowing how individuals learn and develop. We have even passed legislation assuring students like Shawn a legitimate place in public schools. But despite our increasing ability to help a large variety of individuals *learn*, it remains a challenge to foster acceptance, encouragement, and positive relationships among students with disabilities and their peers in and outside of schools. Empathy is one concept we could focus on in order to move forward in creating an inclusive atmosphere for learning and improved attitudes toward individuals with disabilities.

Empathy can be generally defined as an ability to sense another person's emotions combined with an ability to imagine what someone else might be thinking or feeling. Empathy has been linked to helping behaviors (Batson, Duncan, Ackerman, Buckley, & Birch, 1981), conflict resolution (DeWied, Branje, & Meeus, 2007), reduced prejudice (Vescio & Sechrist, 2003) and success in school (Pianta & Stuhlman, 2004). Empathy development is also linked to decreased bullying, aggression, and violence (Gini, Albiero, Benelli, & Altoe, 2007; Swick, 2005). Some schools and communities have begun adopting increased empathy as a goal and are devoting resources to help their students and citizens work toward this goal. Helping people to develop empathy skills is

a worthy effort. Teachers, schools, and communities may be able to make a difference by offering a variety of opportunities to practice the skills associated with empathy in environments that may lead to increased empathy.

There are at least two distinct components of empathy: cognitive and affective. The cognitive component reflects an ability to recognize and identify another person's feelings, while the affective component refers to an emotional response that results in either personal distress or concern for the other person. Empathy, especially the affective component of empathy, has been shown to have a positive influence on prosocial behavior and helping, while it appears to have a preventive influence in bullying, aggression, and violence (Gini, et al., 2007). Individuals who score high in empathy also report being more willing to help others who are being bullied (Jolliffe & Farrington, 2006).

Recent research shows that empathy, especially the components of perspective-taking and empathic concern, has sharply declined in the last decade (Konrath, Obrien, & Hsing, 2011). Several theories as to why empathy may be on the decline include the increase of individualism, social isolation, materialism, personal technology and media use, and exposure to media. Whatever the cause of the decline of empathy, there is evidence that empathy levels can be improved through learning experiences and coaching/training (Platt & Keller, 1994). The field of education has also taken note of empathy research. Numerous programs promoting empathy have been implemented into school curricula in an effort to address and prevent school bullying and violence (Polanin, Espelage, & Pigott, 2012). Besides creating safer environments for learning, empathy promotes to emotion management, positive relationships, and prosocial behavior. These

concepts are critical to the development of positive teacher and student relationships and contribute to academic success.

The changing makeup of classrooms today compared to previous decades may both help and hinder progress toward developing empathy. Contact with individuals with disabilities can promote positive attitudes towards disability in general (Ten Klooster, Dannenberg, Taal, Burger, & Rasker, 2009), but increased presence in schools may also increase the incidence of negative behaviors as well. Students with disabilities are at a greater risk of involvement in bullying (Rose, Swearer, & Espelage, 2012). This participation includes both being the victim and perpetrator of bullying. Since the passing of the Individuals with Disabilities Education Improvement Act in 2004, (IDEA, formerly P.L. 94-142), the number of students accessing a free appropriate public education in the least restrictive environment has continued to grow. Inclusion is an approach for serving the educational needs of students with disabilities and involves students spending all or the majority of their school time in general education classes. This is a shift from earlier special education practices that segregated most students into contained, special education classes where students had to prove they were ready for mainstream opportunities.

Music is considered a core subject according to the Elementary and Secondary Education Act, and therefore should be a vital part of each child's education. According to a government report (Parsad & Spiegelmen, 2011), 94% of American elementary schools and 91% of secondary schools offered music education. Music education classes are historically some of the first areas where individuals with disabilities found mainstream opportunities as these subject areas commonly provided more hands on

experiences and multi-level teaching (Damer, 2001). While music is an academic subject, the ways in which students learn and are assessed in music can help to decrease the stigma of disabilities. For example, students may learn a song by rote instead of reading the lyrics. Or they may demonstrate their knowledge through performance instead of a paper and pencil test. Unfortunately, students with disabilities are not always given opportunities to learn and participate in the music education offerings in public schools and community music organizations. Reasons for this shortage of opportunity may include lack of resources, scheduling conflicts, a need for teacher and paraprofessional training, or uncertainty of student interest.

As learner variability in general education environments deepens because of more widespread inclusive practices, the need for empathy must also grow on the part of administrators, teachers, students, support staff, and other stakeholders for individuals with disabilities. One of the advantages to an inclusive approach to music learning is that individuals with disabilities are integrated socially with their peers and can develop friendships that otherwise wouldn't be possible. These connections can give all individuals chances to practice social skills needed to navigate social relationships throughout their life. Another advantage is that the collective artistic endeavor of performing music may elicit cooperation and consideration of others when facilitated in a positive way. When a teacher ensures that each student and his or her contributions are valued, individual growth in musicianship and learning is celebrated. It may be that through these processes – both social and musical – empathy is increased and attitudes toward individuals with disabilities improve.

Need for the Study

Research is limited on empathy as an outcome of an inclusive approach to music learning. However, empathy *has* been the focus of research in many areas (human development, evolutionary biology, health care, economics, civil engagement, leadership, social emotional development, compassion, bullying and violence prevention, etc.). Essentially, empathy matters and is a topic that deserves to be examined as a part of the body of research in music education. It may be that by providing access to inclusive music experiences in schools and communities, we can also contribute to a wider goal of helping individuals develop empathy and positive attitudes toward individuals with disabilities.

Three areas of research shed light on the need for research on the development of empathy through inclusive education environments – empathy development and measurement, the benefits of inclusion, and the empathy-music connection. This present study is a natural extension of research on the benefits of inclusive education for individuals with and without disabilities. It will also begin a new line of research to discover and reveal new ways that music education can function in developing both musical skills and relational skills that will serve individuals throughout their lives.

Mixed Methods Purpose Statement

The purpose of this mixed methods study was to examine the effect of self-reported level of contact with people with disabilities on choir member empathy and attitudes toward individuals with disabilities. Further, this study investigated the effect of an inclusive and intergenerational choral music experience on participants' empathy and

attitudes toward individuals with disabilities. Finally, the study explored the expectations, experiences, perceptions, and beliefs of six individuals who participated in an inclusive and intergenerational choral music experience.

Inclusive and Intergenerational Choir (IIC)

The IIC is a partnership between a large Midwestern university, an international textile art museum (Figure 1), and a non-profit foundation that supports the arts. This ensemble was founded and began rehearsing in the fall of 2013. One of the goals of the partnership is to provide opportunities for university students and faculty to extend their work into the community. One of the ways the IIC achieves this goal is to invite members of the university music community to collaborate musically at end of the session for a concert and community sing (Figure 2).

Figure 1: International textile museum, location for IIC.

The mission of the ensemble is as follows. “The inclusive and intergenerational choir (IIC) has a primary purpose of creating music-making opportunities where individual contributions are valued, musical growth is championed, and all members become partners is creating high quality music.” ([IIC], 2015). The number of singers in this ensemble changes from semester to semester, but typical membership is around 35 singers. The IIC is open to all participants who can sing and those who desire to learn to sing. The many quilts that are displayed at the museum are wonderful way of representing this choir, where many pieces of all different shapes, sizes, and textures come together to form something beautiful.

Members of the choir register in cross-age, cross-ability groups who want to participate in the ensemble together. These groups include individuals with and without a variety of physical, sensory, cognitive, or emotional disabilities. There is no requirement to disclose whether or not a person has a disability to become a member of the ensemble. However, based on observation of physical, communication, sensory, and emotional attributes, we estimate around 40% of members have a disability. Supportive partnerships between members occur organically. When a member needs support, they are encouraged to ask for it. When one member notices another needing support, they are encouraged to offer it. Examples of support include helping another member find a measure number, pointing to their part, singing their part to them, giving praise and encouragement, holding their folder for them or offering a music stand, etc.

Figure 2: IIC Members singing at a concert rehearsal with an invited ensemble.

The IIC meets once a week for 90-minute rehearsals over a twelve-week session Each semester, a small number of music education students are invited to serve as student assistants. These students become members of the choir, but also work to ensure each member has the materials they need and provide support for members when needed.

each semester. A typical rehearsal includes the following types of activities:

- Vocal technique: Warm-up activities include those that help singers to produce a resonant tone quality, gain pitch accuracy, improve rhythmic skills, extend their singing range, and learn to unify their voice with the ensemble.

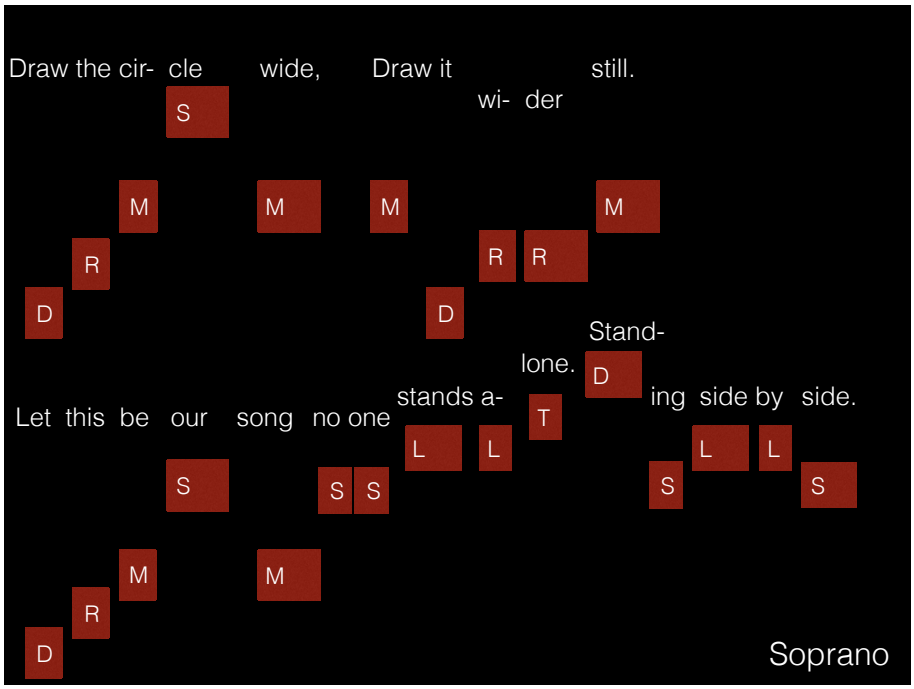

Figure 3: Example of alternate notation used in IIC.

- Teaching & Learning Music: Using the Universal Design for Learning framework (Meyer, Rose, & Gordon, 2014; Fuelberth & Laird, 2014), the teacher-conductors provide multiple ways to present music, multiple ways for singers to express their knowledge and skills, and multiple ways to stimulate interest and motivation in learning. For example, presenting music in different forms such as alternate notation (see Figure 3) targets different ways of presenting rhythm and pitch elements.
- Discussion: Every piece of repertoire that the IIC sings is purposefully selected to be representative of the aims of the group. Themes include: hope, freedom, justice, peace, equality, including others, togetherness, and the joy of singing and making music in a community. Most rehearsals include structured time to have

conversations about the text of a particular piece or to share with other members what the piece means to them.

- Social time: At every rehearsal, the IIC dedicates between 10-15 minutes to giving singers time to get to know one another. Cookies are served and members move around the rehearsal space to have conversations.

The 12-week sessions end with a free-to-the-public performance and community sing concert. There is no cost to become a member of the choir. The music materials and facility costs are paid for by the partnering organizations.

Research Questions

The qualitative and quantitative phases of this study were developed to answer particular research questions that reveal the distinctive natures of qualitative and quantitative research. In addition, the study was engaged by a mixed methods research question that considered the relationships of the qualitative and quantitative phases. The research questions are presented as a sub-set of the phase (quantitative or qualitative) that is relevant to the question.

Phase I: Quantitative research questions.

1. Does variance in self-reported close contact with individuals with disabilities produce any statistically significant differences in collegiate choral ensemble members' empathy levels?
2. Does variance in self-reported close contact with individuals with disabilities produce any statistically significant differences in collegiate choral ensemble members' attitudes toward individuals with disabilities levels?

3. Is there a relationship between collegiate choral ensemble members' empathy and attitudes toward individuals with disabilities levels?

Phase II: Quantitative research questions.

4. Does participation in a choral collaborative project with an inclusive choir have an effect on collegiate choral ensemble members' empathy levels?
5. Does participation in a choral collaborative project with an inclusive choir have an effect on collegiate choral ensemble members' attitude toward individuals with disabilities levels?

Phase III: Qualitative research question.

6. How do collegiate choir members describe their expectations, perceptions, reflections and beliefs about individuals with disabilities following their collaboration with an inclusive choir?

Phase IV: Mixed methods research question.

7. What results emerge from comparing the quantitative instrument data about participant prior contact with individuals with disabilities and empathy and attitude levels with qualitative data about participant experiences with an inclusive choir?

Significance of this Study

The null hypothesis of this study is that after participation in the choral collaborative project, participants would show no change in empathy or attitudes toward individuals with disabilities. The alternate hypothesis of this study is that through

participation in an inclusive, intergenerational choral collaborative project, participants would develop increased empathy and improved attitudes toward individuals with disabilities. The findings of this study might be of interest to music and arts educators, special education educators, school and community administrators, as well as individuals with and advocates for individuals with disabilities. It may help these groups of people to offer and develop music making opportunities to more individuals with disabilities and that are beneficial to all who are involved. It is also an important piece of the empathy puzzle that could potentially support programs for schools and communities that wish to promote the development of empathy in their citizens. This study adds to the research field of music education specifically in the area of inclusion and teaching music to individuals with disabilities. While this study focused on collegiate age participants, the findings are just as important for those in the K-12 setting, especially those looking for a model for inclusive music making.

Limitations

Researchers must make choices that clarify the boundaries of a study. The sample size for the repeated measures portion of the study had to be relatively small in order to facilitate sufficient contact between the IIC members and the study participants. The qualitative findings of this study will offer a particular view of participants' experiences in the choral collaborative project and how it impacts their attitudes toward individuals with disabilities and inclusive music learning.

Organization of the Study

The remainder of the study is organized into five chapters, a bibliography, and appendices in the following manner. Chapter 2 presents a review of related literature dealing with empathy and attitudes toward individuals with disabilities and their intersections. Chapter 3 explains the research design and methodology of the study. The instruments used to gather the data, the procedures to be followed, and determination of the sample selected for the study is described. An analysis of the data and a discussion of the findings will be presented in Chapter 4. Chapter 5 will contain a summary, conclusions, and recommendations of the study.

Definition of Terms

Empathy. A multidimensional psychological response that includes both emotional and cognitive elements such as empathic concern, perspective taking, fantasy, and personal distress. The following descriptions are taken directly from Davis, 1983:

> *Empathic concern.* Assesses "other-oriented" feelings of sympathy and concern for unfortunate others
>
> *Perspective Taking.* The tendency to spontaneously adopt the psychological point of view of others
>
> *Fantasy.* Taps respondents' tendencies to transpose themselves imaginatively into the feelings and actions of fictitious characters in books, movies, and plays
>
> *Personal distress.* Measures "self-oriented" feelings of personal anxiety and unease in tense interpersonal settings

Attitude. A multidimensional construct that includes affective, cognitive, and behavioral components (Olson & Zanna, 1993)

Affective. Feelings or emotional underpinnings toward something or someone (Antonak & Livneh, 1988)

Cognitive. Ideas, thoughts, perceptions, beliefs, opinions about something or someone

Behavioral. Intent or willingness to behave, or actual behavior toward something or someone

Inclusion. A process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, culture, and communities, and reducing exclusion within and from education (UNESCO, 2005)

> In education, inclusion refers to the commitment to educate each child, to the maximum extent appropriate, in the school and classroom he or she would otherwise attend. It involves bringing the support services to the child… and requires only that the child will benefit from being in the class (Rogers, 1993, p.1)

Social desirability bias. The tendency of research participants to give socially desirable responses instead of choosing responses that are reflective of their true feelings or beliefs.

Chapter 2: Literature Review

In Chapter 1, the concepts of empathy and attitudes toward individuals were introduced. The research presented in this chapter will indicate that empathy and attitudes toward individuals with disabilities have many commonalities. The literature review here will present an integrated approach to addressing important studies in both areas. For each larger section, representative studies in empathy and attitude research will be presented. In addition, any studies that represent intersections between these areas will also be highlighted.

The first section examines research on influences of empathy development and attitudes toward individuals with disabilities. Recent authors have explored these questions in different directions, some of which point to a convergence between attitudes and empathy. In this first section, there are three subcategories

- influences on empathy
- influences on attitudes
- intersections within these influences

The second section examines research in the area of community life, again with sections on empathy, attitudes, and intersections. The third section will focus on empathy and attitudes in educational settings. The fourth section deals with empathy and attitudes in the arts. And finally, the fifth section will review research on empathy and attitudes in music, music education, and singing.

Influences: Empathy

What leads us to feel empathy toward someone? Some of the possible influences on empathy include age, gender, similarity/experiences, and mindset.

Age. Empathy development has been studied in childhood, adolescence, and adulthood. As children grow older there is a progression in empathy that may be explained by cognitive development (Eisenberg, Fabes & Spinrad, 1998; Zahn-Waxler, Radke-Yarrow, Wagner, & Chapman, 1992). Emotion recognition can be observed even in infancy and developmental gains during the first years of life have been demonstrated in several studies (Ford, Lobao, Macaulay, & Herdman, 2011; Nelson, Adamson, & Bakeman, 2011; Roth-Hanania, Davidov, & Zahn-Waxler, 2011). In a recent study by Schwenck et al. (2014), age showed a strong influence on cognitive empathy of 134 typically developing children and adolescents. The children ranged from seven to 17 years of age and were shown film clips with different scenes of social interaction to which they were asked to respond. Age was not found, however, to be related to emotional empathy. These results are in line with other behavioral studies on age differences in emotion recognition and perspective taking (van Beek & Dubas, 2008; Golan et al., 2008; Aldrich et al., 2011; Bengtsson & Arvidsson, 2011). The authors indicate that emotional empathy may develop earlier in childhood, one explanation why that component does not seem to be influenced by age.

In terms of how age and development may be related to learning empathy, Hatcher et al. (1994), surveyed high school and college age students before and after a peer facilitation skills training and found that college age participants had a greater readiness for learning empathic communication. These authors posited that a

developmental shift in the college years makes empathy training more effective during this developmental period.

Other research has focused on how empathy rises and falls across the adult life span (Erikson, Erikson, & Kivnick, 1986; McAdams & Olson, 2010). Recently, O'Brien, Konrath, et al. (2013) investigated the effects of age on two components of self-reported empathy- perspective taking and empathic concern. In three large cross-sectional samples (*N*=75,263) of American adults aged 18-90 years, they found an inverse-U shaped pattern across age where middle-aged adults reported higher empathy than both young adults and older adults. These results may be found due to increasing cognitive abilities that facilitate emotional functioning in the first half of the life span, with decreasing levels in the second. Or, the authors propose, another explanation may be that of cohort effects. Certain generations raised during historic social movements and events may report higher empathy because they grew up during societal changes that emphasized the feelings and perspectives of other groups (ie. 1950's and 1960's). Other studies (Richter & Kunzmann, 2011; Grühn, et al., 2008) have found similar or mixed results suggesting that empathy doesn't necessarily decline in older adults, and that cohort effects assert more of the influence on empathy rather than age differences.

Gender. Gender differences in empathy appear after the preschool years, which may be due to developmental or socialization reasons. A study by Roth-Hanania, et al. (2011) found no gender differences in their research with infants aged 8-16 months of age, which supports this explanation. The majority of available research on empathy and school-aged children and adolescents supports the view that girls are more empathic than boys. Some studies focused on emotion recognition (van Beek & Dubas. 2008; McClure,

2000) and reported better abilities for girls compared to boys. Others examined emotional empathy among children (Light, et al. 2009) and found a slight increase for girls. Vandergraaff, et al. (2014) led a longitudinal study where adolescent perspective taking and empathic concern was measured as they relate to developmental changes through puberty. Gender differences emerged during the six-year study. Girls showed higher levels of empathic concern and more stability throughout adolescence, where boys showed a decrease from early to middle adolescence with an eventual recovery to the initial level. The authors suggest that cognitive development may be responsible for these changes, but further research is needed to explore this theory.

Research with adult samples also indicates gender differences in empathy, especially the affective component of empathy, or responding emotionally to another's emotional state. Hoffman (1977) explored these gender differences and found that females are generally more empathic than males, but may not be more adept at identifying another person's perspective. Several early developers of empathy measures found that women scored significantly higher on scales of empathy (Dymond, 1950; Mehrabian & Epstein, 1972; Davis, 1983). This finding is also consistent with more recent measures of empathic tendencies (Baron-Cohen & Wheelwright, 2004; Jolliffe & Farrington, 2006; Reniers, et al., 2011).

Similarity and Experience. Several processes may explain why we feel empathy toward someone we have an ongoing relationship with such as a family member, friend, or coworker. Friendship appears to have a strong influence on empathic accuracy. The findings of one study (Stinson & Ickes, 1992) indicate that the empathic understanding

that develops between friends may be a product of their shared interactions and common knowledge.

The similarity among friendship relationships is relatively easy to make sense of, but it is somewhat unclear why we feel empathy toward people we have never met or those whose welfare has no bearing on ours. One explanation commonly offered for why we feel empathy is observed or perceived similarity. There is some evidence that having similar experiences may have an influence on empathy. Hodges, et al. (2010) measured empathic concern, empathic accuracy, and perceived empathy among women who had children, were pregnant, and were not pregnant. They found that when a woman experiences the same life event (in this case, childbirth) as another, there was a tendency to express greater empathic concern and understanding of the other person. Another study (Batson, et al., 1996) found that similar prior experiences can increase empathy. This research was limited to female subjects.

More recently, Eklund, et al., (2009) found that prior similar experiences increased empathy, and suggest that pointing out similarities in experiences may be an effective means of training empathy. There was also a gender effect found in this study as well, with female subjects reporting higher levels of empathy. Other researchers (Batson, et al., 2005) questioned the idea of similarity as an explanation for empathy toward strangers. They theorize that it is nurturing tendencies, or an impulse to care for and protect offspring, that create a capacity for us to feel empathy. This may account for the gender effects seen in the majority of research on empathy. Batson, et al. (2007) designed two experimental studies exploring valuing the welfare of a person in need as an antecedent to empathy, specifically empathic concern. They propose that when we value

another person we are likely to think about how that person is affected by things in their life.

Mindset. Beliefs about empathy also have an influence on empathy. Just as people differ in their mindsets regarding the malleability of important attributes, such as personality and intelligence, they may also differ in their mindsets on empathy (Chiu, Hong, & Dweck, 1997; Dweck, 1996). A fixed mindset indicates a person does not belief an attribute can be developed, where a growth mindset indicates a person believes that an attribute can be developed. For those individuals with a malleable mindset on an attribute, a challenge provides an opportunity to improve their limitations and they are likely to extend more effort in order to grow in that area compared to someone with a fixed mindset who might be more likely to avoid situations where their limitations are challenged (Nussbaum & Dweck, 2008). These differences can explain why some people are more likely to empathize when it is especially challenging, for example when similarity or similar experiences are not present. Schumann, et al. (2014) found that mindsets affect whether people exert effort to empathize when it is needed most, such as when they disagree with someone or someone they do not know is suffering. Participants with a malleable theory on empathy (in other words, they believe that empathy could be developed) used greater empathic effort in challenging contexts than did people who held a fixed theory.

Influences: Attitudes Toward Individuals With Disabilities

Attitudes are part of a framework that helps us interpret our social environment. Social learning theory emphasizes the process of acquisition of knowledge and attitudes from important others like parents, teachers, peers, and media figures (Bandura, 1977).

What influences our attitudes toward individuals with disabilities? Several key factors have been examined in empirical studies. These include contact, knowledge, education level, age, and gender.

Contact. Contact has been the focus of much research on the factors that may influence attitude toward social groups. One classic theory contends that acquaintance with outgroup members may lessen negative attitudes and decrease prejudice (Allport, 1954/1979). The theory suggests that interacting with members of another group can lead to positive feelings when certain conditions are achieved, such as shared goals, equal status, cooperation, and institutional support. Many studies have tested this theory (now referred to as the *intergroup contact theory*) with varying support. Results of one meta-analysis showed that greater intergroup contact was related to lower prejudice (Pettigrew & Tropp, 2006). They also found that these results may generalize to outgroup members not involved in the contact. More specific research on the quantity of contact with individuals with intellectual and physical disabilities also shows mixed support for the intergroup contact theory (MacMillan, et al., 2013; Scior, 2011; Yazbeck, McVilly, & Parmenter, 2004; Rao, 2004; Krajewski & Flaherty, 2000; Gosse & Sheppard, 1979). Ten Klooster, et al. (2009) found that individuals who have experience and contact with individuals with disabilities have more positive attitudes than individuals who do not have any contact with individuals with disabilities.

Other researchers have focused on the quality of the contact and its influence on attitudes (Brown, et al., 2007; Schwartz & Simmons, 2001; Aberson & Haag, 2007). For example, one study (Plant & Devine, 2003) found that the quantity of contact was not related to how positive participants thought future interactions would be with members of

an outgroup. Instead, it was the *quality* of the contact that determined the expectations about future contact. More specific research on the quality of contact with individuals with disabilities also shows an influence on attitudes (Vignes, et al., 2009; McDougall, et al., 2004; Hall & Minnes, 1999; Yuker, 1987; Au & Man, 2006). McManus, et al. (2011) found that quality of contact is a uniquely important variable in predicting attitudes toward individuals with intellectual disabilities in their study with undergraduate students. They also determined that knowledge about and quantity of contact with individuals with intellectual disabilities were not related to attitudes. Another way to examine the way contact influences attitudes is to focus on whom the contact is with. In a study by Stachura and Garven (2007) college students with family members with a disability and informal social contact with people with disabilities had significantly more positive attitudes than those without this kind of contact.

Knowledge. Another factor that may influence attitudes toward individuals with disabilities is knowledge about disabilities. One study suggests that providing even brief information about capabilities of individuals with intellectual disabilities can result in increased positive attitudes (MacDonald & MacIntyre, 1999). Another study (Campbell & Gilmore, 2003) found that improved knowledge through formal instruction and field experiences was related to improved attitudes toward individuals with a specific disability (Down Syndrome) and may also influence attitudes toward people with disabilities in general. Similarly, combining descriptions and explanatory information (for instance, highlighting similarities between a child and their peers) was found to improve attitudes toward individuals with autism (Campbell et al., 2004). The source of the information about disability may also influence attitudes. One study found that

children responded with increased positive attitudes when a teacher or doctor gave information rather than a parent (Morton & Campbell, 2007). Conflicting studies are also present in this area of the literature. Swaim and Morgan (2001) found that offering explanatory information, such as what causes unusual behavior, does not alter attitudes toward specific disabilities.

Education level. Educational attainment has also been a factor studied in this portion of the research, both in school age participants and adults. The results have been mixed, partly because it is difficult to separate educational attainment from age or cognitive development and some studies have not controlled for these factors in their methodology. In an early study of adolescent and young adult attitudes toward individuals with physical disabilities (Gosse & Sheppard, 1979), a significant main effect was found for education level. In 7th, 11th, and college age students, the higher the level of education, the more positive their attitudes were toward individuals with physical disabilities. When measuring attitudes toward public employment of individuals with disabilities, Burge et al. (2007) and Pace et al. (2010) found that the participants with the most positive attitudes also had higher levels of education (some college). Ouimet and De Man (1998) found similar results in a Canadian study where men of limited education showed the least positive attitudes toward people with intellectual disabilities.

More recently, Morin et al. (2013) also found that less educated (high school diploma versus some college or college degree) participants had a more negative attitude toward individuals with intellectual disabilities. They also found that more highly educated adults felt more comfortable in the presence of individuals with disabilities, displayed more interactions, and experienced emotions that were positively oriented

toward including individuals with disabilities. Ouellette-Kuntz, et al. (2010) also found that adult participants with lower levels of education were more likely to desire to distance themselves from individuals with intellectual disability.

Age. Many studies have found age differences when examining attitudes toward individuals with disabilities. In a study with adult participants, Goreczny et al. (2011) found a significant effect of age, with younger adults (40 years or younger) having more positive expectations and views of individuals with disabilities than older adults (50 years and older). Similarly, Lau and Cheung (1999) found a significant effect of age on discrimination toward individuals with mental health difficulties, where older adults were more discriminatory. Within a population of children, younger children's attitudes (early childhood) toward peers with disabilities have been found to be more negative than those of older children (Nowicki, 2006). Pace et al. (2010) did not find any association between age of adults and attitudes toward individuals with Down syndrome except that younger adults showed significantly more negative attitudes toward people with Down syndrome in the workplace.

Gender. While some of the other factors influencing attitudes toward individuals with disabilities are varying, gender* is probably the most consistently cited in the research. (While some studies use the word "sex," this paper will use the word "gender" because the use is more appropriate when describing a social construct versus a physical attribute). In the majority of studies on attitudes toward individuals with disabilities, women are reliably more positive than males toward individuals with disabilities of various kinds (Goreczny et al., 2011; Vignes, et al., 2009; Siperstein, 2007; Hughes, 2013; Krajewski & Flaherty, 2000; Litvack et al., 2011; Panek & Jungers, 2008; Werner

& Davidson, 2004; Nowicki, 2006; Pace et al., 2010). These studies represent the attitudes of school-age children, adolescents, college age students, and adults. Most recently, in a study of 256 college students, Griffin, et al. (2012) found that women had more positive perceptions of individuals with disabilities, were more willing to interact with them, and perceived more benefits to their inclusion in the college setting. In a study by Nowicki (2006) with elementary children, similar results were found. However, this author cautions that gender differences may be influenced by measures that elicit response biases favored by one gender.

Influences: Intersections

In the sections above there are several intersections between the factors that may influence empathy and attitudes toward individuals with disabilities. These include age, gender, and shared experiences (contact). Two additional studies in particular point to a connection between these constructs, which may explain why empathy and attitudes have similar influences. Nesdale et al. (2005) examined the relationship between children's (ages 5-12) empathy and attitudes toward out-group members. In this case, the out-group was related to ethnicity. They found that as empathy increased, so did preferences for minority group members. This study also found that if an in-group had a positive attitude toward inclusion, the members of that group, even those with lower empathy, would be more likely to accept out-group members, and those in-groups with an attitude toward exclusion would be more likely to deny or dislike out-group members. In another study, (Sierksma et al., 2014) children's empathy predicted their intentions to help in-group and out-group members, especially when the need for help was particularly high and even when the helping was done privately. In the medical field, empathy has been given as a

possible explanation for gender differences in attitudes toward individuals with disabilities. In one study from this field, (Miller, 2010) women medical school faculty scored significantly higher than men on a scale that measures attitudes toward individuals with disabilities.

Community: Empathy and Attitudes.

Several areas of research on empathy and attitudes toward individuals with disabilities are situated in the community. These include the fields of counseling and psychology, healthcare, and general daily living.

Community: Empathy. Empathy is a focus of much study in the field of social psychology. Recently, some authors have attended to empathy as it relates to societal changes. Konrath, et al. (2011) completed a meta-analysis that examined the empathy of American college students over a twenty year time span (1979-2009). The results were discouraging. They found a sharp decline in two empathy subscales – empathic concern and perspective taking, with the most pronounced changes happening in the years since 2000. The authors speculate that these changes may be related to increasing narcissism, which is a negative correlate to empathy.

Empathy is also of great interest within the medical field. In fact, a specific scale, the Jefferson Scale of Physician Empathy, has been developed for measuring the particular idiosyncrasies in empathy in physicians and other medical providers (Hojat, 2001). There are many benefits of medical professionals such as nurses and doctors having good empathic skills. Empathy is a key component to providing patient-centered care, and allows providers to better understand patients' health care needs and

preferences and leads to effective communication (National Healthcare Quality Report, 2008). This is important for all patients, but especially for those with disabilities. Some research shows that doctors and other providers frequently underestimate quality of life for individuals with disabilities (Iezzoni, 2006). Other research shows a decline in medical school students' empathy as they progress through their education and field experiences (Hojat, et al., 2004). Health outcomes for patients, especially those with disabilities can be improved by developing empathy and patient-centered communication in medical providers (Stewart, et al, 2000). Empathy training for pre-health care students may be effective, especially when it informs the students about the characteristics and life impacts associated with having a disability, combined with personal stories of how a disability can impact individuals, their families, and those who provide their care (Miller, 2013).

The business sector has noticed the ways that empathy may influence customers and the climate of the workplace. Empathy displayed by service employees and customers is an important component of successful service interactions (Clark, et al., 2012; Wieseke et al., 2012). There may also be a relationship between use of technology and the erosion of customer care. Empathy may help to mediate encounters where technology has built barriers to human contact (Gorry & Westbrook, 2011).

Community: Attitudes. Researchers interested in attitudes toward individuals with disabilities often are concerned with the success of community living on the part of individuals with a variety of special needs. One important determinant of such success is the attitude of the public toward their presence and involvement. One study sought to measure these attitudes via the concept of social distance (Ouellette-Kuntz, et al., 2010).

Social distance may reflect attitudes by measuring a willingness to recognize, live near, or be associated with groups or individuals. Results from this study suggest that some of the demographic characteristics mentioned earlier in this review (age, education level, contact) may predict an inclination to desire greater social distance from individuals with disabilities. There were no differences found for gender. These authors note that there are some limitations involved in using measures that examine attitudes, including social desirability bias, and perhaps more importantly that attitudes can't always predict behaviors. So, individuals may have a positive attitude toward the social inclusion of individuals with disabilities but their behavior may not reflect their attitude.

Those in the medical profession are also aware of the impact of attitudes toward individuals with disabilities among providers, especially those involved with medical training. Comfort on the part of physicians and other medical providers in caring for an individual with disabilities is important establishing positive health outcomes. Negative attitudes may result in inadequate care (Iezzoni & Long-Bellil, 2012; Wilkinson et al., 2012). One study (Symons, et al., 2014) suggests that medical students that undergo a curriculum that includes increased contact with individuals with disabilities including clinical in-service encounters and presentations on disability-related topics found significant improvement in self-reported attitudes and comfort level toward people with disabilities.

Researchers in the hospitality and tourism field are also interested in personal and societal attitudes toward individuals with disabilities, especially as they relate to employee training and the experiences of customers with disabilities. Daruwalla and Darcy (2005) found an intervention that included informative lecture, video, role-playing,

and contact with individuals with disabilities was more effective in improving attitudes of tourism employees than an intervention that did not include contact with individuals with disabilities.

Another way that researchers examine attitudes toward individuals with disabilities is through the perspectives and experiences of the individuals with disabilities themselves. This may be achieved through the qualitative paradigm. In one study, interviews and focus groups were held where participants included 15 children and youth with cerebral palsy (Lindsay & McPherson, 2012). Group discussions included topics such as social inclusion and bullying. Several suggestions were found to be common among these participants: creating better awareness of disabilities, developing a supportive peer network, and the importance of positive adult support.

Community: Intersections. Both empathy and attitudes can influence the lives of individuals with disabilities in a variety of ways seen in this section. There may be a distinct relationship between empathy and attitudes. Empathy appears to mediate attitudes and improve intergroup relations. Reading about discrimination against out-group members or inducing empathy by asking participants to imagine themselves in the situation of another person or by placing themselves into the situation may improve attitudes toward out-group members (Finlay & Stephan, 2000). Empathy and attitudes seem to be influenced by the quality and frequency of contact between people. Batson, et al. (2002) explored an intersection between empathy and attitudes and found that by inducing empathy for a member of a stigmatized group, improved attitudes may lead to action on behalf of the group. This research was not done with a member of a disability group, but extensions of the research may find similar results.

Education: Empathy and Attitudes.

Several areas of research on empathy and attitudes toward individuals with disabilities are situated in the field of education.

Education: Empathy. Empathy has become an important part of research in education, as it is associated with learning, peer and teacher-student relationships, bullying, and school violence. Empathy may be an important tool for learning and developing enduring understandings. Wiggins and McTighe (2005) describe empathy as one of six facets of understanding (application, empathy, explanation, interpretation, perspective, and self-knowledge). They explain that empathy may help students "find value in what others might find odd, alien, or implausible" (2005, p. 84). In other words, students can make meaning of content through the use of empathy. Other researchers find that service learning may increase both content understanding and empathic ability. Many service learning researchers use the Bringle and Hatcher (1996) definition: "students participate in an organized service activity that meets identified community needs and reflect on the service experience to gain deeper understanding" (1996, p. 222). In a qualitative study, Wilson (2011) proposed that service learning may contribute to the personal and social development of students through interaction and connection with people in need. The participants in this study were more likely to reflect empathy in their written expressions of their learning and experiences. In an experimental study, Lundy (2007) saw a significant increase in student course exams and empathy measures in service learning participants. Students had regular opportunities to engage in reflection and their understanding of content and understanding of others' emotional experiences combined to create positive outcomes.

Success in school requires students and teachers to perform a range of social and academic tasks. Prosocial behaviors such as helping others have been linked to students' empathic ability, which develops throughout childhood (Litvack-Miller, McDougall, & Romney, 1997). These behaviors can lead to positive peer relationships. Students who have positive peer relationships at school may have higher and more adaptive levels of emotional well-being, self-efficacy, and prosocial behaviors. They may also be more engaged and likely to excel at academic tasks (Wentzel, 2005).

Empathic relationships between teachers and students are also critical when supporting an environment that is optimal for learning. In fact, caring relationships that include empathy may even promote students' desire to learn and engagement in the classroom (Skinner, Wellborn, & Connell, 1990). Students' affective and cognitive outcomes in schools may be related to the quality of the teacher-student relationship (Cornelius-White, 2007; Roorda et al., 2011). Some research suggests that low-achieving students may benefit the most from caring and supportive relationships with their teachers (Hamre & Pianta, 2005).

In addition to promoting positive school relationships, empathy is also important when addressing bullying and violence in schools. Empathy appears to have a positive influence on helping behavior and may have a preventive influence on bullying, aggression, and violence (Dodaj et al., 2012; Stavrinides et al, 2010; Gini, Albiero, Benelli, & Altoe, 2007; Joliffe & Farrington, 2006). Programs based in schools have shown that empathy is a process that can be influenced (Santos, Chartier, Whalen, Chateau, & Boyd, 2011). Programs such as the *Social and Educational Aspects of Learning* (SEAL) program in England and Wales, and the *Roots of Empathy* program in

Canada and the United States have seen improvement in empathy scores through exercises that ask students to imagine how someone else feels - historical figures, people from other cultures, and even parents and their babies (DfES, 2004; Gordon, 2009).

Education: Attitudes. Attitudes toward individuals with disabilities in the field of education are an important topic of research that involves both peer attitudes and teacher attitudes.

***Peer attitudes*.** Peer relationships among school children reflect attitudes toward individuals with disabilities and are influenced by a variety of factors including age and development, type of disability, and contact. In one study of 7th grade students (n=1,509), several factors were associated with positive attitudes toward peers with disabilities including having a friendship with a child with a disability (Vignes et al., 2009). However, based on a national survey (n=5,837) of youth (Siperstein, 2007) only 10% of youth report having a student with an intellectual disability in their current classroom. The authors report that since students have such limited contact with peers with disabilities, they generally form their attitudes based on media and from teachers and parents. Another study reported that positive student relationships have a significant overall association with positive attitudes (McDougall et al., 2004).

Several dimensions of school culture may have an impact on student attitudes toward their peers with disabilities. In this particular study (McDougall et al., 2004), the factors that had a significant association with positive attitudes towards students with disabilities included a school goal structure that emphasized learning and understanding for all students, positive student relationships, and strong interpersonal teacher support.

Contact likely plays a prominent role in establishing positive attitudes toward

individuals with disabilities in school settings. In one systematic review (MacMillan et al., 2013), researchers evaluated 35 studies of children's attitudes toward individuals with disabilities. Twenty-two of these studies found a significant association between contact with people with disabilities and a positive attitude toward disability. While contact with individuals with disabilities may promote positive attitudes toward individuals with disabilities, in some instances it may not. This may differ because of the context to which the contact takes place. In one study (Hutzler & Levi, 2011), children who had previous exposure to children with disabilities showed lowered willingness to include them in physical education classes. The type of disability may influence peer attitudes toward individuals with disabilities. In a study of preschool children, participants were significantly more likely to say they would include a child with a physical disability in an activity that required only few motor skills (Diamond & Hong, 2010).

Two additional education studies reinforce the importance of the quality of contact and the idea that a shared goal or cooperative task may increase the likelihood of positive attitudes. In one children's study, Manetti, Schneider, and Siperstein (2001) explored the acceptance of students with intellectual disabilities by their peers in schools that either did or did not have programs to foster interaction between groups. Children who had frequent contact with peers with intellectual disabilities had more positive attitudes than children who did not have regular contact. Similarly, Piercy, Wilton, and Townsend (2002) highlight the importance of cooperative learning techniques in a study examining a 10-week inclusion program in schools. They found that feelings of peer acceptance and popularity increased more after children worked together on a

cooperative learning task than in conditions with mere exposure or no contact at all. This kind of meaningful, non-superficial contact can occur between typically developing children and those with intellectual disabilities and may be a key to improving attitudes toward people with disabilities.

Teacher attitudes. As with peer relationships, several factors influence the attitudes of teachers toward students with disabilities and their inclusion in their classrooms. The type and severity of the disability has an influence on teacher attitudes toward students with disabilities. Sideridis and Chandler (1996) found differences among the attitudes of physical education and music education teachers. Physical education teachers had less favorable attitudes toward students with orthopedic impairments while music teachers had less favorable attitudes toward students with emotional or behavioral disorders. This confirms another study that have found that music teachers find students with emotional or behavioral disorders the most challenging to teach (Gfeller, Darrow, Hedden, 1990). Other studies have found similar results where students with mild to moderate learning disabilities and emotional disorders causing the most concern for teachers (Avramidis, Bayliss & Burden, 2000; Soodak, Podell & Lehman, 1998).

Additionally, knowledge about disabilities may also positively influence teacher attitudes toward students with disabilities. Formal instruction about specific disabilities combined with experiences where teachers have meaningful contact with individuals with disabilities may result in positive attitudes toward individuals with specific disabilities and disability in general (Campbell, Gilmore & Cuskelly, 2003). Scruggs and Mastropieri (1996) found that teachers who felt supported and less personally responsible were more positive about including students with disabilities.

Education: Intersections. Several categories of research in education overlap when reviewing empathy and attitudes research. It is clear that empathy and attitudes toward individuals with disabilities both influence relationships in schools. Regarding teacher empathy toward students with disabilities, it appears that high teacher empathy is associated with attitudes that are more positive toward students with disabilities (Barr, 2013). This same study also concluded that contact with students with disabilities is not necessarily associated with more positive attitudes toward students with disabilities. The authors note that empathy training for teachers may be one strategy for developing positive attitudes toward individuals with disabilities in teachers.

Intersections between empathy and attitudes in the research are especially apparent in the research on bullying and individuals with disabilities. Students who receive special education services appear to be at a greater risk for involvement in bullying, both in bullying others and being bullied (Whitney, Smith, & Thompson, 1994; Rose, Espelage, & Monda-Amaya, 2009; Swearer, et al., 2012). Several theories have been developed to help understand this phenomenon (Rose, Swearer, & Espelage, 2012). These include physical attributes, personal characteristics, and school-related factors. Physical and observable attributes that are associated with specific disabilities may lead to mimicking and name-calling (McLaughlin et al., 2010; Rose, 2010; Rose et al., 2012). Personal characteristics also may put some students with disabilities at greater risk. Characteristics such as being passive, having deficits social and communication skills such as interpreting tone, sarcasm, and humor, and challenges in developing close friendships can influence a students' involvement in either being bullied or bullying themselves. School-related factors are also predictors for involvement in bullying on the

part of students with disabilities. Placement decisions, perception of dependence on teacher assistance, and participation in classroom activities all influence development of social skills, acceptance, and reducing negative stereotypes in schools.

Finally, school climate may also be an important factor in preventing bullying in schools. Students are more likely to participate in bullying when the school climate is such where there is high conflict, a sense of unfairness or where aggression and bullying are perceived as the norm (Gendron, Williams, & Guerra, 2011; Unnever & Cornell, 2003). The opposite may also result, where bullying is reduced because school staff and teachers are perceived as supportive and caring and where bullying behavior is controlled and addressed quickly and fairly (Eliot, Cornell, Gregory, & Fan, 2010). In these instances, the development of positive, empathic relationships both between student peers and teachers and students plays an important role in creating a positive school climate.

Arts: Empathy and Attitudes

Arts: Empathy. It may be possible to develop or train empathy through the many facets of artistic training. Goldstein and Winner (2012) conducted two studies where both children and adolescent aged participants received acting training and showed significant gains in empathy scores. They posit that role-playing required in various activities in the training has the most impact on the results. Other research aimed at fostering empathy through dance and movement. Behrends, et al. (2012) They suggest that some of the dimensions involved in interacting with others in movement such as imitation, synchronous movement and motor cooperation experiences are key to improving empathy, especially in those with empathy deficits.

Increasing medical student empathy may be possible through the arts. Boker, Shapiro, and Morrison (2004), employed the use of a humanities-based literature course for medical students. The intervention included a series of literature readings (poetry, skits, and short stories) that described patients' experiences, significant improvements in empathy were reported, as well as an increase in the value of the humanities in developing provider-patient understanding. Similarly, movies directed at reaching medical students' affective domain might also be effective at increasing empathy in medical students (Blasco & Moreto, 2012).

Arts: Attitudes. While much research has been developed to study the relationship or possible connections between the arts and empathy, some research has been done in terms of improving attitudes toward disabilities through the arts. One study (Faigin & Stein, 2008) was completed that examined improving attitudes and reducing stigma surrounding mental illness through live or video recorded theatre performances by actors with mental illness. In this study, a live performance was most effective in decreasing stigmatizing attitudes and increasing positive behavioral intentions among undergraduate students. Other researchers have also found that theatrical performances can positively affect audience attitudes and be effective educational tools (Deeny et al., 2001; Shapiro & Hunt, 2003). Similarly, theatrical puppet performances may also be effective in improving the attitudes toward and increasing knowledge about individuals with disabilities among elementary age students (Dunst, 2012).

Music: Empathy and Attitudes

Music: Empathy. Research on music making may also point to a possible connection with empathy. The kinds of musical activities involved in these studies

include drumming, participating in musical games, singing, group composition and improvisation. The common processes involved in these types of activities included mirroring, imitation, being synchronous, solving musical problems, collaborating, and having affected, shared experiences. Early studies (Kalliopuska & Ruokonen, 1986; 1991; 1993) found an increase in empathy in children engaged in music. One important recent study (Rabinowitch, Cross, & Burnard, 2013) explored musical group interaction and a positive long-term effect on empathy in children compared to children participating in other kinds of group interaction (games). Drumming in particular has also been used as a sort of therapy to induce empathy in at-risk children (Sassen, 2012; Ho, et al., 2011). In fact, parallels between empathy in music and the kind of empathy in therapeutic counseling relationships have been theorized (Myers & White, 2012).

Other researchers have studied mechanisms that prompt empathy in music making along with those that may prohibit empathy in creative music settings such as personal conflict, competitiveness, and unbalanced music skill sets (Cross, Laurence, & Rabinowitch, 2012). From the biological perspective, some research points to music making as an adaptive biological function where music may help to satisfy an intrinsic human desire to share emotions and experiences with one another (Kirschner & Tomasello, 2010). In this particular study, young children involved in joint music making were found to demonstrate more prosocial behavior than their peers in a non-musical group. Empathy may also be related to the how individuals experience musical performances. In one study, audience member empathy was related to their estimates of the emotional intentions of performing musicians (Wöllner, 2012). In another, adolescent social emotional competence was also related to their perception of emotion in music

(Burger, Saarikallio, Luck, Thompson, & Toiviainen, 2013). In a qualitative study (Campbell, Connell, Beegle, 2007), adolescent students expressed that they felt there were emotional and social benefits to participating in music.

Finally, the mirror neuron system and its role in human communication and empathy may be another mechanism that assists in the connection with music (Overy & Molnar-Szakacs, 2009). This research is promising, but will not be explored further in this dissertation due to the scope and sociological focus taken.

Music: Attitudes. Attitudes toward individuals with disabilities as situated within music and music education is an active area of research. Some researchers have focused on the general attitudes of music teachers toward individuals with disabilities or inclusion. In a qualitative study, Scott, Jellison, Chappell, and Standridge (2007) interviewed 43 music teachers (16 elementary music, 12 secondary orchestra, 12 secondary band) and found generally positive attitudes about inclusion of students with disabilities. Nabb and Balcetis (2010) found that Nebraska band directors believed there are benefits for including students with physical disabilities in band but were either unaware of adapted instrument options or their availability in their area. Scruggs and Mastropieri (1996) found that teachers who felt supported and less personally responsible were more positive toward including students with disabilities.

Other studies have examined music teacher training and attitudes toward inclusion of students with disabilities. Wilson and McCrary (1996) completed a study on the effect of a master's level course on teaching music to special learners. The results indicated that teachers felt more capable to teach students with disabilities but were less comfortable and less willing to do so. Standley (2000) explored changes in attitudes and tolerance for

student diversity among prospective music teachers involved in a special music education course that promoted tolerance. Results showed an increase in comfort toward students from a diverse background, as well as a decrease in negative speech behaviors.

Other researchers have looked at student attitudes toward their peers with disabilities in the music classroom. In an experimental pre-test post-test study of elementary school students, Jellison, Brooks and Huck (1984) found that the frequency of positive social interactions between students and acceptance of students with disabilities was influenced by teacher-structured small group experiences and music reinforcement. Johnson and Darrow (1997) found that positive models of inclusion shown via video had a positive effect on secondary band student attitudes toward inclusion of students with disabilities in the band classroom. Colwell (1998) completed an extension of the Johnson and Darrow study by measuring elementary band student attitudes. Elementary attitudes were lower than the secondary students. Johnson and Darrow (2003) later completed a comparative study on American and Italian junior high student attitudes toward students with disabilities and found similarities between these nation groups related to acceptance of certain types of disabilities and generally positive attitudes toward most individuals with disabilities.

In other research, community music participation has been the subject of investigation. Sensory friendly concerts (Shiloh & LaGasse, 2014) may provide opportunities for individuals with autism spectrum disorders to enjoy music events without fear of public judgment while also promoting neurodiversity in communities.

Music: Intersections. Singing may be a particular area of interest for those interested in empathy and attitudes toward individuals with disabilities. Singing has been

examined as a therapeutic tool among many researchers (Bailey & Davidson, 2003, 2005; Clift & Morrison, 2011; Gick, 2011). One group of researchers explored singing as a way to increase the health and well being of individuals who are either cared for as elderly or disabled people, or who provide care for these individuals. The researchers, Davidson and Faulkner (2010), have found using qualitative research techniques that a community-based choir program for both care-takers and cared for individuals can provide interactions that both promote musical expression and enjoyment, as well as harmony and mutual understandings that may not develop outside this special music environment.

Pilot research (Quantitative). In an effort to better understand the target quantitative instruments for this dissertation research, the author performed a pilot study in the Spring of 2014 (Laird, 2014). This pilot study had seven participants of a student-led university a cappella choir who collaborated with the IIC on a choral concert similar to the treatment described later in Chapter 3. This pilot research was important in establishing some preliminary timing, logistical, and statistical choices.

Pilot Research (Qualitative). The researcher conducted a preliminary focus group in January 2014 with a group of participants who had collaborated with the IIC in a similar fashion to the experimental group of this study. Data from the focus group has been used to write the qualitative interview questions and explore themes that may be further developed using the qualitative data.

Summary of the Literature

The research indicates several key points leading to the undertaking in this dissertation. First, the amount of research and long-lasting interest in both of these subjects points to their importance in several arenas: personal, societal, and educational and arts. Second, though there are a number of factors that may influence both empathy and attitudes toward individuals with disabilities, both of these constructs appear to be malleable to some extent. Last, there appears to be a good deal of intersection within the literature related to empathy and attitudes toward individuals with disabilities.

Implications For This Study

The research in this chapter demonstrates that increased empathy and attitudes toward disabilities may encourage a variety of positive benefits for individuals, groups, and communities. It may be possible that both empathy and attitudes can be promoted through inclusive music making, and inclusive singing in particular. Since having meaningful contact among individuals with and without disabilities is critical to the model, the scope of the second quantitative phase of the study will need to be on a small scale in order to provide an appropriate amount of contact within the environment. The alternate hypothesis of this study is that through participation in an inclusive choral collaborative experience, collegiate choral ensemble members would develop increased empathy and improved attitudes toward individuals with disabilities.

Chapter 3: Methods

Theory

The researcher began this study by conceptualizing a model that addressed the key variables and attempted to control for other variables that may be present when studying empathy and attitudes toward individuals with disabilities. Figure 4 reveals the model used in this study. The dependent variables in this study are empathy and attitudes toward individuals with disabilities. The bubbles represent the independent variables that were examined in this study.

Figure 4: Theoretical model for study.

Empathy. Empathy is a multi-dimensional and complex process that may involve feeling with others, taking the perspective of others, understanding the feelings of others from their perspective, sharing another person's emotional state, or having feelings of concern toward someone as you feel with them. There are at least two distinct components of empathy: cognition and affect. The cognitive component reflects an ability to recognize and identify another person's feelings, while the affective component refers to an emotional response that results in either personal distress or concern for the other person. Recent research (Konrath, Obrien, & Hsing, 2011) shows that empathy, especially the components of perspective-taking and empathic concern, has sharply declined in the last decade. Several theories as to why empathy may be on the decline include the increase of individualism, social isolation, materialism, personal technology and media use, and exposure to media. Whatever the cause of the decline of empathy, there is evidence that empathy is teachable and that empathy levels can be improved through learning experiences and coaching/training (Platt & Keller, 1994).

Gender is perhaps the important variable to control for when studying an individual's empathy. Davis (1980) found that females scored significantly higher on four subscales of the empathy scale, Interpersonal Reactivity Index (fantasy, perspective taking, empathic concern, personal distress). This is consistent with other measures of empathy (Dymond, 1949; Mehrabian & Epstein, 1972). For the purpose of this study, men were selected as participants in order isolate gender and more readily detect any change in empathy.

Attitudes toward people with disabilities. Regarding the study of attitudes toward individuals with disabilities, several variables need to be accounted for as shown

in the model in Figure 4. These include age, gender, and closeness to an individual with a disability. Several studies speak of the importance of building a sense of community in the classroom, and in the school in general, to promote social relations among youth with and without disabilities in inclusive schools (Salisbury, Galluci, Palombaro, & Peck, 1995; Higgins-D'Alessandro & Sadh, 1997; Maehr & Midgley, 1996; Roeser, Midgley, & Urdan, 1996). Related to the influence of age, studies examining the general populations' perception of people with disabilities revealed that, in general, females and older individuals have more positive attitudes toward people with disabilities than males and younger individuals (Harper & Peterson, 2001; Ten Klooster, Dannenberg, Taal, Burger, & Rasker, 2009). For instance, prior to and during adolescence, children tend to have more negative attitudes than do adults, and children are less likely to befriend persons with disabilities than are mature adults (Harper & Peterson, 2001; Weiserbs & Gottlieb, 1995). Individuals who have experience and contact with persons with disabilities have more positive attitudes than individuals who do not have any experience or contact with persons with disabilities (Ten Klooster et al., 2009; Gething, 1994; Gething & Wheeler, 1992; MacLean & Gannon, 1995). In addition, individuals who have contact with persons with disabilities outside of their school or work setting (e.g. a close friend or family member) tend to have the most positive attitudes (Stachura & Garven, 2007).

Measures

Empathy. Empathy was assessed using the *Interpersonal Reactivity Index* (IRI; Davis, 1980). This instrument (Appendix A) measures empathy with a multidimensional approach using four subscales: fantasy, perspective taking, empathic concern, and

personal distress. The IRI is considered one of the most reliable and valid measures of self-assessed empathy (Neumann, et al., 2011). There are 28 items, seven items for each subscale, with a subscale score range of 1 to 5. The measure uses a rating scale where the participant selects a letter (A-E) associated with how well the statement describes them (does not describe me well … describes me very well). Although the four subscales are related, each represents a distinct dimension of empathy. Scores are calculated for the participants on each of the subscales by averaging participants' scores on the items in each subscale.

Each subscale measures either a cognitive or emotional dimensions of empathy. The fantasy and perspective taking subscales represent two different antecedents of experiencing emotions in response to emotions felt by others (Davis, 1983). The empathic concern and personal distress subscales represent emotions and represent two different ways of vicariously participating in other people's emotions.

The fantasy (FS) subscale refers to a tendency to imaginatively transpose oneself into the feelings or actions of fictional characters in books, movies, and plays. For example, item number five on the fantasy subscale reads: "I really get involved with the feelings of the characters in a novel." The perspective taking (PT) scale is closest to cognitive empathy and involves the tendency to take the psychological point of view of others (e.g. "When I am upset at someone, I usually try to 'put myself in his shoes for a while.'). The empathic Concern (EC) subscale measures sympathy and concern for others in distress and is most closely related to emotional empathy. For example, "When I see someone being taken advantage of, I feel kind of protective towards them." This is an other-oriented focus. Finally, the personal distress (PD) subscale assesses the kind of

feelings that get in the way of helping others or the tendency to experience distress in situations (e.g. “In emergency situations, I feel apprehensive and ill-at-ease.”) The self-orientation when experiencing others in distress can inhibit someone from taking their perspective or taking steps to help them. It is important to note that a summary score of all four subscales is *not* recommended and will not be used in this study because the four subscales are not all positively correlated. So, increases in every subscale are not considered suggestive of greater levels of empathy.

Davis reported satisfactory reliability coefficient alphas for each of the subscales in the IRI. For the fantasy subscale, alpha coefficients were α=.78 for males, and α=.79 for females. For perspective taking, α=.71 for males, α=.75 for females. For empathic concern, α=.68 males and α=.73 females. For personal distress, α=.77 for males, and α=.75 for females. At the time of its development, there were two original versions of the instrument. The 28-item questionnaire was then administered to an independent set of respondents that had not taken either of the first two versions. Separate factor analyses were conducted with more than 1,000 participants (*n*=579 males, *n*=582 females). The results provided strong support for using the four subscales where clear factors emerged that represented each subscale. More recently, a separate set of researchers (Pulos, Elison, & Lennon, 2004) has conducted a procedure called the Schmid-Leiman orthogonalization (Schmid & Leiman, 1957), which examines the hierarchical factor structure of an instrument. This analysis found that the IRI could be factored into four first-order factors corresponding to the four scales and two second-order orthogonal factors. Second order factors included a general empathy factor and an emotional control factor. The IRI has been used by hundreds of researchers in many different fields. In a critical analysis,

Konrath (2013) determined that the IRI's main advantages are its excellent psychometric properties and multidimensional approach. Due to its self-report nature the IRI can be susceptible to social desirability and self-perception biases. Despite this, the IRI has been validated through studies that use observer ratings (Saroglou, et al., 2005) and studies where scores are correlated with prosocial behavioral outcomes (Davis, 1983[1]; Davis, 1983[3]).

Attitudes toward individuals with disabilities. Attitudes toward individuals with disabilities were assessed using the *Multidimensional Attitudes Scale toward Persons with Disabilities* (MAS; Findler, Vilchinsky & Werner, 2007). This instrument (Appendix B) measures attitudes with a multidimensional approach that includes affect (emotion), cognition, and behavior. The participant reads a short vignette and responds to questions as if they were one of the characters. This design is used to inhibit social desirability bias. There are 34 items: 16 items for the affect subscale, 10 items for the cognition subscale, and 8 items for the behavior subscale, with a subscale score range of 1 to 5. Although the three subscales are related, each represents a distinct dimension of attitudes. Scores are calculated for the participants on each of the subscales by averaging participants' scores on the items in each subscale.

The authors of the MAS reported satisfactory reliability coefficient alphas for each of the subscales in the instrument. For the affect scale, α=.90, for the cognition subscale, α=.88 and for the behavior subscale, α=.83 with N=132. Since this measure is relatively new, it is important to note that the developers not only performed factor analysis but also examined correlations between the MAS and two other existing and

often used instruments (Rosenberg's Self-esteem Scale, Rosenberg, 1979; Attitude Toward Disabled Persons Scale, ATDP, Yuker, Block, & Young, 1966).

Construct validity has been established for both scales as they have both been used and accepted widely. Both instruments correlate highly with other instruments that measure the same constructs. Both measures are multidimensional in their design so they take into consideration the many facets of each construct. This is of particular importance in studies that wish to examine complex processes such as empathy and attitudes.

Research Design

Sequential explanatory mixed methods design. The study employed a sequential explanatory mixed methods design in which the quantitative phases precede the qualitative. This design may reveal more about a study than only one strand alone [quan→qual=complete understanding]. Mixed methods research is a methodology that meaningfully integrates both quantitative and qualitative approaches and the combination of the strengths of each to answer research questions. Creswell and Plano Clark (2011) described mixed methods research as a methodology that "involves philosophical assumptions that guide the direction of the collection and analysis and the mixture of qualitative and quantitative approaches in many phases of the research process" (pg. 5). Greene (2007) conceptualized mixed methods as an orientation in research that "actively invites us to participate in dialogue about multiple ways of seeing and hearing, multiple ways of making sense of the social world, and multiple standpoints on what is important and to valued and cherished" (p. 20). By engaging in mixed methods methodology in this study, the quantitative results are partnered with the qualitative findings in order to

explain more fully the phenomenon of empathy and attitudes toward individuals of participants in an inclusive choral music experience.

The explanatory design, sometimes called the explanatory sequential design or qualitative follow-up approach (Morgan, 1998), begins by conducting a quantitative phase and follows up on specific results with a second, qualitative phase (See Appendix C) for procedural diagram of the present study, and Appendix D for detailed timeline). One purpose for selecting this mixed methods research design is to explain initial quantitative results (Creswell, Plano Clark, et al., 2003). It is a good choice when a researcher has the ability to return to participants for a second round of qualitative data collection or when only one type of data can be collected and analyzed at a time. It is also be helpful when seeking to explain surprising or unexpected quantitative results.

Potential challenges in explanatory design. There can be some challenges when using the explanatory design. Beginning with a quantitative phase sometimes indicates a postpositivist orientation on the part of the researcher. As this study moved to the qualitative phase, a shift to the traditions of the constructivist philosophical position is important (Creswell & Plano Clark, 2011). Additionally, IRB approval can be a challenge because the exact selection of participants for the qualitative phase cannot be specified until after the initial quantitative findings are completed. It may also be difficult to predict exactly which quantitative results will need to be further explained. In this study, IRB approval was achieved through separate applications for each of the phases and did not pose any difficulties other than wait time (See Appendices E, F, G).

Examples of mixed methods explanatory design in education. Although mixed methods research is relatively new to the field of music education, there are examples

where researchers have employed the explanatory design. One study using the explanatory design identified conditions that facilitate music learning among students with special needs (Gerrity, Hourigan, & Horton, 2013). The quantitative strand utilized a paired *t*-test analysis for pre- and post-test measurements of music ability and growth, and the follow-up qualitative strand involved semi-structured interviews that corroborated the quantitative results that indicated the teaching strategies that led to student growth and learning. In this study, participants for the qualitative strand were established at the beginning of the study and included students, parents, and mentors.

In a study from the field of education, researchers employed explanatory design to examine the relationship between teachers' beliefs and their instructional technology practices (Palak & Walls, 2009). They used two surveys to collect data for the quantitative phase that utilized multiple regressions and correlations. The qualitative phase involved a multiple case study design where the quantitative findings were used in both participant selection and interpretation of data. They used maximum variation sampling to purposefully select two pairs of cases with extreme or maximal difference in teacher beliefs.

Another study in music education examined vocal improvisation and the development of musical self-efficacy in adolescent choral musicians using the explanatory mixed method research design (Hirschorn, 2011). In the study, a quantitative survey instrument was given followed by qualitative interviews, written reflections, and participant and researcher field notes after sixteen weeks of daily vocal improvisation activities.

Repeated measures. There are some distinct advantages to using the repeated measures design employed in the second phase of the present study. First, the repeated measures design engages the participants more efficiently and requires fewer participants. This was especially important because there are relatively few participants available due to the nature of the selection of this group of singers. Second, it is ideal for studying potential changes that take place over time or following a treatment or experience. In this case, the changes would be the scores that are examined before and after the choral collaboration project. Last and most importantly, repeated measures designs reduce or eliminate problems caused by individual differences such as age and gender.

Though careful consideration was undertaken in the selection of these measures and the employment of the repeated measures design, there may still be some challenges to validity in the present study. Pre- and post- test influence is one challenge. Sometimes the test itself may add to the participants' sensitivity, knowledge or influence their attitude (becoming a part of the intervention). Since all participants were involved in the choral collaborative and the testing, the influence was evenly distributed. In addition, since the sample size for this project was relatively low, statistical regression was also a possibility, as some participants may have scored high or low on a scale the first time, and the next time had a moderate score. This would have a greater effect on the average score than if the sample size were larger.

Validity and reliability of quantitative measures. Validity is important to establish for any measurement used in research. Data is only be valid related to the extent that the results of the measurement process are accurate (Huck, 2012). There are several

benefits in adopting pre-existing instruments in this research. The validity of research studies that have been conducted previously on that instrument can be somewhat applied to the current study. Adopting an instrument links the current study to the other research studies that have used the same instrument. Both measures have excellent psychometric properties and have been examined by external authors who found good internal consistency, construct validity, and correlated well with other measures of similar constructs. Additionally, both measures are multidimensional in their design so they take into consideration the many facets of each construct. This is important in the case of the two complex constructs measured in this research.

In regards to internal reliability of the empathy and attitude instruments used in this study, all the subscales on both measures showed a good degree of reliability for the data in this study as determined by Cronbach's alpha. These are listed here. Reliability for the fantasy subscale of the IRI was α=.808. Reliability for the empathic concern subscale of the IRI was α=.747. Reliability for the perspective taking subscale of the IRI was α=.767. Reliability for the personal distress subscale of the IRI was α=.794. Reliability for the affect subscale of the MAS was α=.883. Reliability for the cognition subscale of the MAS was α=.830. Reliability for the behavior subscale of the MAS was α=.854.

Quantitative Strand: Phase I

Participants. Participants for this preliminary phase were undergraduate and graduate student members of choral ensembles at a large Midwestern university (*N*=207), including both men and women. They were all registered students taking a choral ensemble for credit. The researcher was not a member or teacher of any ensemble. This

population was selected because of their status as current choral music participants, their average age being relatively close to high school students, and because the researcher worked in the same college as these ensembles. They were also chosen for their demographic similarity to quantitative Phase II participants.

Description of treatment. The quantitative strand began with a preliminary study of the relationships between self-reported contact with individuals with disabilities and the two primary measures. Following a short introductory script protocol (Appendix E), one multi-page survey was administered that included the following:

- Demographic items (age, gender, college major) (Appendix F)
- Self-report items of contact with people with disabilities (Appendix F)
- The empathy instrument, the Interpersonal Reactivity Index (Davis, 1983)
- The attitudes instrument, the Multidimensional Attitude Scale (Findler, Vilchinsky & Werner, 2007)

Those individuals who reported having a disability themselves or who have a *close* family member or friend with whom they spend occasional, frequent or very frequent quality time with were considered to have a *high* level of contact. All other participants were considered to have a *low* level of contact.

The empathy, IRI scale (see Appendix A) is a 28-item, five-point Likert-type scale with 4 subscales that measure empathic concern, fantasy/imagination, perspective taking, and personal distress. The MAS scale (see Appendix B) is a 34-item, five-point Likert-type scale that measures attitudes toward individuals with disabilities using a vignette. It measures attitudes using three subscales: affect, cognition, and behavior. The

demographic and contact items were presented on one page, followed by the IRI scale on the second and third pages and the MAS scale found on the fourth page.

The informed consent form (Appendix J) was obtained and multi-page survey was administered to participants at their regularly scheduled rehearsals. After surveys were completed they were stored in a locked cabinet in a university office.

Pilot research (Quantitative). In an effort to better understand the target quantitative instruments for this dissertation research, the author performed a pilot study in the Spring of 2014 (Laird, 2014). This pilot study had 7 participants of a student-led university a cappella choir who collaborated with the IIC on a choral concert similar to the treatment described earlier. This pilot research was important to establishing preliminary timing, logistical, and statistical choices.

Quantitative Phase I Data Analysis. Initial preparation of the data included entering the preliminary scores into an Excel file, transferring into SPSS, calculating descriptive statistics (means, standard deviations, and standard error of means), independent *t*-tests and correlation statistics. To address the first two research questions, independent t-tests examined the relationships between contact, empathy, and attitudes toward individuals with disabilities for N=207 participants. For the third research question, bivariate correlations were run to explore the relationship between the empathy and attitudes.

Quantitative Strand: Phase II

Participants. Participants in this phase of the study were members of an existing all-male, student-organized and directed, a cappella choral ensemble (MCE: Male Choral

Ensemble) at a large Midwestern university. Founded by students in 2002, this ensemble explores a broad range of repertoire specializing in literature for unaccompanied vocal performance. They sing a variety of musical styles such as pop, rock, country, R&B, jazz, secular holiday, non-secular holiday, musical theatre, and folk. They are made up of undergraduate students and include a wide variety of majors and extracurricular interests. They regularly compete at a cappella competitions and have been nationally ranked. They hold auditions every semester and the number of singers in the group varies due to members graduating. These men (n=15) participated in a choral collaborative project with the existing inclusive, intergenerational choir (IIC). This involved two 90-minute rehearsals, a shared meal, and a 90- minute concert performed with the IIC (more detail in the following section).

Description of treatment. Several weeks prior to the treatment, participants completed the same surveys as quantitative Phase I participants including the empathy instrument, Interpersonal Reactivity Index (Davis, 1983), the attitudes instrument, Multidimensional Attitude Scale (Findler, Vilchinsky & Werner, 2007), and the demographic/self-reported contact survey. This time frame was chosen lessen the effect of pretest on the posttest responses. The pre-test (Appendix K) established the baseline levels of empathy (subscales: perspective taking, empathic concern, fantasy, and personal distress) and attitudes (subscales: affect, cognition, behavior) for each participant prior to the combined choral collaboration project. This preliminary information also established the level of contact (high or low) each participant previously had with individuals with disabilities.

A choral collaboration project (experimental treatment) where the members of the MCE met with and collaborated with the IIC for a concert and community sing performance (see Chapter 1 for more detail of the IIC membership and methods used in the IIC rehearsals). This collaboration took place at an international textile museum that was built with accessibility and artistry in its structure and design. Rehearsals with the IIC occurred over the course of two weeks followed by a concert and community one week after the rehearsals. Rehearsals included the teaching and learning of choral music through a curriculum guided by the Universal Design for Learning framework (UDL; Meyer, Rose, & Gordon, 2014). This curriculum includes teaching via to call and response, sight-reading, solfege, reading alternative notation (see Figure 3 for an example), viewing multi-media (PowerPoint, Keynote, etc.) and listening to audio and video recordings of music. Singers were asked to move their bodies to the music and to sing expressively as they were able.

Choral and community-sing repertoire included music with themes such as hope, freedom, justice, peace, equality, including others, togetherness, and the joy of singing and making music. Rehearsals also included opportunities for singers to talk about the themes present in the music and to share with one another what the lyrics mean to them.

One example of this kind of social interaction was a large group activity using the song *Draw the Circle* (Miller & Light, 2008). The text of the song includes, *Draw the circle wide, draw it wider still. Let this be our song: no one stands alone. Standing side by side, draw the circle, draw the circle wide.* During the activity, the large combined ensemble was divided into small groups of 3-4 people and each group given a hula-hoop. They were asked to make a shape with their hula hoop where each person had to touch

the hoop in some way. After each group designed their shape, they were asked to join another group (so 6-8 people) to create a new shape together that retained some part of the previously smaller shape. Then each of the medium sized groups joined another creating a few larger groups. Finally, the whole choir was asked to join together in making one large shape with all the hula-hoops integrated. At the end we walked with our hands, bodies, and hula-hoops connected and sang the song together. We also talked about how we all have opportunities to include more people into our lives and even when we take small steps toward including others it makes a big impact. Every single member was smiling. This activity offered opportunities to work together, interact with each other both in physical closeness and through verbal communication, and to better understand one another through the meaning of the music. Each rehearsal also included a break for refreshments where, during their free time, singers were encouraged to get to know others through interaction and conversations.

Following these rehearsals, the project concluded with a concert and community sing where the combined participants performed choral selections and led the audience in singing songs. Choral and community singing selections included:

- I Am One Voice by Don Eaton
- We are One by Brian Tate
- I'd Like to Teach the World to Sing by Cook, Greenaway, Backer and Davis
- Ain't Gonna Let Nobody Turn Me Around arranged by Rollo Dilworth
- Lift Every Voice and Sing by James Weldon Johnson and John Rosamond Johnson
- For Good (from *Wicked*) by Stephen Schwartz, arranged by Mac Huff

- Bumblebee by Anders Endenroth
- Firework by Katy Perry, Mikkel Eriksen, Tor Erik Harnansen, Sandy Wilhelm, Ester Dean
- Stand by Me by Ben E. King
- You Have a Heart by Nick Page
- Draw the Circle by Mark Miller, Words by Gordon Light

Three days following the choral collaborative project (treatment), the measures were administered again. Informed consent was obtained prior to the pre-treatment survey (Appendix L) and participants were reminded of their consent. This timeframe was chosen to allow participants to have time to reflect on their experiences. The study took place toward the end of the semester and this timing also ensured a greater percentage of participants returned to take the post-test. The post-test collection included a written, open-ended response section (Appendix M) that gave the participants an opportunity to write about their experience as well as any intentions to seek out further inclusive opportunities, or to connect other individuals to such opportunities.

The informed consent form (Appendix L) and pre-test survey was given in person to each of the participants at the MCE rehearsal location at the university 2 weeks before rehearsals leading up to combined collaborative rehearsals. Participants took the survey at these required rehearsals in order to increase participation in both the pre- and post- test administrations.

Quantitative Phase II Data Analysis. Following the pre- and post-test data collection, paired-samples *t*-test analysis addressed the fourth and fifth quantitative research questions. This analysis enabled the researcher to look for statistically

significant differences between the pre- and post-test empathy and attitude means for *n*=15 participants. The treatment (participation) variable was the within-subjects variable and the contact variable was the between-subjects variable. After the pre-test and post-tests were given, the paired data were entered into SPSS, descriptive statistics were calculated and finally, a paired *t*-test was completed.

Qualitative Strand: Phase III

Qualitative research is a type of scientific research that has strength in its ability to provide complex textual descriptions of how people experience a given research issue (Mack, et al., 2005). It is especially effective in obtaining information about the values, opinions, behaviors, and social contexts of particular populations. The three most common qualitative methods are participant observation, in-depth interviews, and focus groups, which take form in data such as field notes, audio and video recordings, and transcripts. The role of the researcher in qualitative research is that of the instrument – and objectivity is not a requirement. Multiple case study design, as described by Robert Stake, involves *quintain* or a collected target where a balance is achieved between focus on individual cases and the interest in collective themes based on the purpose and scope of the project (Stake, 2006).

The qualitative strand of this present study employed multiple case study design where purposeful selection was used, variety and diversity were sought, and an opportunity to learn was a key criteria. Since this was dissertation research, the researcher completed the interviews, which is vital for a multiple case study where the collected target needs to be nurtured while collecting individual data. Additionally, in qualitative multiple case studies, triangulation between cases helps to identify diversity of perception

(Stake, 2006, p. 38) where different realities occur. This triangulation leads to validity, but also a rich understanding of the phenomenon.

Participants. Six participants were selected for Phase III (qualitative) based on the criteria that they were: 1) MCE members, 2) full participants in the choral collaborative project and 3) they had taken both the pre- and post- surveys in quantitative Phase II.

Qualitative data collection. Initial data collection consisting of field observations, audio and video recording, music scores and material collection, and researcher interaction will take place during the rehearsals and performance experience of the quantitative Phase II treatment. Initial coding of this data was completed with the understanding that it may need to be recoded as more data was collected – particularly the individual stories and experiences of participants. Next, as a part of the post-test survey, participants provided written responses to brief, open-ended questions about their experience working with the IIC. These answers were combined and coded where comments were categorized and later reviewed to identify themes, patterns, and trends.

The final and most substantial method of data collection was through semi-structured interviews. Interviews with participants (n=6) for the qualitative strand were conducted face-to-face on campus. An audio recording device was used to record interviews and the researcher transcribed the audio files verbatim. A short script protocol (Appendix N) initiated the interviews followed by a semi-structured interview questions (Appendix O). Informed consent (Appendix P) was acquired at the time of the interview where participants signed an informed consent form. Participants were selected on the

basis of their participation in the quantitative Phase II, as well as selected because of their willingness to openly and honestly share their story (Creswell, 2007).

Participants were reminded of their voluntary participation, and were informed about procedures to protect their identities. A consent form (Appendix P) explained the study and gave participants permission to withdraw their participation from the study at any time. Interview transcripts, video and audio recordings, and all other materials were kept confidential and were only accessed by the primary researcher.

The interview protocol included semi-structured questions, follow-up questions, and a brief statement of thanks for participation and invitation for a possible follow-up interview (Appendix O). Questions included those about participant expectations and anticipated experience prior to the choral collaborative project, questions about their experience, their intention to participate in similar future events, questions about their interaction with other members of the participating ensembles, and questions about how this experience has impacted their views about including individuals with disabilities in music ensembles, and questions about recommendations for future partnerships.

Qualitative Data Analysis. Following interviews, the audio recording was transcribed by the researcher into text in a Word document, coding (Appendix Q) was completed and a case study database was developed (Yin, 2009). Two stages of analysis were conducted. First, a cross-case analysis that led to categories and themes that conceptualized the data from all the cases was completed, followed by a within-case analysis where each case was treated as a comprehensive case in itself. This sequence of analysis is a characteristic feature of multiple case study design (Merriam, 2009).

Mixed Methods Strand: Phase IV

The results from the quantitative strand influenced several elements of the qualitative strand. First, only participants from Phase II became participants for Phase III qualitative interviews. Second, since some of the results of the quantitative strand were inconclusive, more explanation was desired in terms of the differences between the pre- and post- scores. By interviewing participants who were a part of the choral collaboration project, insights into the effectiveness of the treatment were explained. The priority in this study was placed on the qualitative strand. Even though the quantitative strand influenced the qualitative collection and analysis, the importance of the study is the perceptions, experiences, and intentions following the choral event so unequal priority is given [quan → QUAL]. As mentioned earlier, a balanced approach was employed between both the post-positivist and constructivist worldviews with a distinct shift happening after the quantitative phase.

The researcher participated in the choral collaborative experience as a teacher-conductor but also assumed an objective role during the quantitative data collection phases as to avoid any influence on the results. As the shift occurred to a constructivist worldview during the qualitative phase, the researcher assumed a quite different role. In qualitative data collection the research is considered an instrument of data collection where the data is mediated through the researcher (Denzin & Lincoln, 2003). In this phase, the qualitative researcher's role was emic, as an insider who was a full participant in the choral collaboration project.

Integration. Quantitative and qualitative strands were integrated at two main junctures during this research study. Selection of participants for the qualitative

interviews was based on responses from the quantitative data and also by considering the participants who were most willing to speak freely about their experiences after the choral collaborative event. A second point of interface occurred at the analysis/interpretation level after both quantitative and qualitative analyses had been completed and the researcher could look to both sets of data for mutual support and corroboration. The qualitative results provide possible explanations for the quantitative findings as well as offering insights on the individual experiences of participants.

Synthesis. Quantitative and qualitative strands were integrated at two junctures during this research study. First, quantitative Phase II results played a role in the selection of participants for the qualitative interviews. The researcher selected those individuals whose written responses on their post-test demonstrated they had a positive experience (compared to neutral responses) while also considering the participants who were most willing to speak freely about their experiences, views, and meanings after the choral collaborative experience. A second point of interface occurred at the analysis/interpretation level after both quantitative and qualitative analysis had been completed and I could look to both sets of data for mutual support and corroboration. The qualitative results provided possible explanations for the quantitative findings as well as offering insights on the individual experiences of participants.

Summary

Empathy and attitudes toward individuals with disabilities and how these constructs impact the inclusion of individuals in choral settings is a topic of great importance. By investigating this issue from both the quantitative and qualitative methodologies and through the exploration of how they support one another, this research

aims to gain important insight that may translate to strategies that will help music educators and choral directors include more individuals with disabilities in future music making opportunities. The researcher has nearly 12 years of music teaching experience including teaching in both inclusive and non-inclusive settings. This prior experience paired with emerging skills and knowledge in both quantitative and qualitative methods assisted in developing the study and carrying it out in a meaningful way.

The timeline (Appendix B) for the data collection for this study took place over the course of around 10 weeks after which the analysis and interpretation were completed.

Chapter 4: Findings

This study investigated choir member empathy and attitudes toward individuals with disabilities. Specifically, this study was designed to answer the following research questions:

Phase I: Quantitative research questions.

1. Does variance in self-reported close contact with individuals with disabilities produce any statistically significant differences in collegiate choral ensemble members' empathy levels?
2. Does variance in self-reported close contact with individuals with disabilities produce any statistically significant differences in collegiate choral ensemble members' attitudes toward individuals with disabilities levels?
3. Is there a relationship between collegiate choral ensemble members' empathy and attitudes toward individuals with disabilities levels?

Phase II: Quantitative research questions.

4. Does participation in a choral collaborative project with an inclusive choir have an effect on collegiate choral ensemble members' empathy levels?
5. Does participation in a choral collaborative project with an inclusive choir have an effect on collegiate choral ensemble members' attitude toward individuals with disabilities levels?

Phase III: Qualitative research question.

6. How do collegiate choir members describe their expectations, perceptions, reflections and beliefs about individuals with disabilities following their collaboration with an inclusive choir?

Phase IV: Synthesis mixed methods research question.

7. What results emerge from comparing the quantitative instrument data about participant prior contact with individuals with disabilities and empathy and attitude levels with qualitative data about participant experiences with an inclusive choir?

Each research question was answered using separate data analyses. Data collected to answer questions 1-5 was analyzed using quantitative analyses while data collected to answer question 6 used qualitative analyses. Question 7 uses both sets of analyses.

As stated in the methods section, answering research questions one and two relies on the results of independent samples *t*-test analysis gathered using three surveys (the demographic/self-reported contact survey, the *Interpersonal Reactivity Index* (IRI) empathy scale and the *Multidimensional Attitudes Scale* (MAS) for measuring attitudes toward individuals with disabilities. This section reports on the survey response rates, the results of each survey, the *t*-test analyses, and the summary of the analysis of the quantitative data. The section concludes with a summary of the findings.

Phase I: Quantitative (*n*=207)

Participants (Quantitative Phase I). Table 1 gives a summary of the participant demographics for Phase I. Participants were mostly balanced in terms of gender, 48%

female (98), 52% male (108), and there was one participant who identified as transgender.

Table 1

Quantitative Phase I Participant Demographics

Characteristic	*n*	%
Gender		
Male	107	52
Female	98	47
Transgender	1	.01
Age		
18	35	16.9
19	78	37.7
20	25	12
21	25	12
22	10	4.8
23	6	2.9
24	6	2.9
25	8	3.9
26+	14	6.8
Major		
Music	87	42
Non-Music	120	58

Note. *N*=207. One participant declined to give their gender.

Ages of participants ranged from 19-67 years old with a mean age of 20.97 years, and a median age of 19. Several of the ensembles are open to graduate students and one of the ensembles is open to community members, which explains the wide range in ages and relatively low mean age.

Though major was not a model variable, music majors (music performance, music education, and music composition) made up 42% (*n*=87) of the sample while non-music

majors made up 58% (*n*=119). Majors included an array of college majors in areas like chemical engineering, accounting, agricultural education, hospitality, psychology, broadcasting, biology, history, journalism, sociology and more.

In terms of contact with individuals with disabilities (summary in Table 2), thirteen participants declared they had a disability themselves. These included visual, emotional, learning, and physical disabilities. Thirty-nine participants reported having a close family member with a disability. Forty-two participants reported having a close friend with a disability. One hundred and twenty-one participants reported knowing someone with a disability other than a close friend or family member.

Table 2

Quantitative Phase I participant contact with individuals with disabilities

Contact with individuals with disabilities	*n*	%
Disability (self)		
Yes	13	6.3
No	194	93.7
Close family member with a disability		
Yes	39	18.8
No	168	81.1
Close friend with a disability		
Yes	42	20.2
No	165	79.8
Acquaintance with person with a disability		
Yes	121	58.5
No	86	41.5

Note. *N*=207

Surveys were administered at the rehearsals of six collegiate choral ensembles. 207 students were present on the days surveys were given. An explanation about

informed consent accompanied the consent form that was given to all participants. If they agree to the conditions of the consent (Appendix E), they completed the survey. No signatures were required at this time based on the IRB review process. Participants were instructed to complete all surveys during their rehearsal and all potential participants consented to participate.

Results: Quantitative Phase I. This section of the chapter will give results from the first quantitative phase.

Question 1*: Does variance in self-reported close contact with individuals with disabilities produce any statistically significant differences in collegiate choral ensemble members' empathy levels?*

To determine the effect of self-reported contact with individuals with disabilities on empathy, independent samples *t* tests were performed for each of the IRI subscales (fantasy, empathic concern, perspective taking, personal distress). The criteria for a participant having high contact with individuals with disabilities included a) having a disability themselves, b) having a close family member with a disability with whom they spend occasional, frequent or very frequent quality time, or c) having a close friend with a disability with whom they spend occasional, frequent or very frequent quality time. Levene's test for Equality of Variances was run before interpreting the results of *t* testing. Because the significance value was greater than .05 in Levene's test for all the subscales, equal variances were assumed: fantasy (.147), empathic concern (.077), perspective taking (.536), and personal distress (.512).

There was a significant difference found at the .05 level of significance for participants with a high level of contact with individuals with disabilities on the empathic

concern subscale (*M*=4.08, *SD*=.50) compared with participants with a low level of contact with individuals with disabilities (*M*=3.89, *SD*=.61), $t(203) = -2.153$, $p < .033$. It is also important to determine the effect size in this case to conclude practical significance. Cohen's *d* was calculated for this statistic and a small to moderate effect size (*d*=.33) was found. The empathic concern subscale measures an emotional response of compassion, sympathy, and concern caused by witnessing someone in need and is often described as emotional empathy. No significant differences were found for the other IRI empathy subscales, fantasy, perspective taking, and personal distress. Table 3 displays the means, standard deviations and *t* statistics for contact and empathy variables.

Table 3

Independent samples t-test between contact and empathy subscales

	High Contact		Low Contact		
	M	SD	M	SD	*t*-test
IRI Fantasy	3.83	.70	3.72	.81	-.883
IRI Empathic Concern	4.08	.54	3.81	.64	-2.153*
IRI Perspective Taking	3.76	.58	3.60	.63	-1.581
IRI Personal Distress	2.71	.72	2.57	.71	-.944

Note. *$p < .033$, *N*=207. IRI = *Interpersonal Reactivity Index.*

Gender. Levene's test for Equality of Variances was run before interpreting the results of *t* testing for gender. Significance values were greater than .05 in Levene's test for three empathy subscales: fantasy (.968), empathic concern (.833), and perspective taking (.345), so equal variances were assumed. No significant differences were found for gender on these three subscales. Equal variance was not assumed for the personal distress

subscale for empathy because the significance value for Levene's test was lower than .05. A significant difference between genders was found on this subscale with females having a higher level of personal distress as measured by the IRI. For personal distress, women scored a mean of 2.80 (*SD*=.99) while men scored 2.48 (*SD*=.62), t(161) = 2.741, p = .007. This is consistent with the research literature where women generally score higher on empathy measures.

Age. The only correlation finding for age was that older participants (age 30 or older) scored lower (*r*=-.231, p=.001) on the fantasy subscale of the IRI. Findings are mixed within the empathy literature on age, where some studies find an increase in empathy with age, and others a decline.

Question 2*: Does variance in self-reported close contact with individuals with disabilities produce any statistically significant differences in collegiate choral ensemble members' attitudes toward individuals with disabilities levels?*

To determine the effect of self-reported contact with individuals with disabilities on attitudes, independent samples *t* tests were performed for each of the MAS subscales (affect, cognition, behavior). Again, criteria for a participant having high contact with individuals with disabilities included a) having a disability themselves, b) having a close family member with a disability with whom they spend occasional, frequent or very frequent quality time, or c) having a close friend with a disability with whom they spend occasional, frequent or very frequent quality time. Levene's test for Equality of Variances was run before interpreting the results of *t* testing. Because the significance value was greater than .05 in Levene's test for all the subscales, equal variances were assumed: affect (.646), cognition,(.766), behavior (.712).

No significant differences were found for any of the MAS subscales when comparing participants with a low level of contact with individuals with disabilities to those who had a high level of contact with individuals with disabilities. Table 4 displays the means, standard deviations and *t* statistics for contact and attitude variables.

Table 4

Independent samples t-test between contact and attitude subscales

	High Contact		Low Contact		
	M	SD	M	SD	t
MAS Affect	2.53	.63	2.55	.65	.171
MAS Cognition	2.26	.56	2.29	.59	.296
MAS Behavior	2.19	.71	2.27	.70	.743

Note. MAS = *Multidimensional Attitudes Scale toward Persons with Disabilities*

Although major was not a focus of the study, one finding of interest was a significant difference between music major and non-music majors within the affect subscale of the attitudes scale (MAS), music majors scored a mean of 2.61 (*SD*=.67) and non-music majors had a mean of 2.43 (*SD*=.67), ($t(195) = -2.026$, $p = .044$). To determine the size of this effect, a Cohen's *d* calculation was performed which found a small effect size (*d*=.29). On the attitudes scale, lower scores indicate more positive attitudes, so this suggests to some extent that music majors may have more negative affective attitudes toward individuals with disabilities when compared with their non-music major peers.

Question 3*: Is there a relationship between collegiate choral ensemble members' empathy and their attitudes toward individuals with disabilities?*

To determine if there is a relationship between the two constructs measured in this study, a bivariate correlation was performed. The results are shown in Table 5. Three significant associations were found between the measures. A modest correlation was found between the IRI empathic concern subscale and the MAS cognition subscale (r= .254). Higher scores on the empathic concern subscale are associated with positive cognitive attitudes toward people with disabilities. Weak correlations were found between the IRI personal distress subscale and the MAS affect and behavior subscales (r=-.186, and -.154, respectively). High personal distress is associated with negative emotions and behaviors toward people with disabilities.

Table 5

Pearson Correlations for MAS and IRI Subscales

Measure	1	2	3	4	5	6	7
1. IRI Fantasy	1						
2. IRI Empathic Concern	.401**	1					
3. IRI Perspective Taking	.234**	.455**	1				
4. IRI Personal Distress	.203**	.161*	-.048	1			
5. MAS Affect	-.135	-.087	.059	-	1		
6. MAS Cognition	-.01	.266**	.090	-.081	.263**	1	
7. MAS Behavior	-.003	.10	.015	-.138*	.517**	.415**	1

Note. **Correlation is significant at the 0.01 level (2-tailed) *Correlation is significant at the 0.05 level (2-tailed). IRI = MAS = *Multidimensional Attitudes Scale toward Persons with Disabilities.* IRI = *Interpersonal Reactivity Index.*

Phase II: Quantitative (*n*=15)

Participants (Quantitative Phase II). Participants for this phase were members of an all-male, student-organized and directed, a cappella choral ensemble (MCE) at a large Midwestern university. The second quantitative phase started with the administration of the pre-test survey that included collecting demographic and self-reported contact information as well as the IRI and MAS measures. A total of 15 men (see detailed description of the MCE in Chapter 3) took the pre-test. Table 6 gives a summary of the participant demographics for quantitative Phase II. Of the 15 participants, ages ranged from 18-23 with a mean age of 20.

Table 6

Quantitative Phase II participant demographics

Characteristic	*n*	%
Age		
18	3	20
19	1	7
20	4	26
21	4	26
22	2	13
23	1	7
Major		
Music	6	40
Non-Music	9	60

Table 7 gives a summary of the quantitative Phase II participants' contact with individuals with disabilities. None of the participants reported having a disability themselves. Three participants reported having a close friend or family member with a

disability with whom they spent frequent quality time. These included siblings, cousins, and friends. Thirteen participants reported knowing someone with a disability other than a close family member or friend. These thirteen reported becoming acquainted with the person through school and reported spending time with the person less than frequently.

One week following the pre-test survey, 12 of the 15 men began participation in a minimum of one rehearsal and community concert with the IIC (treatment). One week after the end of the treatment, the 12 men who participated in the choral collaborative project returned to complete the follow-up post-test survey.

Table 7

Quantitative Phase II participant contact with individuals with disabilities

Contact with individuals with disabilities	*n*	%
Disability (self)		
Yes	0	0
No	15	100
Close family member with disability		
Yes	2	13.3
No	13	86.7
Close friend		
Yes	2	13.3
No	13	86.7
Acquaintance with a person with a disability		
Yes	13	86.7
No	2	13.3

Results: Quantitative Phase II. This section of the chapter gives results from the second quantitative phase.

Question 4*: Does participation in a choral collaborative project with an inclusive choir have an effect on empathy?*

To determine the effect of the choral collaborative project on participant empathy, paired samples *t* tests (Table 8) were performed for each of the IRI subscales before and after the treatment. There were no statistically significant differences between the pre-test means and post-test means on any of the empathy subscales. A post-hoc test for effect size was completed for the IRI fantasy scale because the *p* value was closer than any others to being significant. Effect size was relatively large (Cohen's d=.516) so this may suggest an effect may have been detected with a larger sample but cannot be considered significant with the presented data.

Table 8

Paired samples results for Phase II empathy measure

Empathy Subscale	Pre-test		Post-test					
	M	*SD*	*M*	*SD*	*t*(11)	*p*	95% CI	Cohen's *d*
Fantasy	3.64	.47	3.45	.59	-1.706	.116	[-.44, .06]	.516
Empathic Concern	3.90	.59	3.99	.48	.784	.451	[-.17, .34]	-.241
Perspective Taking	3.70	.32	3.76	.35	.635	.539	[-.15, .27]	-.187
Personal Distress	2.29	.56	2.19	.62	-.787	.448	[-.36, .17]	.242

Question 5: *Does participation in a choral collaborative project with an inclusive choir affect attitudes toward people with disabilities?*

To determine the effect of the choral collaborative project on Quantitative Phase II participants' attitudes toward people with disabilities paired samples *t* tests (Table 9) were performed for each of the MAS subscales before and after the treatment. Following the choral collaborative project, there were no statistically significant differences between the pre-test scores and post-test scores on any of the attitude subscales.

Table 9

Paired samples results for Phase II attitudes measure

	Pre-test		Post-test					
Attitude subscale	*M*	*SD*	*M*	*SD*	*t*(11)	*p*	95% CI	Cohen's *d*
Affect	2.53	.54	2.50	.54	-.310	.762	[-.25, .19]	.086
Cognition	2.44	.33	2.45	.43	.093	.927	[-.18, .20]	-.034
Behavior	2.27	.44	2.29	.39	.167	.870	[-.25, .19]	-.047

Quantitative Summary

There are three important quantitative findings in this study. These will be discussed further in Chapter 5.

First, choral music participants (*n=207)* with a high level of contact with people with disabilities had higher levels of empathic concern ($t(203) = -2.153$, $p < .033$.). This indicates that for the population in this study spending time with people with disabilities had an effect on participants overall emotional empathy towards others.

Second, and perhaps related to the first, is the finding that among choral music participants, higher empathic concern is correlated with positive cognitive attitudes toward people with disabilities ($r = .254$, $n=204$, $p=.000$). This result indicates that having higher empathic concern is related to more positive thoughts about and toward people with disabilities.

Third, among the choral music participants in this study, a high level of personal distress is modestly correlated with both emotions and behaviors toward people with disabilities (MAS affect: r=.154, n=197, p=.031; MAS behavior: r=.186, n=207, p=.007). The personal distress subscale measures feelings of anxiety and discomfort that result from observing another's negative experience, so these results indicate that having a high level of personal distress may be related to negative feelings toward people with disabilities and negative behaviors toward people with disabilities including inhibitive behavior, either active (escaping from the situation) or passive (minding one's own business).

Phase III: Qualitative

The qualitative phase aimed to explore research question six: How do participants describe their expectations, perceptions, reflections and beliefs about individuals with disabilities following their collaboration with an inclusive choir?

Cross-case analysis. First, this question was addressed using cross-case analysis (Stake, 2006) and focused on the quintain or common focus. A thematic diagram in Figure 5 combines this data analysis and communicates the areas of congruence in the quintain. This allowed the researcher to make assertions that were applied to the individual case studies to determine the extent to which the case studies reflect the quintain.

Themes	Major Categories	Minor categories
Beliefs about people with disabilities prior to and after participating	Prior experiences with people with disabilities	School (+/-)
		Community
		Family/Close friend
	Impact of getting to know someone with a disability through IIC project	Admiration
		Perspective change
		Behavior change
		Seeing similarities
		Seeing people with disabilities as musical
Musical and non-musical expectations and experiences with the IIC	Anticipations & Expectations	Uncertain of quality
		Low expectations of musicianship
		Unsure of social interactions
		Nervousness
i2choir experience	Emotions, social interactions, positive learning environment	Happy to see people with disabilities included
		Surprised by level of interaction among groups
		Stereotypes contradicted
		Surprised by excitement of IIC singers
		Sense of welcome & community
		Noticed similarities between themselves and IIC members
	Music learning	Impressed by musicianship and music quality of IIC
		Impressed by musicianship and choral and singing quality of IIC
		Impressed by rehearsal behavior and focus of IIC members
		Noticed variety of music learning strategies and pacing used
		Observed teacher respect and demeanor toward people with disabilities
	Repertoire	Repertoire good quality and some challenging
		Content helped to communicate positive messages and helped singers connect
	Concert & Community Sing	Getting past the "right notes"
		Aesthetic experience
		Singing with the audience helped with comfort
		Positive audience response
	Comparing to other choir events	Less focus on perfection
		Priority on learning music, not just performance
		Audience more engaged and willing to participate
Future plans of participants and recommendations for future partnerships with the IIC	Seeking new opportunities	Musical
		Community service
		Personal growth
	Continued friendships	Desire for more time with new friends
	Skill building for teachers & musicians	Strategies for teaching music

Figure 5: Cross-case themes.

Following cross-case analysis, the qualitative research questions were also addressed using the within-case study analysis of written descriptions of all MCE participant experiences and in-person interviews with six qualitative interview participants.

Quantitative Phase II participants contributed brief written reflections of their experiences as a part of their post-test survey. There were two open-ended questions that asked them to describe their experiences working with the IIC and why they would want to collaborate with the group again. This data set, while small in size was quite illuminating in terms of the richness of descriptions. Here, the descriptions are presented in bullet form and then also in word cloud form. A word cloud is a special visualization

of text in which the more frequently used words are effectively highlighted using a larger font size in the representation (McNaught & Lam, 2010). The word cloud visualization (Figure 6) makes it easy to see that the participants had a positive experience and described that it was meaningful to be a part of this kind of collaboration in choral music.

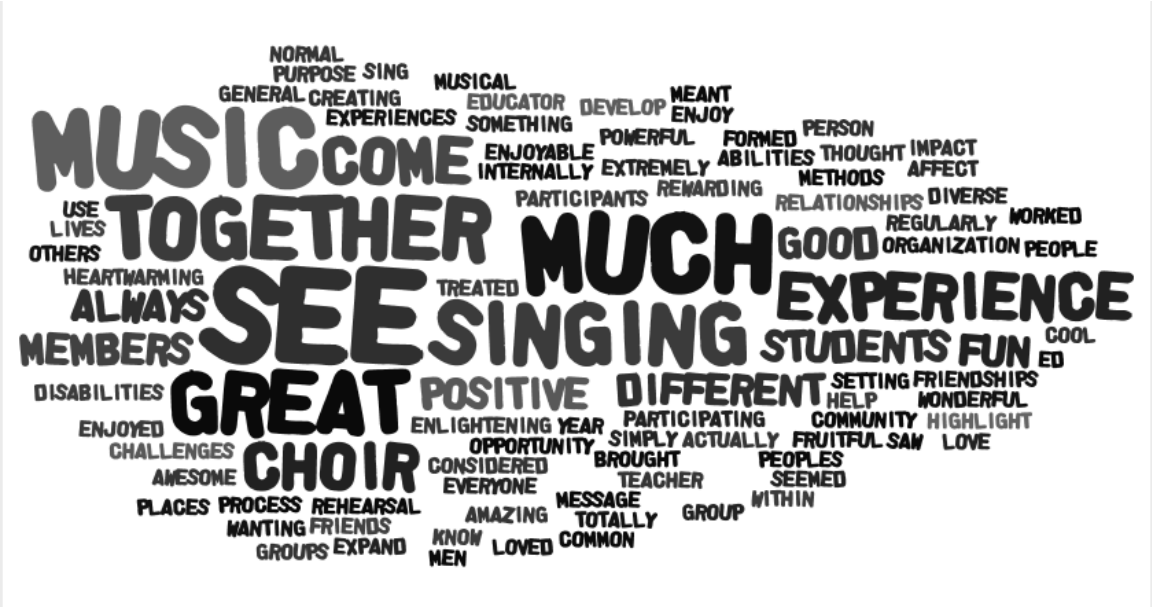

Figure 6: Word cloud visualization.

The first question was “How would you describe your experience with [IIC]?” and participants circled a selection on a rating scale 1-5, with 1 being not meaningful, 3 somewhat meaningful and 5 being very meaningful. Seven participants selected very meaningful and three participants selected 4 (more than somewhat meaningful). Then participants were asked to describe their choice. The following are some of the submissions.

- It was a great opportunity to expand my general thought process of creating musical experiences for ALL students of all abilities. Heartwarming experience.

- It was cool to see people from all different places and with different challenges come together for the common purpose.
- It was great to see how much music meant to the participants and how much they enjoyed singing
- It's just awesome to see some of my friends again like E…, D…, J…, & P… [names]
- I had a very enjoyable experience singing with the choir because of how much everyone seemed to enjoy simply just singing together.
- Participating in IIC was the highlight of my year because the relationships we formed with members are extremely powerful.
- It was amazing to see this wonderful organization come together through singing.
- I have worked in groups with students with disabilities before and I know how much of a positive impact it can have on them to just be treated like a normal person.
- With wanting to be a music educator it was great to see how much music can affect peoples lives.
- I saw how good music with a positive message brought together a totally diverse choir.

The second question asked "Would you like to collaborate with the [IIC] or a similar group again?" and participants selected either yes or no and were asked to explain

why they would or would not like another opportunity. All participants who returned for the post-test survey (*n*=12) selected "yes." Here are some of their descriptions.

- Only good can come from this both internally and within the community.
- Would love to. I've actually considered doing something like this regularly to develop friendships with the members.
- It's always so fun.
- I have always loved choir and if I can help others sing in a fun group setting that is great.
- It was so enlightening!
- It was a very rewarding experience.
- I am a future music ed teacher and it was fruitful to see the methods used in rehearsal.

Within-Case study analysis. Case study analysis documented what it was like for the men who participated in the choral collaborative project. Six interview participants described their:

- Prior experiences with people with disabilities
- Musical and non-musical expectations and experiences with the IIC
- Beliefs about people with disabilities prior to and after participating
- Recommendations for future partnerships with the IIC

Using these four themes, I describe each case individually. Names have been changed to protect the identities of the participants.

Case 1: Kenneth

Kenneth, a friendly, warm and intelligent young man was the main contact person between me and the men's a cappella ensemble for this project. His major is advertising, public relations, and graphic design and he was 21 at the time of the project. He approached participation in the project with a high degree of enthusiasm and seriousness and tried to convey that to the men on several occasions, wishing that as many as possible would be able to participate. He had previously collaborated with the IIC one year earlier as a member of the MCE in the pilot study. I met with him two times before the collaboration, once to invite the MCE and talk about the possibilities of what the collaboration would look like, and another time to talk through the music and give him scores for the members. When Kenneth first came to a rehearsal he immediately started to make conversations with IIC members in a sincere and outgoing way. He also helped set up equipment and organized the men as they arrived. Kenneth didn't hesitate at all to sit next to someone new. He could often be found smiling and looking relaxed and cheerful during rehearsals. Kenneth has a booming tenor singing voice and really enjoys singing with others as observed by his pleasant eye contact across the choir and with the audience. Kenneth wrote on his post-test survey, "participating was a highlight of my year because the relationships we formed with members were extremely powerful."

Prior Experiences with People with Disabilities. Kenneth has known several people with disabilities both personally and more on an acquaintance basis. He spoke of having an uncle with an intellectual disability whom he regularly spent holiday time. He also said

"going through the public school system, you're kind of exposed to that kind of diversity in students." He attended a large Midwestern school district where "once you get to high school it's not as much integrated, and there isn't as much interaction." He reminisced about a friend in elementary school and the impact it made on his attitudes toward people with disabilities.

> *K: You know, I feel like when I was in elementary school there was one kid in particular that I was really close with… he kind of was in our friend circle… and that was really cool… I don't really see him any more but there's people just like him all over, and you know we're all the same.*

When asked how spending time with his uncle and his friend from school might affect the way he views other people with disabilities, he explained,

> *K: I think that especially even if there's one person that you really get to know… that kind of just makes your kind of scope for that ideal just so much more vast. Because you can see how, you know, things like disabilities don't really affect personality… once you really get to know one person it's like.. oh well, everyone is the same.*

Expectations. Kenneth expressed that he didn't have very many expectations coming into the collaborative project, but that he was expecting all the members to have disabilities, and didn't anticipate the welcome feeling he received. These expectations were quickly dismissed as he came to the first rehearsal.

> *K: I probably assumed everyone in the choir was disabled in some way… and that's totally not the case… it's a family and friend environment where*

everyone's welcome and the whole kind of idea is community… sing … which is why it was even more welcoming for us to come and just be like… we're all just here to sing together. We're kind of blind to all those boundaries and everything like that. We're kind of just here to experience it together and that was the biggest surprise.

He also spoke of an expectation that he may interact more with the non-disabled individuals in the choir, but those expectations were also challenged.

K: At first you think …oh I'll talk more with like their moms or their dads.. but no. Everyone's integrated and making really good friends with all the kids and it's really awesome.

Musically speaking, Kenneth was surprised by the level of musical complexity the choir planned to perform. He said, "I was surprised, on some of those songs, especially the musical theatre, For Good, from Wicked, was pretty complex arrangement with lots of parts going on."

Non-musical Experiences. Kenneth spoke a lot about the non-musical components of his experience coming to work with the IIC. He thought it was especially neat to have follow-up conversations from the previous time he had spent time with people in the IIC.

K: And they remembered me, too. I mean doing it for two years in a row it's like I walked in and they're like "oh my gosh, Kenneth! What's up?!

K: Actually, both years I sat with kind of the same people. And it was funny because last year we talked about, I forgot what his name was, but he's in college

> *now. And the whole conversation was about… well he said, "I'm going to go be on a Disney channel show" and we're like ok. Cool! Good for you! And he said, "if not that, then I want to go be an actor or study acting or study theatre" and then some of the other kids were saying "are you? Can you do that? Where do you think you'll go? Who's paying for it?" … And then this year it was all like, "He's there!" "Have you heard from him? What have you guys heard? Has he been in any shows or anything like that?" And those were kind of the big conversation points, which was really interesting. And then it was a lot of questions about you know what is UNL like. Lots of questions about the interpersonal relationships in [MCE] … Do you guys hang out? Stuff like that. So we were able to kind of interact and tell our story but also kind of hear different stories.*

Musical Experiences. Kenneth noticed the way that music was being taught in this setting in a purposeful way and spoke about different ways that the singers can learn.

> *Kenneth: Every song has a new method of teaching the music – all those visual ways to show the music. That's so cool. I feel like I never had learned music in that way before. You have that paired with … here's the music and here's the chords, read the notes. And then you have that paired with "I'm going to sing it, you repeat it back to me." There's all these different varieties of teaching that are being so well received by everyone.*

He also recognized the way the focus was on something different than he typically had experienced, something other than perfection.

> *Kenneth: I think the biggest difference is when I'm in a rehearsal and I'm teaching a song or something and people aren't really getting it it's kind of like "let's pound it in until we get there". And it's kind of like if something's not quite perfect but it's getting in the right direction, the [IIC] doesn't stall on it and keep trying to punch it in. They say, let's take a step back, let's move on to something else and maybe we'll come back. And that's so cool. I feel like I could take some of that to an extent and bring it into my rehearsals too… Perfection isn't something to strive for.*

In terms of the performance, Kenneth reflected on how the singers were uninhibited and how it surprised him how comfortable IIC members were with singing and performing. He felt like their comfort impacted the way he approached his own singing in this situation.

> *Kenneth: People just kind of went for it. And there's not a lot of nervousness in [IIC]. Obviously that comes with live performances. At the concert you could see some people get a little bit nervous but even then, it's like there's not boundaries. There's no "can I hit that note?" It's just "I'm going to sing, I'm going to go for it." And that's super cool to see because you see people without disabilities all the time that are so worried about "am I going to hit it? Maybe I should just not sing it." That was kind of the most surprising thing if anything. Which at the same time wasn't even surprising. It was like, "of course you're not going to care or anything. You're just comfortable here." You can just see that they're comfortable. That kind of echoes on you, too, and then you feel more comfortable with your singing too.*

Later, Kenneth spoke about one specific song, *Firework*. He felt like singing this song was a particularly memorable and moving moment that he would always be able to recall.

> *Kenneth: Firework was really cool because there was a new energy. When we were doing the movements and people were flashing their hands… I mean the other songs had energy too, but there were some slower songs and more some more mellow tunes and then Firework. Everyone knows it. And it kind of just like, you know, came over you. Like this energy of … it was super super cool. Like being on a big stage and singing the finale. It was kind of like that feeling where it just kind of overcomes you and it's just really powerful. And no one wasn't smiling.*

Beliefs and Attitudes Toward People with Disabilities. When asked about how participating in this event changed or reinforced his feelings or beliefs about people with disabilities, Kenneth felt like it had reinforced and strengthened his confidence about inclusion.

> *Kenneth: It always reinforces and like strengthens that positivity and confidence in the fact that you know separation and non-inclusion is just kind of like "why?" It affirms the idea that people don't really understand, and once you're there its nothing. It's seamless to walk in that room... It's not weird, it's not nervous or anything.*

He also hoped that it changed the way he interacts with people in other situations.

> *Kenneth: I would hope so. Cause I mean, just knowing one person kind of changes your whole opinion about everyone. So I feel like getting in this group of what is it like 20? And that gets more vast. You go out into the world and you see people that are more marginalized, and you do feel like we are a little bit more the same than yesterday.*

Kenneth spoke about his experience as being a sort of reality check that was good for him and would be helpful to others.

> *Kenneth: I think that everyone can use a little bit of a reality check in some ways. I think that the [IIC] is a lot of that. It is kind of a reminder… when you make new friends every year. And make new connections every year.*

Kenneth also felt that having the IIC members advocate for the group would be a great way to boost membership and community support.

> *Kenneth: I think you could work with students and find students that are passionate about different things like public outreach and social media and stuff and kind of use that student involvement to boost public outreach in the community. I feel like we had one member of the [MCE] who was in [IIC] and he himself acted as kind of a public outreach to us … to say "guys, this is actually like a really cool thing." I feel like if the [IIC] members were there and given the opportunity to act as that person the outreach goes even farther.*

Case 2: Nate

Nate is a quiet young man with an inquisitive manner. He reported his college major as hospitality. He was 20 at the time of the project. Nate appeared pensive,

introverted and somewhat uneasy as he entered his first rehearsal. He slowly warmed to the situation as several members of the IIC welcomed him and we began to sing and get to know one another. He made an instant connection with one member who had attended high school with his younger stepbrothers. After that, Nate could be found having lively conversations, taking selfies, and even giving side-hugs with IIC members. He reflected on his experience and wrote, "It was amazing to see this wonderful organization come together through singing. I just wish we could have had more men there."

Prior Experiences with People with Disabilities. Nate expressed that he had many friends in high school that had disabilities. He shared that his aunt has an intellectual disability and lives in a group home. He volunteered at the Salvation Army and the Malone Center where he felt like he had some beneficial experiences. When asked if he felt that spending time with people who have disabilities affects the way you view other people with disabilities, he responded positively.

> *Nate: Definitely. 100%. I would say that like working with people with disabilities on a more interpersonal level and actually being able to discuss with them or work with them on the same kind of thing… for example, like with the whole [IIC] thing. We're all singing the same thing… it's kind of like a team sort of deal. I think that [IIC] does a really good job as an organization of just keeping everyone on the same playing field whether or not you do have a disability.*

Expectations. Nate explained that he was unaware of many details about the collaboration and came into the project with few expectations. He explained, "All I knew is that it was something where we just came and helped out and just sang and hung out

with mentally handicapped people." Later, when we were talking about anything surprising that happened, he shared that he was surprised by the musical quality of the collaboration.

> *Nate: I was blown away, honestly, with how we sounded when we first sang together. I was kind of going in there not exactly sure. I was like "we're not going to be the greatest" but I was astounded by how good we actually did sound. As soon as we sang the first song I was like, Wow. This is sweet.*

Non-musical Experiences. Several times in the interview, Nate described a sense of community and welcome that he perceived in his time with the IIC. He noticed that everyone was treated with respect.

> *Nate: The first thing I noticed was just the sense of community when I walked in. Everyone was just super open arms. At first I kind of thought it was going to be like "oh maybe we're kind of stepping on these people's toes" after they'd been coming in every single week, but it wasn't like that at all. People introduced themselves to us right away and were very welcoming.*

> *Nate: The way you guys teach… and just holding everyone to the same standard... I think that just like talking to us all like with the same tone… with the same mannerisms and just like teaching us as a whole group.*

He spoke about a personal goal of trying to be more outgoing in social situations. Being a part of this collaboration felt easy to him because the people were welcoming.

Nate: I'm sort of timid at first when I go up and try to start conversations. No matter who it is. That's something that I've been really trying to work on. Honestly, there, it was something that I didn't even have to work on at all. People would come up to me and talk to me and introduce themselves right away… no hesitation. That's something that I really admired about a lot of them because a lot of times I find myself being like " oh I don't really want to go up and approach that person because I don't really know what's going to come from the conversation, I don't know what I'm going to say, like that. But I had a lot of really good conversations with a few people.

Nate was able to make a remarkable connection with one member of the IIC, and indicated that his conversations with members were impactful.

Nate: Doug introduced himself right away and we got to talk a little bit and figured out that he went to the same high school as my three stepbrothers. My brother was on the tennis team, and I was on the tennis team… and he was the manager for the tennis team. So he was pumped about that and we sent a picture to my brother. He wanted to say "hi" because he hadn't seen him in a while… I was really excited that we made that connection.

In the middle of the concert, he felt compelled to take a picture. This wasn't something he normally would do, but he wanted to be able to remember the experience.

Nate: I found it so touching and just so awesome to me when we were all singing. Then there were two soloists who were just standing up there and they all seemed very timid … I snapped a quick picture because I wanted to be able to remember that. I thought it was super cool just the whole experience. I loved it.

Musical Experiences. Nate mentioned in his interview he felt, in addition to the overall ensemble singing, the solo opportunities for IIC members were especially meaningful.

> *Nate: I think it's really nice to have that great group sound. Then also to give others, who would probably not have the opportunity to have solo opportunities in another choir… to give them those kind of opportunities in these performances. I think that's really good for them, and I'm sure that they're nervous as hell getting up in front of all those people.*

Beliefs and Attitudes Toward People with Disabilities. Nate didn't know if this experience had a huge impact on his feelings or beliefs about people with disabilities, but he did feel that it could reinforce prior held beliefs.

> *Nate: I don't know that it would have specifically… that this is the deciding factor of where I look at people no differently… I just think that anytime that anyone has the opportunity to do something like this, even if your eyes are very open and you are already really open minded to people with disabilities or people who are different than you. I think that every experience that you can possibly get is just very helpful. I think that whenever you have the opportunity to do that you should take it and I've already had quite a lot of opportunities to do that…I think the more the better. It definitely opened my eyes up more.*

He also suggested that one fellow member of the MCE may have had some nervousness prior to coming to the collaboration, but that the sense of welcome helped him to feel comfortable.

> *Nate: I would say there are a couple of guys in [MCE] that are kind of like pretty shy … and so I think that the welcomeness of everyone else in [IIC] really helped them get out of their initial shell and try to become part of the choir at the beginning. I know that there's one guy that I'm really good friends with in the group who's like "dude, I'm really nervous to go to this thing. I'm like nervous to sit down with a bunch of people I don't know." But he did fine and everyone had a great time.*

Nate felt that he would have liked to spend more time with the IIC. He would also like to have us include more get-to-know-you activities so that participants can develop relationships.

> *Nate: Maybe having one or two more rehearsals together so you can build more of a relationship with certain people… maybe just like having a little bit of time to have people introduce yourself. Or maybe splitting people into small groups and have people say their name and like their favorite hobby or something like that.*

Case 3: Daniel

Daniel is a sporty and friendly young man with a bright smile. He reported his college major as nutrition science. He was 18 at the time of the project. Daniel came to the first rehearsal wearing a baseball cap and sports attire. He seemed confident when he saw his fellow ensemble members but got a little apprehensive when we started to move people around the room and he stood closer to IIC members. He joined in conversations, mostly as an observer the first rehearsal. At the second rehearsal, he seemed more willing to initiate a conversation and listen to others around him. As a choir member he was

attentive to the conductor/teachers and sang securely. Daniel conveyed on his post-test survey that "there were too many people to meet in just three meetings," and that it was a "fun opportunity to get out in the community."

Prior Experiences with People with Disabilities. In our interview, Daniel spoke about a friend from middle school and high school that he got to know through the speech team. His friend, who has muscular dystrophy, was able to overcome many obstacles and was inspiring to him.

> *Daniel: That was a cool experience getting to know him because I met him in middle school and then all through high school just to see how he handled himself. Obviously, he couldn't do everything that everyone else could do, so it made it hard for him… especially in middle school was the hardest time. Once he kind of figured out what he wanted to do, and I think he's going to school now for film… and so he's big into being like a director someday. I worked with him on, cause I was on speech team in high school, on t.v. news. I was sports anchor for our speech team … it was cool to watch him work and see how he dealt with his limitations…and he was very good at what he does.*

Daniel told me that he felt that spending time with people with disabilities and learning about their lives makes it hard to ignore them. He felt it could make you more receptive to opportunities to get to know other people with disabilities, and could also open up chances to hear interesting and inspiring stories.

> *Daniel: It definitely changes how you react to someone with a disability coming up to you and trying to initiate a conversation and you're like, "Yeah! I definitely want to talk to you."*

Daniel remembered a friend from high school who was in cheerleading and led a cheerleading squad of people with disabilities. He explained that hearing about her experiences also helped him understand how collaborations might work.

> *Daniel: One of my best friends, she did the sparkle cheer squad…it's people with disabilities… they do cheerleading right alongside the cheerleaders. She was in charge of that, and I talked to her a lot of times about that. I think hearing her experiences, kind of going into it, I kind of knew a little bit how the dynamic would work just from hearing her stories.*

Expectations. Daniel shared quite a bit about his expectations for the collaboration. He had heard some things from the MCE members that participated the previous year and was a little anxious that it might be awkward or that there would be a small number of people. He also said that he didn't know how friendly the people would be, especially those with disabilities.

> *Daniel: So I was like…is it going to be like an awkward thing? No, it was really cool to see how everyone came together... I was expecting less of a community feel. I feel like a lot of times when you meet people with disabilities, there's either two extremes. Either very friendly or please don't talk to me ever. And so I feel like I wasn't sure how those would mix.*

He shared later that he didn't know what to expect in terms of the quality of the choir. He wasn't expecting the members of IIC to sing solos or be confident in their singing.

> *Daniel: I wondered if they're going to be good at all… or what kind of voice parts they have, so I just kind of showed up. I had no idea what to expect…It was*

interesting to see kind of the mix of personalities that affected how much they wanted to sing and then some people that stood up and would sing solos I was like "what!" after sitting by you I was like I didn't expect that at all.

Non-musical Experiences. Daniel was surprised by the number of people that were participating in the IIC and how welcoming they were to the MCE.

Daniel: But once we got there I was like, wow there's a lot of people here. It was cool to see people that do want to talk to you able to bring those other people out of their shells. That's extremely hard to do and they were able to bring them all together.

Daniel spoke about how IIC members were talkative and friendly. He was surprised by their ability to go from a sort of focused rehearsal mode into a sharing and get-to-know-you mode so easily.

Daniel: It was cool hear everyone go from like quietly sitting there you know focused on the rehearsal to then "whoa! I have so much to say." It was crazy but it was really cool. I think that was the best part… the cookies and the pizza party.

He spoke about conversations with members feeling "normal" with common topics, but the conversational pace was a little slower than he was used to.

Daniel: It felt normal to talk with them. Sometimes it was a little harder for them to say what they wanted to say, but apart from that… you know it was like talking about football, music, movies, whatever. It was just like any conversation.

He also offered that this was an opportunity to see new dimensions of people that he thought he already knew in the MCE, and to build deeper relationships with them.

Daniel: It's weird. Everyday he continues to surprise me. When I first met Nate I got a certain impression…you know, he's in a fraternity, he's just like hanging out kind of doing his thing… and then he's so much more personable than you'd think. We were singing at the concert and he's like "oh I love this song" and I was surprised like "you've seen Wicked?" I didn't expect that at all from him. So it was cool to get to know him more through that. He was singing it and loving it and I wouldn't have guessed that at all… I learned the most that people are very deep. There's a lot more going on – you can always learn something more every day.

Musical Experiences. Daniel reflected on the rehearsal process and how it was quite different from his other choir experiences. He described it as more laid back with a different kind of focus.

Daniel: I think compared to previous choir experiences it was a lot more laid back. I mean, when you have so many different levels… like my choir in high school it was like "let's get this done let's get that done" and if you don't get it right they'll be like "c'mon let's pick it up" and [IIC] was like… if it's not right you know we'll sing it again at some point and we'll get it right that time. What I thought was cool was that everything was just so relaxed and that was a different kind of experience… I was in sports in high school and music and I always went to music to avoid, to get away from the yelling and the intensity… and now I'm like, so that's actually what hanging out and singing 'just because' feels like.

Daniel felt that there were plenty of opportunities to be musical in the repertoire. He saw a connection between the intergenerational aspect to the choir and the songs that were selected.

> *Daniel: It was a good mix of kind of 'rock out' and have fun with it, and then there was plenty of opportunity to be musical and kind of dive into that a little more... And then the intergenerational aspect within the choir itself and singing pieces both from current and past too… So I thought that was a cool part of it.*

Daniel also mentioned that the enjoyment level improved the sound quality of the choir.

> *Daniel: Once we got there and got to see how much fun everyone was having… That's what makes singing so much better… even physically it makes it sound better when you're having fun.*

Daniel talked about the performance experience and how different it was from choir concerts he has been a part of. He enjoyed how we invited the audience to sing along, and he was moved to applaud for them.

> *Daniel: It was different. I felt like everybody was involved and that was the goal. I've never been a part of something like that before. Normally, it's you know, we're the choir and you guys sit and listen and when we're done, applaud. That's how it works but this one was like at the end I found myself applauding because they were singing too! I thought that was just a cool way to experience singing. It was like we were experiencing the music with everyone participating.*

One of the most memorable moments for Daniel occurred when one of the members of the IIC got up to sing a solo. He wasn't expecting him to sing so well.

> *I think I'd remember Doug getting up and singing his solo. He was just hanging out in the front row just kind of doing his thing and then got up there and sounded great… I was like "What? No way!" and it surprised me and it was really good.*

The feedback from the audience was a different kind than Daniel was used to. He explained that when people thanked him for singing with the IIC and for collaborating, that was unusual.

> *Whenever we sing, people are always complimenting us so I was like "okay. thank you." and very thankful for that. But the coolest part was when people were like "I'm so glad you came and participated in all of it. It was really cool to see you guys up there singing with [IIC] and having fun doing it."*

Beliefs and Attitudes Toward People with Disabilities. Daniel felt that this experience really illuminated the similarities among people with and without disabilities for him.

> *It really opens your eyes to how normal they are once you start talking to them… You start talking to them about football, music, whatever you want and they're living in the same world too, so they see all the same stuff you see. You just have to remember that. I think that's the thing I'll take from this.*

Additionally, he felt like it was an opportunity to see life from a different perspective, and also served as a stress reliever of sorts.

> *It's a cool experience and it allows you to take a step back from your own life and your own stresses and look what they have to deal with every single day. I get to come and sing with them and it's just really kind of a stress reliever… you can see*

for them to get out of bed in the morning and try and go through life it's just so much harder. So it's like it allows you to gain some perspective.

Daniel suggested that it would be beneficial for the groups to come to each other's rehearsals in order to have a better sense of mutual music making.

Music is a great way to get to know someone. We're seeing what you do – we're kind of looking in and seeing… there's nothing that can compare to singing in a group. It's a really cool thing to be among it and hear a part, a singular part and hear them all together.

Case 4: Jeremiah

Jeremiah is an outgoing and sunny young man with a big heart. He reported his college major as mechanical engineering. He was 21 at the time of the project. When he arrived early, he immediately helped carry things into the building and set up chairs and equipment without being asked. He seemed overjoyed to be there and wanted to be sure others were happy as well. He was greeted right away in the elevator by one of the IIC members who started a friendly conversation. He felt a warm fuzzy feeling from this encounter and was excited to be a part of the project. On his post-test survey, he responded "I have worked in groups with students with disabilities before, and I know how much of a positive impact it can have on them to just be treated like a normal person. It was great to get back into a similar situation."

Prior Experiences with People with Disabilities. Jeremiah reflected on several experiences with people with disabilities. He first mentioned that one of his best friends, Michael, has autism and that he met him through a friend of his mother. He was invited

to join a group that worked through a University and Medical School and offered opportunities for middle school age students with disabilities to get out into the community with their peers. They would attend concerts, play at parks, drive go-carts, and other similar activities. This club allowed him to get to know his friend Michael really well, as well as meeting and becoming friends with lots of other people with disabilities and their friends. He shared that these experiences throughout middle school and high school really helped him to see that people with disabilities are the same as everyone else and want to be treated equally.

> *Jeremiah: A lot of people tend to avoid people or avoid any kind of interaction with people that might have disabilities. One thing I think I really got out of this is that they are kids just like us. They want to be treated the same that we do. You know, I remember watching Michael get frustrated sometimes with his special ed teachers… just because they would kind of baby him along, and he didn't want that, and he didn't need that. So I think that's one big thing that I got out of this. It helped me to realize that you treat them like you treat everyone else.*

Expectations. Jeremiah was excited for this collaboration because it had been several years since he participated in the club with his friend. He assumed the choir was made up of only people with disabilities so he wasn't sure how the rehearsals would go or how they would learn everything in just a few weeks.

> *Jeremiah: I was kind of thinking that it was just going to be a choir of only disabled students. When I saw that there were quite a few volunteers as well, that was really cool. I was mostly excited…a little anxious… because I didn't know how often you guys practice on your own and all that…so these could be rough*

rehearsals if we were learning everything in just a couple of weeks. But it turned out really well. So, it wasn't what I expected but it was a lot better.

Jeremiah was impressed by the focus that the IIC seemed to have compared to other encounters with groups of people with disabilities.

Jeremiah: One similarity that I wasn't really expecting with a group like [IIC] is the focus that everyone had. I was really surprised by that. Working with that group in high school a lot of times everyone was really excited about the events. It was just like everyone's crazy and running around and screaming and yelling…But everyone at [IIC] seemed really focused. We took one break during rehearsal and it was like a two-hour rehearsal. I was like impressed people weren't getting like really fidgety or acting out.

Non-musical Experiences. The very first experience Jeremiah had with the IIC was a positive one. A member of the IIC introduced himself in the elevator and asked him if he was in the MCE.

I was riding in the elevator with Doug (name changed) and he introduced himself right away. I got kind of a warm fuzzy feeling because he asked me if I was in the [MCE]… He was just so excited to sing with us and really excited about the event.

He spoke about the time between rehearsal and the performance and how he had seen a picture of Doug on Facebook and found out a friend of his knows Doug and hangs out with him quite a bit. He was surprised that he would be doing this kind of networking at this event.

> *In between the rehearsal and the performance it popped up on my Facebook feed that he works at [a local grocery store]. He had been a featured employee and someone had shared it. So I told him I had seen him on Facebook and he got really excited. I told him that it was my friend Adam that shared it and I had a great conversation with him about Adam. He went to high school with Adam they were in the same class and were really good friends and they still go to movies and stuff like. Doug and I got to talk for a little bit about Adam… We were just making connections and doing a little networking which is something that I never expected I'd be doing.*

Musical Experiences. After the first rehearsal, Jeremiah felt many of his worries melt away and was excited for the performance and to be able to sing more songs than originally planned for.

> *After that first rehearsal I was like "wow this is actually going to sound pretty cool"… and then we shared music with the people around us and I thought that was awesome.*

Jeremiah was impressed with the hard work that had been done to prepare for the concert and how excited everyone was to have the concert.

> *During the rehearsal everyone just seemed really excited to put this concert on and it was really cool to see that… And to see how hard everyone had obviously worked… you know people were going up to the piano and going over their solos.*

The rehearsals were different than those he had experienced in choirs in high school, especially way the music was learned and the visual support offered for learning the music.

> *I think one big difference was probably the way we went about learning music. In choir in high school, we would maybe sing through our part like one time alone and then you just had to figure it out and had to read through the music… So I thought it was cool that we learned quite a bit by rote and just like hearing everyone else. And that a lot of the music was lyrics printed out. I feel especially like for a choir like [IIC] it works a lot better than expecting everyone to just give them the sheet music and say here learn this.*

He also remarked that the singers were not only dedicated to the music, but also to supporting one another's musicianship.

> *All the students I sat by… were spot on… doing a great job. They really cared about the music. It was fun to watch… if we had a measure pause, they would all help each other like "shh… don't sing yet."*

He compared this support to experiences he has had with the MCE where they support one another and give each other reminders when the music changes. He liked seeing the similarities.

> *Yeah, it kind of just goes back to treating them like they are normal people. Even in [MCE] when we make a change in a song, we always have to look around during that part and we'll add like a big break and we'll have to wait and come*

right back in and we know who we have to help… so it was really fun to see the similarities.

Beliefs and Attitudes Toward People with Disabilities. Jeremiah shared a favorite part of the experience was getting to see the choir and audience share in the joy of music making. He could tell that the audience had a strong sense of pride for the members of the IIC.

I think the best part was seeing how excited everyone was… not only the performers and the people in the [IIC] …but getting to see some of the families was really cool too. You got to see they were just really proud… that they were able to be involved in something like this. Often times for kids with disabilities singing isn't really an option or they kind of get put to the side in a real choir or something like that. It was a really cool opportunity to see and I could tell that everyone out in the audience was really excited too. And proud.

He mentioned that after the concert he felt like the audience was thrilled that they were there, but mostly just excited that this opportunity existed for their loved ones.

Afterwards, I was with a group of BTD and they thanked us for coming and performing …but I think that they were, they seemed really happy that this was even a thing. It's not necessarily something that a lot of students with disabilities get an opportunity to do too often… Especially once you get up here to the college age. It might be a little tougher for them to audition and make a choir. I think that they were mostly happy that they had the opportunity to sing in a choir.

When I asked him to talk more about how he was surprised by the musical quality of the IIC, he recalled that his friend Michael had played percussion in band at school. This reminded him that it is easy to take on misconceptions about people with disabilities even when you have experiences that contradict them.

> *Thinking about it now I'm not sure why I was surprised. My friend Michael played drums and he was in band all the way from 6th grade through high school… so he was in marching band and everything. I know that a lot of students with disabilities… that their disability might just be on the social level and they are still very intellectually capable of doing a lot of things like music. I think a lot of people get the idea in their head that they're just not capable of much of anything… I think part of that's just because they don't necessarily get the opportunities. I know that when it came to Michael and our high school band like our band teacher tried to make it as easy as possible for him to be just like all the other members… so you don't always get that level of dedication to inclusion on the leadership level.*
>
> *I suppose I really shouldn't have been surprised. I think part of it was it's been so long since I've worked with anyone with disabilities. And you kind of forget. And you slip back into thinking about those stereotypes as well even though you know they're not true.*

Jeremiah spoke about how this experience was a good way to reinforce and remind him about having positive expectations for people with disabilities and not making assumptions.

> *It kind of reinforced and reminded me and brought back a lot of memories… You know four years away from working with anyone with a disability and I kind of slipped back into the "oh, I'm going to have to help them out through this" … it's funny how quickly you forget just how independent they can be and how much they want to be treated just like normal kids. It kind of brought back that mindset that they are just like anybody else and just want to be treated that way.*

He also observed the other members of the MCE grow in their comfort around people with disabilities throughout the project.

> *It was cool seeing especially Daniel [a member of the MCE]… it seemed like once we went to the first rehearsal he seemed pretty excited to be there. I mean he's always excited about everything we do… it was cool to see… the people who I saw come to that rehearsal and the pizza party feel way more comfortable.*

Jeremiah felt like the more musical collaborating, the better the connection between the people became and recommended that future collaborators be invited to sing on more than one or two songs.

> *If we had just kind of sat as spectators and then only come in and sang Bumblebee with them and then done our set I feel like I probably wouldn't have felt as connected or as part of the choir. I felt like part of the choir, too.*

Case 5: Lucas

Lucas was the youngest of all the men to participate in this project and his baby-faced enthusiasm showed across his shiny smile and bouncy step. He reported his college major as music education. He was 18 at the time of the project. Lucas mentioned several

times in the interview that he had learned things in this experience with the IIC that he would like to try out in a music classroom. He entered the rehearsal with eagerness and a watchfulness that indicated he was in a learning mode. He soaked in the exercises and songs and watched as others started conversations. He shared music with one member of IIC, and seemed to make an instant connection with her through singing and eye contact. He describes his experience as being very meaningful and said "I saw how good music with a positive message brought together a totally diverse choir."

Prior Experiences with People with Disabilities. Lucas had limited prior experiences with people with disabilities. He did recall two classmates from middle school and high school with disabilities. One classmate, he remembered, was always full of joy and loved to sing *Old MacDonald*. His other classmate played in band, won prom king, and was well liked.

> *I remember was another classmate named Alex. He was in a wheelchair and he was mentally handicapped as well … he would scoot on by and say hi and he actually ended up winning prom king. He was really well liked. It was always fun to see him.*
>
> *He was in band. He would sit and play percussion on a pad. You can tell he enjoyed that.*

Lucas remarked that as a young person it can be confusing to be around people with disabilities, and the more you are around them the more you get to know them.

> *When you're a kid you don't exactly know how to deal with that. And being exposed to them definitely gave me an idea of how they actually are.*

Expectations. Though he didn't have a lot of expectations, when he walked into the first rehearsal and saw the many people with disabilities, he wasn't sure how things would work.

> *I had no notions before hand so I walked in and saw the diversity and I was like ok… as a future music educator I was excited to see and not nervous… but I didn't know how it would work…how someone would capture the attention and captivate a completely diverse… (pause) …I didn't know how that would work out.*

Non-musical Experiences. Several times Lucas mentioned that he learned things from this experience that he would like to use in his future music classroom.

> *I want to come back next year and write some stuff down so I can apply some methods in my classroom in the future. The way that the methods that were used to captivate everyone… the good music, the nice positive message, the sense of loving each other and loving yourself… And being satisfied with who you are… And having everyone totally on board with that and comfortable with everyone. It was a marvel. I hope one day that I can make people captivated like that. It was just really cool.*

Musical Experiences. The rehearsals seemed more relaxed compared to other choir experiences he had before. He explained that the emphasis felt like it was on singing and enjoying singing and not perfection.

> *I wouldn't call it more laid back but definitely more relaxed… it was just having fun and singing and the emphasis was put on singing in itself.*

Lucas expressed that he sensed the music was presented in a way that was accessible to all the singers and that he felt that helped the choir to have a good musical quality.

> *I was wowed … that you were able to present the music in a way that was received really well… in a way that everyone could understand. Usually I think of music as like dots on a page, like a language that people need to learn how to read but when it's presented in that context it was a lot more absorbable. The choir responded really well to that. As a music major… what I've experienced is that you kind of forget how it was to just like sit and listen to the radio without like knowing what's exactly going on. It was nice to that you guys were able to like recall that and present things in that way. And there was some pretty tough stuff. There was more than just beginner quality type music you know and it was nice that everyone got invested and made some very nice sounds.*

He really enjoyed the music, especially *I'd Like to Teach the World to Sing*. He reflected that it brought back memories of elementary school when the emphasis wasn't so much on perfection.

> *(singing) I'd like to teach the world to sing … I love that song. The music, afterwards I was humming the music to myself …because it was just simple and blissful and happy and brought me back to singing in elementary choir before everything was like "make this better, make this better."*

Lucas described one particularly meaningful exchange with a woman he sang next to and who was also in his get-to-know-you activity group. They shared music and had a special connection even though they didn't have any conversations.

> *She was in my original hula hoops group. She wasn't elderly but she was a little bit older. I stood next to her and shared her music and we just kind of … a lot of times in choir I'm a dork so I'll like sing at the person next to me and it was kind of like that… like jamming out with each other. I was enjoying mixing parts with her and singing with her. It was nice to finish a song and smile. It was really enjoyable.*

He also felt the audience contributed toward a positive experience and was there to show support for their friends and relatives.

> *I really appreciated the environment and that the audience was willing to commit themselves too. They made it a safe place. A really encouraging place and it was nice to see what came of that.*
>
> *I was really touched… there was an older man in the very front row. Sitting all alone and you could tell he knew someone there and not to stereotype or anything but it seems like often times older people will just sit to themselves and really not get engaged but he sat back with a smile the entire time and sang along and watched and you could tell he was proud. That made me really happy to see. You could tell that a lot there were a lot of proud relatives and friends in the audience.*

Beliefs and Attitudes Toward People with Disabilities. Lucas was surprised by how he could relate to the people in the group through the music.

> *It wasn't like I wasn't prepared, but it was interesting to me that I could relate to everyone so well… through the positive messages and just how everything had a*

nice beat… something that everyone could get on board with. I was excited to relate to them.

He noticed that a fellow member of the MCE found it easy to relate to the people with disabilities in the IIC and was he encouraged by watching him have conversations with them.

It's not that I'm uncomfortable or that I look down upon anyone but a lot of times I'm not sure what I can do to relate to someone with disabilities. It was nice that he found common ground and just went for it and it kind of encouraged me to do the same.

I was talking with my family about it afterwards and I was like "I can't believe that I related that well to everyone. I didn't think that I'd be able to."

He clarified that if there had been more time or if other members of the MCE would not have been there, he may have been more sociable and spend more time with the IIC members.

If there was just a little more free time…. Too if the [MCE] weren't there I would have been a lot more sociable with the people around me. It was a nice environment to watch the middle schoolers talk with the adults or the disability people or handicapped people … I would have enjoyed engaging with them more.

Lucas spoke about how he was happy there is a choir like this and that he was impressed that so many individuals can participate in an activity like this.

It really is amazing that there's a choir… to have a lifestyle like that, with a disability. It's awesome that they function so well to the point that they would like, sing,

you know be in a choir and have an activity like that… And that they get to have that. I was proud of the people that got up and sang with us and that would solo and the audience was too. It was just a very loving, positive experience.

He was also surprised and enlightened to know how comfortable many of the singers with disabilities were with singing and performing in front of an audience.

> *I was surprised that they were consistently comfortable with singing that they would sing in the choir just as they do and not only that but sing in front of people and be active. I was surprised that they had "fired their inner editor" to let that happen. I guess I don't really have a lot of experience dealing with handicapped people.*

Overall, Lucas described his experience with the project as enlightening for him in terms of knowing that people with disabilities are capable of more than many people think.

> *It brought some new things to light. But I have always held people with disabilities in a very positive light. You know just through interaction. I didn't really have a negative notion. I think if anything the choir brought to light that you can still make conversation… there are going to be obstacles that are there but they're there and they deserve to be spoken to and treated like everyone else. I think that seeing them adopt a hobby and have the capacity to do something like this dissolves the barrier a little bit more for me.*

Case 6: Jacob

Of all the men interviewed, Jacob spent the most time with the IIC. He began singing with the IIC as an invited student assistant early on in the semester. He was

offered this opportunity because of his status as a music education major in the sophomore stage. His commitment included attending rehearsals, helping with physical space set up (such as moving the piano, placing chairs, helping with folders, etc.), and providing vocal support to those in the choir by singing alongside them. He has a calm and serious demeanor but on a few occasions could be found joking and smiling with friends he made in the group. He reported his college major as music education. He was 20 at the time of the project. Jacob wrote on his post-test survey, "with wanting to be a music educator, it was great to see how much music can affect people's lives" and "it was a very rewarding experience."

Prior Experiences with People with Disabilities. Jacob had quite a rich background of interacting with people with disabilities as a teenager. He recalled a girl in his grade who had Down syndrome and who was well liked among their peers. He also spoke about his family doing temporary foster care. For a time they cared for a second grade child with Down syndrome. He remembers him struggling with learning and social situations.

> *Our family used to do temporary foster care. We had a kid who came in with Down syndrome and getting to work with him and seeing the struggles he had. Seeing the struggles he had with learning …and getting along with other kids was difficult for him. My mom felt the most stress of that being at home with him whenever he wasn't in school.*

Jacob described some feelings of guilt being around people with disabilities, but also felt like these experiences helped him to learn to treat people with disabilities equally.

> *I always feel, as bad as this may sound, a little guilt… that it's kind of unfair that they are that way and I'm not. But I think it's helped me just to learn to treat them like you would anybody else.*

Expectations. Some of the expectations Jacob had prior to the event about how the members of the MCE would interact with the IIC were reversed right away with the first rehearsal.

> *I kind of assumed that the [MCE] as a whole would just kind of all sit together and not really talk to the people and I was surprised in a good way that they didn't. They kind of spread themselves outside the group and kind of interacted with everyone. It was cool to see that people weren't nervous and sitting to themselves.*

***Non-musical Experiences*.** One of the things Jacob spoke to me about was his unique role as a student assistant. He explained that at first he was unsure of what he would be doing but quickly grew more comfortable.

> *There was that nervousness… But after the first or second time it went away and it was just fun to be a part of the group with everyone else and get to know them. I think it would be nice on my part to introduce myself to more people and kind of talk to more people.*

He spoke about conversations with a particular young man, Doug (name changed), during breaks from singing and how the breaks were a good chance to get to know the people in the group.

It was just a good time to step back from the learning and get to know the people in it. The conversations I remember the most were with [Doug] because he was always very energetic and asking a lot of 'what are you doing?' and all that stuff. It was good just to kind of talk to people and get to know people.

He also had a meaningful conversation with Doug following the concert.

Yeah. Doug especially felt accomplished because his singing solos. He was really happy about it and he came up to me and like 'hey how did I do? I'm not sure how I did' and I was like 'you did really great' and he was extremely thrilled with getting that experience.

In addition to having his own conversations and interactions with members of the IIC, Jacob gave some insight into the interactions of the other members of the MCE. He noticed that they didn't keep to themselves as he had anticipated, and that they had some mature moments. He also thought it was neat to see members of the MCE open up to talk to someone with a disability and really relate to them.

In addition to getting to know people they were willing to help out people if they needed help with something and very encouraging. When someone sang a solo, congratulating them and telling them they did a good job…It's a funny group of guys and it's nice to see them have some moments where they are really serious and mature because that doesn't happen a lot in rehearsal. It's cool to see them in that setting. There's one guy [Nate], he's very shy and introverted it seems most of the time… but he was sitting behind [Doug] and they talked about some guy that they knew together for probably 5 or 10 minutes. It was cool to see him be

> *willing to open up and talk to someone … it made [Doug] really happy to have that in common.*

Musical Experiences. Jacob described the first rehearsal he attended. He remembered watching the teachers, and how the singers all interacted with the music and was surprised by how the singers seemed genuinely happy to be there.

> *I think for the most part that first rehearsal I just spent a lot of time watching how you taught and then seeing how everyone else kind of interacted with the music. I was very surprised to see how excited everyone was to sing. Because in rehearsals I've been to it's very rare to find people like really happy they're there and learning music… but in that setting everyone was just really happy to sing. It was really cool to see. The excitement that I've seen at [IIC] was still a lot more than I've seen in other choirs I've been a part of.*

Jacob talked about the learning pacing and visual elements that the teachers utilized to encourage singers to understand the music.

> *I think one thing about [IIC] is that is seemed to be a lot quicker pace. You did a lot more songs in a single rehearsal than in a single rehearsal with other groups. Keeping things moving really helped people stay focused. On top of that, to have it be a lot of visual learning with like hand signals and all that stuff… to show people to learn music really quickly that was something different that I'm not used to. A lot of times in rehearsals they'll just play it on the piano and you just have to sing it but there was a lot more interactive teaching style.*

In addition, he felt the repertoire selected was uncomplicated and that helped to take away some of the stress of learning and allowed the singers to have more fun.

> *I think that one thing that helped is that none of them were too complicated. Because when you get to really complicated music, that can cause a lot of frustration with people learning it. So it was really simple. There were some songs that were really popular that people already knew so that kind of took away the stress of learning it and just allowed them to have fun singing it… which I think was really cool. Keeping things simple and at a level that everyone can learn it very effectively.*
>
> *I think having simpler pieces helped overall with musical quality. There are obviously people that are out of tune or not singing all together… or some people louder than others…so I feel like that could be distracting to some people… but overall just getting to see how excited they were to sing kind of made that point not really necessary.*

In terms of the concert, Jacob described feeling somewhat critical of some of the parts but then realizing that the emphasis isn't necessarily on perfection.

> *I'm kind of a critic of myself and music wise so there were some parts especially when [MCE] sang that we critique ourselves… but once you realize that it's not really about making all the right notes and all that stuff it was just really cool to see… not only how excited the singers were to perform but how much the audience enjoyed the performance and seeing people perform and singing along.*

Jacob expressed thoughts about how as a future music educator he has learned to approach teaching a choir that is more about showing singers that they can enjoy making music together even if not everything sounds the way the teacher wants it to.

> *I think I will remember that above sounding good, it's most important to just enjoy the experience of it. A lot of teachers will worry about if something's in tune or if everyone is together but I think especially at levels lower than collegiate or professional that really what music should be about is having a positive and enjoyable experience with it. And just remembering that that when you're rehearsing or you have a performance and not everything sounds the way you want it to sound… that as long as the students are having fun singing that's really what the end goal should be.*

Beliefs and Attitudes Toward People with Disabilities. Jacob described his sense of surprise at how eager the singers in the IIC were to perform. They were able to get past any feelings of inadequacy to perform and have a great experience.

> *I think how excited they were and then like I mentioned… that I critique myself with how the performance goes and just to see that they didn't really care if they messed up or sang in tune or whatever it was... It was just the experience of getting to sing in a group of people that I think was really cool.*

He also expressed a feeling of happiness that this experience is available to people with disabilities and that it's important to have an experience of being included.

> *Not knowing what their experience was growing up, I know that in my high school… you couldn't really get into like certain groups if you had difficulties singing. So I think having that experience of being included in that… regardless of how well they sing as an individual was a really good experience to have that.*
>
> *I think it can be beneficial to have experiences where, in a sense, it's exclusive just to reach certain goals that you're going for but also having the experience of everyone being included I think is really important to have.*

Jacob felt that participating in this project has helped him to realize that people with disabilities are just like everyone else and may enjoy life more than most people know.

> *I think it has made me more so realize that even though they have disabilities they are just like everyone else. They have the same things that they find joy in and the same things they want to participate in. And that even if it's a struggle for them for them, they can still enjoy it… even more than some people do. I think we take a lot of things for granted or are really nit picky about things, but in my experience people who have disabilities tend to enjoy life more which is in some sense surprising.*

Qualitative Summary. Each case presented here had a unique set of life experiences entering the collaboration with the IIC, but several key commonalities were revealed through these interviews. First, all participants spoke about their own beliefs about people with disabilities and how they were surprised to see so many people with disabilities participating in singing and music in an enthusiastic, meaningful, and expressive way. Second, each participant reflected on how their expectations before the collaboration did not match the level of musical quality, social interaction, and sense of welcome and

community that they actually experienced. Finally, interviewees shared a common desire to continue to seek similar experiences in the future, and to retain new friendships with members of the IIC.

Phase IV: Mixed Methods

Question 7*:* What results emerge from comparing the quantitative instrument data about participant prior contact with individuals with disabilities and empathy and attitude levels with qualitative data about participant experiences with an inclusive choir?

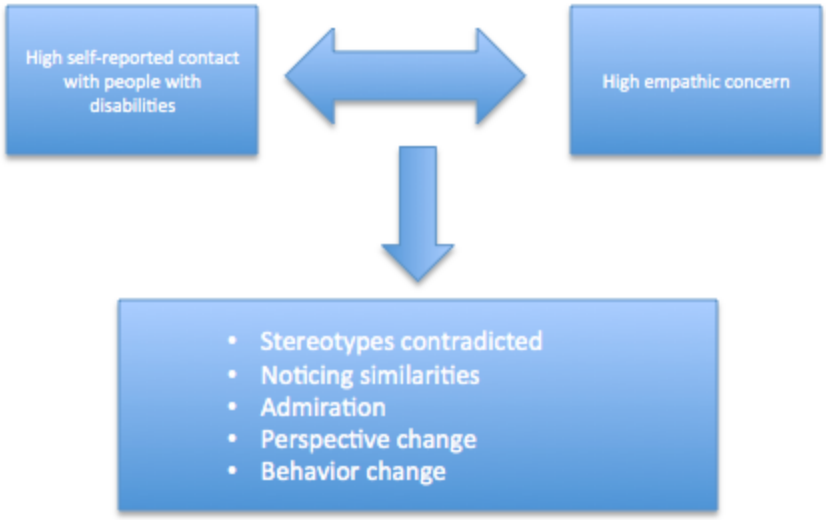

Figure 7: Mixed methods visual diagram for contact and empathic concern.

The first major finding from the quantitative Phase I was that participants with a high level of self-reported contact with people with disabilities had higher levels of empathic concern. This scale measures an emotional response of compassion, sympathy, or concern caused by witnessing someone in need. The qualitative inquiry supports this finding, as interview participants reported stereotypes being contradicted, an increase in noticing similarities between groups, perspective changes, and behavior changes as a

result of their experience with the IIC (see Figure 7). What is unclear from this result is the directionality of the effect. On one hand, it seems as if having interactions with people with disabilities could contribute to a higher sense of compassion toward others. On the other hand, perhaps it is a higher sense of compassion that leads people to have positive experiences with people with disabilities in the first place, especially given that these types of interactions are not always readily available.

Additional findings from quantitative Phase I were three significant correlations between the empathy and attitudes measures. First, high empathic concern was associated with more positive cognitive attitudes toward people with disabilities. Again, this is supported by the interview data where several of the interview participants shared that their experience singing and collaborating with individuals in the IIC led them to new beliefs about the musical and social capabilities of people with disabilities (see Figure 8).

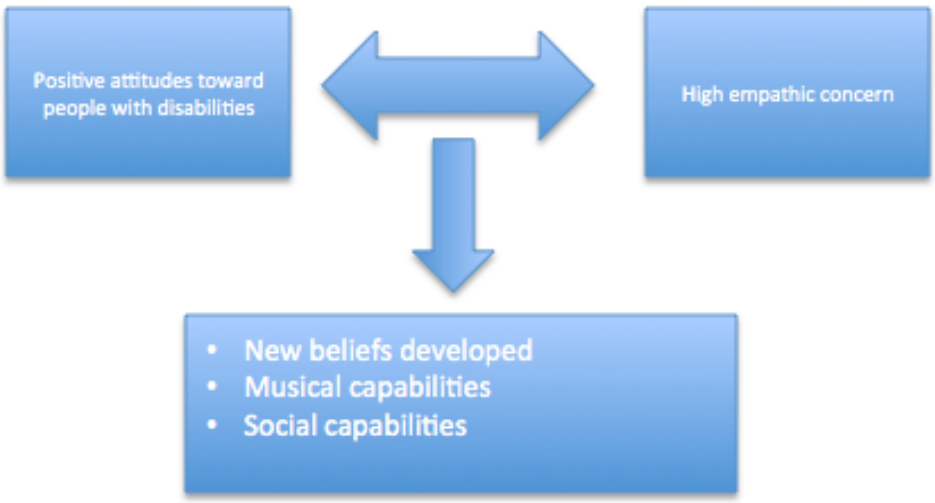

Figure 8: Mixed methods visual diagram for attitudes and empathic concern.

Subsequently, high personal distress was associated with negative emotions and behaviors toward people with disabilities. This was also supported by the qualitative data

where interviewees shared prior experiences that led to negative emotions such as guilt, nervousness, and avoidance of people with disabilities (see Figure 9).

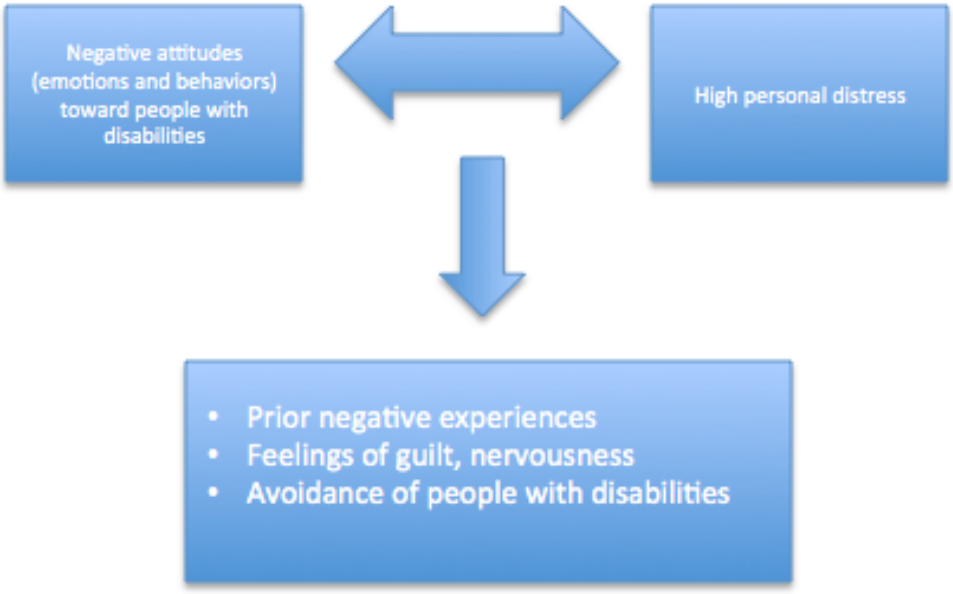

Figure 9: Mixed methods visual diagram for attitudes and personal distress.

Last, it is important to note that even though no statistically significant differences were found in the quantitative Phase II, the experiences of the participants showed great benefit to them individually as evidenced by the interview data.

Summary of the Results of the Study

The study was organized in four phases. In Phase I, university choral music participants (n=207) self-reported their contact with people with disabilities and completed the two dependent measures (IRI and MAS). Independent samples t tests were performed to determine if contact with individuals with disabilities (high or low) had an effect on any of the subscales for empathy (perspective taking, fantasy, empathic concern, personal distress) or attitudes (cognition, affect, behavior). Only one significant

finding was detected. Participants who self-reported high contact with people with disabilities had significantly higher scores on the empathic concern subscale of the empathy measure. Additionally, bivariate correlations were performed to determine if there was any relationship between the two dependent measures. One correlation was found between the empathic concern subscale and the attitudes cognition subscale. Higher empathic concern was associated with more positive cognition (thoughts) towards people with disabilities. Two weak correlations were also found between the personal distress subscale for empathy and the affect (emotion) and behavior subscales for attitudes. High personal distress (anxiety, worry, discomfort) scores were associated with negative emotions and behaviors in attitudes toward people with disabilities.

Phase II utilized a pre- and post- test experimental design where members of an all-male collegiate a cappella choir shared in choral music collaboration with a inclusive and intergenerational community choir made up of people with and without disabilities. Participants took the same dependent measures as in Phase I of the study before and after their collaboration. No significant differences were found following the post-test. There may be several reasons why the collaboration didn't result in a change in empathy or attitudes. This will be discussed later in this chapter.

Phase III of the study was a qualitative follow-up that involved a multiple case study using interviews with 6 participants from Phase II. The interviews shed a great deal of light onto the lived experiences of these young men before and after their participation with the inclusive and intergenerational choir collaboration.

Three key findings came out of the Phase III. First, participants did not anticipate that the singers with disabilities would participate in such an enthusiastic, meaningful and

expressive way. For example, in one interview a participant said "There's no 'can I hit that note?' It's just 'I'm going to sing, I'm going to go for it.'" Another said "All the students I sat by, were spot on, doing a great job. They really cared about the music." One participant described, "I was surprised that they were consistently comfortable with singing that they would sing in the choir just as they do and not only that but sing in front of people." Second, their expectations for the kind of musical quality, social interaction, and sense of community they would encounter were low compared to their lived experiences. One participant said, "I was blown away, honestly, with how we sounded when we first sang together." Another said, "the first thing I noticed was just the sense of community when I walked in. Everyone was super open arms." Third, all the interview participants shared a desire to seek similar experiences in the future and to continue to develop friendships with those they met in the project. One interviewee said "I would love to. I've actually considered doing something like this regularly to develop friendships with the members."

Finally Phase IV involved interpreting the results of the quantitative phases in light of the findings from Phase III.

Chapter 5: Conclusions And Recommendations

This chapter begins with a brief overview of the study and the results along with conclusions drawn from the findings presented in Chapter 4. Next, I present a discussion of the implications of these findings in light of the existing literature on empathy and attitudes. Finally, I reflect on the findings of this study in terms of action within the field of music education, as well as recommendations for future research contextualized using the initial research questions.

Overview of the Study

Empathy is an important skill for developing prosocial behavior, or actions intended to benefit or help others. These types of actions are critical in everyday interactions such as cooperation, cultural learning, developing close relationships, and maintaining friendships. Interactions such as these are the basic building blocks of strong communities. Empathy has been found to be on the decline in recent years (Konrath, Obrien, & Hsing, 2011), but has also been shown to be a skill that can be enhanced (Goldstein & Winner, 2012).

Inclusion in schools and communities for people with disabilities is on the rise (U.S. Department of Education, Office of Special Education and Rehabilitative Services [OSERS], 2015; Thorn, Pittman, Myers, & Slaughter, 2009). Attitudes toward people with disabilities have been positively influenced by a number of legislative and societal changes in the last 50 years. In addition, changing terminology that puts an emphasis on the person and not their disability is being used more readily (i.e. Rosa's Law, 2010). Language and labels appear to have a significant effect on tolerance toward people with

disabilities (Granello & Gibbs, 2016). While inclusive opportunities are becoming more available, attitudes toward people with disabilities still make a large difference whether a person with a disability will be accepted and encouraged to contribute to their community. This is especially important for those of us in the community of music education.

Implications of the Study

Important implications can be drawn from this study that either support or reflect a departure from the existing literature. These will be presented in a similar fashion as Chapter 2, with three areas highlighted: empathy, attitudes, and intersections.

Empathy. Empathy has been explored by a large number of researchers for many decades. While it remains a complex construct to study, there is growing consensus that empathy can be improved through both direct teaching and other types of interventions, and that providing these opportunities is a worthwhile pursuit (Lam, et al., 2011).

In the Phase I of this study, findings reinforce the empathy literature related to gender and age. Women scored higher on the empathic concern and perspective taking subscales of the empathy measure (IRI). Gender differences have been consistently found among empathy measures with women always scoring higher. Several hypotheses have been given for these differences including cultural biases, socialization, and stereotypes. While the explanation may not clear for these gender differences, this study supports the previous literature. In terms of empathy and age, for the present study there was a limited range in the age of participants due to the population available to the researcher. Nevertheless, a correlation was detected between age and the fantasy subscale for

empathy that indicated lower scores for older adults. Within the empathy research literature, age difference findings are mixed, with some pointing to an inverse-U shape when studying age and empathy, while others point to a general decline in empathy as adults get older.

This study also explored the theory that contact with individuals with disabilities may influence a person's empathy. In Phase I of this study, participants who had frequent contact with a family member or close friend with a disability, or who themselves have a disability, scored higher on the empathic concern subscale of the empathy measure (IRI). This finding supports existing literature examining empathy and similarity or shared experiences. It may also reflect literature on nurturing and biological influence on empathy.

Attitudes toward people with disabilities. Research points to three components of attitudes: affective, cognitive, and behavioral (Olson & Zanna, 1993). These correlates can be challenging to measure due to social desirability bias. All methods of measuring attitudes have their limitations. The attitudes measure (MAS) used in the present study aimed to measure these three correlates using projecting vignettes. The participant reads a scenario and then within the context of a 5-point rating scale chooses the likelihood of one of the characters feeling an emotion, having certain thoughts, or behaving in certain ways. In this study, contact with individuals with disabilities did not correlate with participant attitudes toward people with disabilities. Correspondingly, there was no effect of the Phase II intervention on attitudes. Existing literature emphasizes the importance of the quality of contact in interventions that aim to improve attitudes toward people with disabilities. In fact, one study that controlled for *quality* of contact, found that higher

quantity of contact was associated with higher levels of prejudice toward people with disabilities (Keith, Bennetto, & Rogge, 2015). This means it is crucial, when developing opportunities for individuals and groups with and without disabilities to interact, to focus on providing quality interpersonal interactions.

Intersections: Empathy and Attitudes toward people with disabilities. In Phase I, some results do point to an intersection between empathy and attitudes toward people with disabilities. Correlations were found between the empathic concern subscale (empathy) and the cognition subscale (attitudes), as well as the personal distress subscale (empathy) and the affect and behavior. These correlations reflect areas of previous literature. Some research indicates that empathy may mediate attitudes toward people with disabilities (Armstrong, Morris, Abraham, Ukoumunne, & Tarrant, 2015). Other research has found that empathy and attitudes toward people with disabilities do not correlate, but that a curriculum focused on informed empathy could improve attitudes (Miller, 2013). Empathy in general may not be enough to ensure positive attitudes toward people with disabilities. The present study departs from this track. In this case, higher scores in empathic concern did predict more positive cognition about people with disabilities, while higher scores in personal distress correlated with lower levels of affect and behavior. These findings support additional research (Barr, 2013) that found empathy variables highly correlate with attitude variables.

Implications for Music Education and Recommendations for Future Research

In many ways this study has focused on attitudes toward people with disabilities, yet the conversation is really about individual differences and whether we as teachers, learners, musicians, and humans can find commonality and lessen distance toward people

that are different from ourselves. We are *all* different from one another. This is the heart of empathy. Through empathy we experience the joys and sadness, the successes and fears of others from their perspective. We put ourselves on hold momentarily to take in the experience of someone else. Why is music education a suitable place for growing and nurturing empathy? Because taking part in a shared purpose of learning and creating music with others can be a powerful vehicle for the development of empathy. As we endeavor to raise our voices in song and find meaning in the music we resound, we may be more ready to find common ground among us.

Research Question 1*: Does variance in self-reported close contact with individuals with disabilities produce any statistically significant differences in collegiate choral ensemble members' empathy levels?*

This study provides both evidence that frequent, quality time spent with people with disabilities may have an effect on empathy, especially the area of empathic concern which addresses the capacity for warm, concerned, compassionate feelings for others and is linked to a high concern for others (Batson, Lishner & Stocks, 2015). In music education, especially in settings such as public schools, we have an opportunity to maximize the amount and quality of contact between students with and without disabilities. As we seek to include students with disabilities alongside their peers in music programs we can provide opportunities for shared connections through structured, meaningful conversations, cooperative learning goals, and the artistic effort of music making. For example, the choral work *Draw the Circle Wide* (Miller & Light, 2008) which was used as a part of the experimental treatment in this study, provides a rich foundation for conversations about different circles of people in our lives in which we

have a choice to either include others or exclude. The refrain sings, “No one stands alone, we’ll stand side by side, draw the circle, draw the circle wide.” The choirs in this study literally stood side by side to sing this piece of music not only with artistic beauty but also with hearts open to friendships and unity.

As both a teacher/director of the IIC and as a qualitative researcher, I observed an initial social distance that is to be expected when two unfamiliar groups meet. This distance was quickly mediated as members of the IIC shared chairs and invited MCE members to sit next to them. Shortly into our first rehearsal we practiced the music for *Draw the Circle*, teaching the MCE members sign language that fits the refrain. We had a brief discussion about our life circles – the different groups of people we spend time with or associate with. We used hula-hoops to represent these circles and then asked members of both groups to get closer to one another and solve a simple problem together: how can each member of a small group (3-4 people) be connected by the hula-hoop? Then small groups were asked to combine their hula hoop connections to another group, and then another, until the entire collaborative ensemble was connected by circles, creating one large circle. One interview participant reflected, “It was definitely a good way to get people in communication and to be able to talk to a few people. I think that there were a couple people who were standing alone and didn’t exactly know who’s group to join and so I think that it’s a good practice for either them to come up and say ‘hey do you guys mind if I join your group?’ or for someone else who already has a group to say ‘come with us.’” Several other interview participants referred to people that were in their “original hula hoops group.” This may indicate that there were lasting relational connections made through this activity – one that was initiated in an attempt to advance

the artistic goal of having singers connect emotionally to the music and to share that emotion with their audience.

Research Question 2*: Does variance in self-reported close contact with individuals with disabilities produce any statistically significant differences in collegiate choral ensemble members' attitudes toward individuals with disabilities levels?*

Both phases of the quantitative portion of this study reflect the complexity of measuring attitudes and a point of discrepancy appears when comparing the lack of statistical differences with the qualitative data. It seems that in many ways, contact alone may not be enough, but *quality* of contact between individuals with and without disabilities may be a better predictor of positive attitudes toward people with disabilities (Keith, Bennetto, & Rogge, 2015). This is reinforced in the existing literature, and is also illuminated in the reflections of participants.

One interviewee expressed, "Just knowing one person kind of changes your whole opinion about everyone… You go out into the world and… you do feel like we are a little bit more the same than yesterday." Another interview participant reflected that it was the shared musical goals that helped him connect. "Music is a great way to get to know someone… there's nothing that can compare to singing in a group." Finally, a third interview participant voiced, "I think it has made me more so realize that even though they have disabilities they are just like everyone else. They have the same things that they find joy in and the same things they want to participate in. And that even if it's a struggle for them, they can still enjoy it." Music educators may take special care to facilitate meaningful conversations and cooperative learning activities that engage music learners

of all abilities in not only the shared musical goals but also the goal of commonality and a shared aesthetic experience.

Several considerations for future research can be concluded from the outcome of this research question. First, for future studies it is important to parse out the indicators of quantity and quality when establishing the type of contact participants have had previously with people with disabilities. In this study participants were asked about the nature of relationships with (self, family member, friend), and frequency of quality time spent with people with disabilities. Second, the vignette presented in the MAS (attitude measure) featured a general public situated interaction at a coffee shop meet up. For future research that provides a closer tie to a more authentic setting in which it is our goal, it may be more fruitful to situate the interaction in a musically artistic setting, such as a music classroom or a community chorus rehearsal, and attempt to emphasize the shared purpose or goal. Additional attention should be given to extending the length of time that participants spend together learning music, where the shared music purpose becomes the vehicle that allows for richer, deeper conversations and connections.

In terms of the experimental treatment, one consideration is that the participants already had considerably positive attitudes toward people with disabilities. One interviewee stated, “Even if your eyes are very open and you are already really open minded to people with a disability or people who are different than you. I think that every experience that you can possibly get is just very helpful. It definitely opened my eyes up more.”

Though an exploration into the music major and non-music major findings was beyond the scope of this study, further investigation into the significant differences in

attitudes may also be explored in future research. It is possible and worthy of further exploration that the selective nature of music ensembles at the high school and college level, where very few students with disabilities become members of choirs, that fosters negative attitudes toward people with disabilities. Or perhaps it is a lack of opportunities for individuals in these groups to have meaningful interactions with people with disabilities? This could be of great interest to those in the field of music education, especially if these results could be replicated and explained further.

Research Question 3*: Is there a relationship between collegiate choral ensemble members' empathy and their attitudes toward individuals with disabilities?*

The results of the correlation procedure conducted to answer this research question reveal there is a relationship between the empathic concern subscale for empathy and the cognition subscale for attitudes toward people with disabilities among collegiate choir members. The cognition subscale asks about the likelihood that a character in the vignette would have certain thoughts such as "He seems to be an interesting guy," "He looks friendly" or "He will appreciate it if I start a conversation." Examples from the empathic concern subscale include "I often have tender, concerned feelings for people less fortunate than me" and "I am often quite touched by things that I see happen." While a correlation cannot determine the direction of the relationship, it seems this study may support existing research that has shown empathic concern has been found to increase valuing of another person's welfare (Batson, Turk, Shaw, & Klein, 1995).

Qualitative participants (MCE) communicated they received a welcoming environment during the collaboration, and they felt open to initiating conversations with

the members of the IIC. “The first thing I noticed was just the sense of community when I walked in… People introduced themselves to us right away and were very welcoming.” “I found it so touching when we were all singing… I wanted to be able to remember that.” Another interviewee said “It felt normal to talk to them. Sometimes it was a little harder for them to say what they wanted to say, but apart from that… It was just like any conversation.” A third interview participant really captured this phenomenon when he said “A lot of people tend to avoid people or avoid any kind of interaction with people that might have disabilities. One thing I really got out of this is that they are…just like us. They want to be treated the same that we do.” Still another declared “I can’t believe I related that well to everyone. I didn’t think that I’d be able to.”

In music education we may be able to facilitate these kinds of understandings by ensuring that not only are students with disabilities present in our classes, they are regarded as important members of the ensemble and whose voices are valued. In choral music, as we lead our students in understanding the text, we can use that knowledge to better know, understand, value the people around us. In the choral collaboration facilitated in this study, choirs combined to sing a song called *Bumble Bee* (Endenroth, 2010). This simple text says “From flower to flower, hour after hour, be humble, bumble bee. They all say you can’t fly, tiny wings still take you high, be humble bumble bee.” On the surface, these words are describing the surprising nature of an insect. But as participants discovered, the bumblebee is a symbol for overcoming adversity and rising above the limits that life might hand you. In future research, we may also explore the lyrics of songs as factors that may allow us to deepen our understanding of other people, as emotions and intent are communicated through music.

Research Questions 4 and 5*: Does participation in a choral collaborative project with an inclusive choir have an effect on empathy? Does participation in a choral collaborative project with an inclusive choir have an effect on attitudes toward people with disabilities?*

Empathy and attitudes are complex and multidimensional constructs that require rigorous instruments to measure. Even highly validated instruments, as were both of the instruments used in this study, have their limitations. One of the most prevailing limitations is in the nature of the self-report assessment. Respondents revising or concealing their opinions or behavior to deliver socially acceptable responses are difficult to detect, making social desirability bias is a difficult obstacle to overcome. Research on attitudes toward individuals with disabilities suggests that in general people have competing positive and negative reactions toward people with disabilities. In addition, knowledge of legislation such as the Americans with Disabilities Act (ADA, 1990) can provide social pressure to not appear prejudiced or discriminatory against people with disabilities. These ideas were beyond the scope of the present study but should be examined in future research.

Since there were so few participants (n=15) in Phase II of the study, participants may also have wondered about their anonymity. Future research will need to include additional participants in a way that doesn't impede the groups interacting together. If more individuals had been present in this study, it may have prevented some of the connections that were made or groups may not have readily integrated as they did. Extending this research to future seasons in the IIC would be one way to add additional data to this analysis. One direction for future research would be to collect some

alternative kinds of data such as observational data. For instance, researchers could attempt to measure the closeness in singer proximity or to count the number of interactions between them.

Another salient explanation for these results may be the actual treatment involved in Phase II of this study. The limited amount of time or limited quality interactions between participants may have not been enough to impact a participant's scores.

Some of the qualitative interviews expanded on this idea. Several of them mentioned they wish they could have spent more time with the IIC members. One said, "If there was just a little bit more free time… I would have enjoyed engaging with them more." Another expressed a desire to have a more structured get-to-know-you activity. "Maybe having one or two more rehearsals together so you can build more of a relationship with certain people… maybe just having a little bit of time to have people introduce yourself." There were several reasons for the limited amount of time of treatment in the study. First, the IIC only meets for a certain number of weeks and requires a sufficient amount of time to prepare their music. Second, the MCE participants were busy college-aged students who may not have been interested in participation with any added time commitment. When Phase II began the researcher had recruited fifteen participants, yet only twelve participated in the choral collaboration and post-test.

The surveys reflected that nine participants reported knowing someone with a disability other than a close family member or friend. Since these participants were relatively young in age, they likely spent a good deal of time with peers with disabilities in public school settings or even in their communities. Students who have been learners in schools after the implementation and mandate of IDEA (IDEA, formerly P.L. 94-142)

may have an expectation for participation in a more inclusive community. This may be a generation who seems to be more oriented that way. Future explorations may attempt to gather a clearer picture of the quantity and quality of interactions between people with and without disabilities. Researchers may wish to seek out populations of individuals who have not regularly interacted with people with disabilities, especially those involved in music making.

Research Question 6*: How do participants describe their expectations, perceptions, reflections and beliefs about individuals with disabilities following their collaboration with an inclusive choir?*

Simply stated, two groups of choral musicians came together with a shared goal of singing expressively and communicating a positive message to an audience. The field of music education may be able to grow in our service of groups of individuals who are not readily served if instead of focusing on the obstacles of including, we focus on the share purpose and goal of music making. It is possible that an increase in focus on music making and a diminished focus on our differences will make us better at understanding one another and more likely to have positive attitudes toward people different than ourselves.

Participants in the choral collaborative project shared their own beliefs about people with disabilities. They were surprised to see so many people with disabilities participating in singing and music in an enthusiastic, meaningful, and expressive way. Future research should explore underlying prejudices that may inform these feelings of surprise when people with disabilities are contributing and participating to music ensembles. It is also important to note that there were a number of supports that led

individuals with disabilities in the IIC to participate in such meaningful ways. Some examples of these supports include

- the IIC teacher/conductors focus on providing a variety of flexible means of accessing written music
- traditional music notation is often paired with or replaced by alternate visual supports when learning music
- some music is taught entirely using the aural tradition or by rote
- rehearsals and performances take place in the same accessible environment
- treating all singers as valued contributors to the ensemble

The point here is that the inclusive and intergenerational choir chosen for this study is not just a choir where people with disabilities are *present*, but instead it is a choir that elevates all members by honoring the many ways they learn and perform.

The framework used by the teacher/conductors of the IIC to develop the learning environment is called Universal Design for Learning (Meyer, Rose, & Gordon, 2014). These strategies from this framework not only enhance the quality of participation on the part of the regular members of the IIC, but the research participants noticed them as being something extraordinary. For example, Kenneth said, "Every song has a new method of teaching the music – all those visual ways to show the music… I felt like I had never learned music that way before." Lucas expressed, "I was wowed that you were able to present the music in a way that was received really well… in a way that everyone could understand." Jacob spoke about the pace of the rehearsals. "Keeping things moving really helped people stay focused. On top of that, to have it be a lot of visual learning with hand signals and all that stuff… that was something different that I'm not used to."

What can the field of music education do to make it that we are not surprised by but instead come to expect that people of all abilities can access and participate in the art of making music? Future research is needed to focus on the actual numbers of students with disabilities that participate in schools and communities in music making environments (choirs, bands, orchestras, etc.). We may also focus on improving the way that singers feel about including people of different abilities in music ensembles using some of the methods found in other fields such as direct teaching about disabilities or teaching about empathy.

In addition, participant expectations did not align with what their actual experience was in the areas of musical quality and social interaction. Generally, participants were happily surprised that the ensemble made beautiful sounds, and that they were able to relate to or connect with the members of the IIC. While this is a positive outcome, it is worth noting for future research.

Two important questions remain:

- Why are there persistent expectations that ensembles including members with disabilities will not have as good a sound as those without
- Why do we anticipate that social interactions between people with and without disabilities are going to be difficult?

To address the first question, researchers may look specifically at measuring attitudes toward music ensembles with members with a variety of disabilities compared to those without. This could be carried out using pictures and video without audio shown to participants. Researchers could develop an instrument that would elicit perceptions of ensemble sound quality. Or, in reverse, audio examples of various choirs with and

without disabilities could be played for participants, and they could describe the kinds of singers they would expect to be in the ensembles. Or they could match the audio clips to photos or descriptions of choirs with and without disabilities. It would be especially important to target music teachers as well as music ensemble members as study participants. Both groups represent stakeholders in music ensembles whose beliefs and attitudes powerfully affect the successful inclusion of people with disabilities. It may also be possible that ensembles whose members are comprised of only people with disabilities do more harm than good in terms of setting up negative expectations. Music educators may improve the expectations of ensemble members as they include more people with disabilities by playing audio and video evidence that shows ensembles that include members with disabilities positively contributing to a beautiful overall sound.

Addressing the second question –why do we anticipate that social interactions between people with and without disabilities are going to be difficult – might be quite a bit more difficult, but still worth exploring. Within the specific setting of music ensembles, researchers would need to study factors such as quality of previous experiences, level of contact, and even self-esteem on anticipated interactions in music ensembles.

Research Question 7*: What results emerge from comparing the quantitative instrument data about participant prior contact with individuals with disabilities and empathy and attitude levels with qualitative data about participant experiences with an inclusive choir?*

Studying complex constructs such as empathy and attitudes toward people with disabilities using only one methodology could result in data that can be hard to explain or

generalize. The basic goal of mixed methods research is to confront a given research question from all the relevant angles including the in-depth and contextualized insights of qualitative research combined with the compelling predictive power of quantitative research. As proven in this study, qualitative data can be a critical part of explaining complex social constructs especially when quantitative data is inconclusive or conflicting.

Important results emerged as the quantitative and qualitative data sets were compared. First, qualitative data supported the finding that contact with individuals with disabilities has an effect on participant empathic concern. Qualitative themes that pointed to this were a) stereotypes being contradicted, b) an increase in finding similarities between groups, c)perspective changes, and c) an intention to pursue further contact. Second, empathic concern and attitudes toward people with disabilities are correlated. This is reinforced by qualitative themes that revealed new beliefs being developed regarding the social and musical capabilities of people with disabilities. Third, personal distress is correlated with negative attitudes toward people with disabilities (affect and behavior). Again, qualitative themes of prior negative experiences with people with disabilities, feelings of guilt and nervousness, and avoidance of people with disabilities elucidate the quantitative outcomes.

The areas of congruence here have important implications for the field of music education. First and foremost, we have an opportunity to allow music making to be a part of an even greater purpose, that of connecting humans to one another. In doing so, we may increase respect and understanding among diverse groups of people and subsequently contribute to more peaceful and cooperative communities. Second, it may

be that by opening our classrooms and ensembles to people with disabilities and by facilitating the study of music in a way that values the artists as much as the art, we enable important conversations that help our music making to be better informed and more full of meaning. Finally, as we look to support the field of music education as it finds its rightful home among the core subjects of education, we may wish to identify ways that music learning supports the social and emotional health of our communities. Studies that focus on empathy and attitudes may do just that. Future music education research should continue to seek relevant approaches to exploring these constructs including those that engage mixed methods methodology.

Conclusion

Empathy and attitudes toward people with disabilities impact the inclusion of individuals in a variety of settings, including school and community music ensembles. Providing meaningful and successfully implemented inclusive music opportunities should be a regular and continued goal for the field of music education. Through the course of this study, the researcher was able to gain valuable insights that will lead to improved practice and future research. There is a great deal of merit in pursuing the formation and perpetuation of quality inclusive music making opportunities for people of all ages.

Based on the results of this study, a high level of contact with individuals with disabilities is related to higher empathic concern (one type of empathy), but does not necessarily increase positive attitudes toward people with disabilities. Empathy may, however, be associated with attitudes toward disabilities outside of the context of contact. The study also indicates that interventions to increase both empathy and attitudes toward people with disabilities must be developed using a variety of methodologies.

This study captured the experiences of a group of individuals who spent concentrated time with and shared an artistic music endeavor with people with disabilities. The study presented their prior involvements and beliefs about people with disabilities, their musical and social expectations for the choral collaboration, their actual experience working with people with disabilities in an artistic endeavor, and their intentions to participate in something similar in the future. As music educators work toward the goal of including people of all abilities in music making, it is beneficial to find ways to demonstrate the many rewards that can result from successful programs. Inclusive music making, in the words one participant shared as he summarized his experiences for the study, has the potential to increase benefits for all involved.

I think the best part was seeing how excited everyone was… not only the performers, but getting to see the audience, too. You got to see that they were just really proud… that they were able to be involved in something like this.

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The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate letter on the scale at the top of the page: A, B, C, D, or E. When you have decided on your answer, fill in the letter next to the item number. READ EACH ITEM CAREFULLY BEFORE RESPONDING. Answer as honestly as you can. Thank you.

ANSWER SCALE:

A	B	C	D	E
DOES NOT DESCRIBE ME WELL				DESCRIBES ME VERY WELL

_____1. I daydream and fantasize, with some regularity, about things that might happen to me.

_____2. I often have tender, concerned feelings for people less fortunate than me.

_____3. I sometimes find it difficult to see things from the "other guy's" point of view.

_____4. Sometimes I don't feel very sorry for other people when they are having problems.

_____5. I really get involved with the feelings of the characters in a novel.

_____6. In emergency situations, I feel apprehensive and ill-at-ease.

_____7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.

_____8. I try to look at everybody's side of a disagreement before I make a decision.

_____9. When I see someone being taken advantage of, I feel kind of protective towards them.

_____10. I sometimes feel helpless when I am in the middle of a very emotional situation.

_____11. I sometimes try to understand my friends better by imagining how things look from their perspective.

_____12. Becoming extremely involved in a good book or movie is somewhat rare for me.

_____13. When I see someone get hurt, I tend to remain calm.

_____14. Other people's misfortunes do not usually disturb me a great deal.

_____15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.

_____16. After seeing a play or movie, I have felt as though I were one of the characters.

_____17. Being in a tense emotional situation scares me.

_____18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.

_____19. I am usually pretty effective in dealing with emergencies.

_____20. I am often quite touched by things that I see happen.

_____21. I believe that there are two sides to every question and try to look at them both.

_____22. I would describe myself as a pretty soft-hearted person.

_____23. When I watch a good movie, I can very easily put myself in the place of a leading character.

_____24. I tend to lose control during emergencies.

_____25. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.

_____26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.

_____27. When I see someone who badly needs help in an emergency, I go to pieces.

_____28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

Appendix B: Multidimensional Attitudes Scale (MAS)

Imagine the following situation. Joseph went out for lunch with some friends to a coffee shop. A woman in a wheelchair, with whom Joseph is not acquainted, enters the coffee shop and joins the group. Joseph is introduced to this person, and shortly thereafter, everyone else leaves, with only Joseph and the woman in the wheelchair remaining alone together at the table. Joseph has 15 minutes to wait for his ride. Try to imagine the situation.

People experience a variety of *emotions* when they are involved in such a situation. In the next column is a list of possible emotions, which may arise before, during, and/or after such a situation. Please rate on each line the likelihood that this *emotion* might arise in Joseph.

	Degree of likelihood				
Affect	**Not at all**				**Very much**
1. Tension	1	2	3	4	5
2. Stress	1	2	3	4	5
3. Helplessness	1	2	3	4	5
4. Nervousness	1	2	3	4	5
5. Shame	1	2	3	4	5
6. Relaxation	1	2	3	4	5
7. Serenity	1	2	3	4	5
8. Calmness	1	2	3	4	5
9. Depression	1	2	3	4	5
10. Fear	1	2	3	4	5
11. Upset	1	2	3	4	5
12. Guilt	1	2	3	4	5
13. Shyness	1	2	3	4	5
14. Pity	1	2	3	4	5
15. Disgust	1	2	3	4	5
16. Alertness	1	2	3	4	5

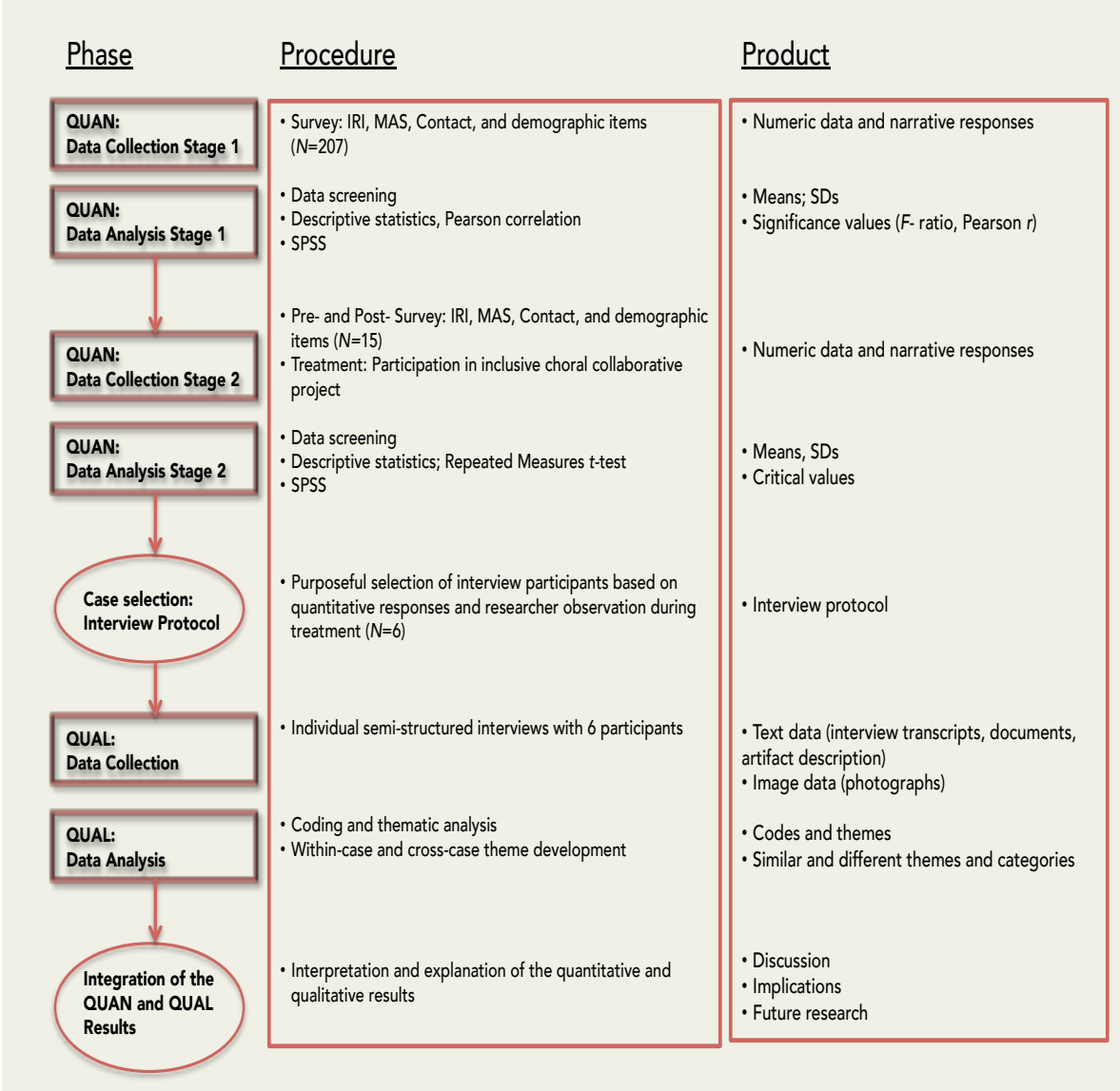
People experience a variety of *cognitions* when they are involved in such a situation. Following is a list of possible thoughts that may arise before, during, and/or after such a situation. Please rate on each line the likelihood that this *cognition* might arise in Joseph:

	Degree of likelihood				
Cognition	**Not at all**				**Very much**
1. She seems to be an interesting gal.	1	2	3	4	5
2. She looks like an OK person.	1	2	3	4	5
3. We may get along really well.	1	2	3	4	5
4. She looks friendly.	1	2	3	4	5
5. I enjoy meeting new people.	1	2	3	4	5
6. She will enjoy getting to know me.	1	2	3	4	5
7. I can always talk with her about things that interest both of us.	1	2	3	4	5
8. I can make her feel more comfortable.	1	2	3	4	5
9. Why not get to know her better?	1	2	3	4	5
10. She will appreciate it if I start a conversation.	1	2	3	4	5

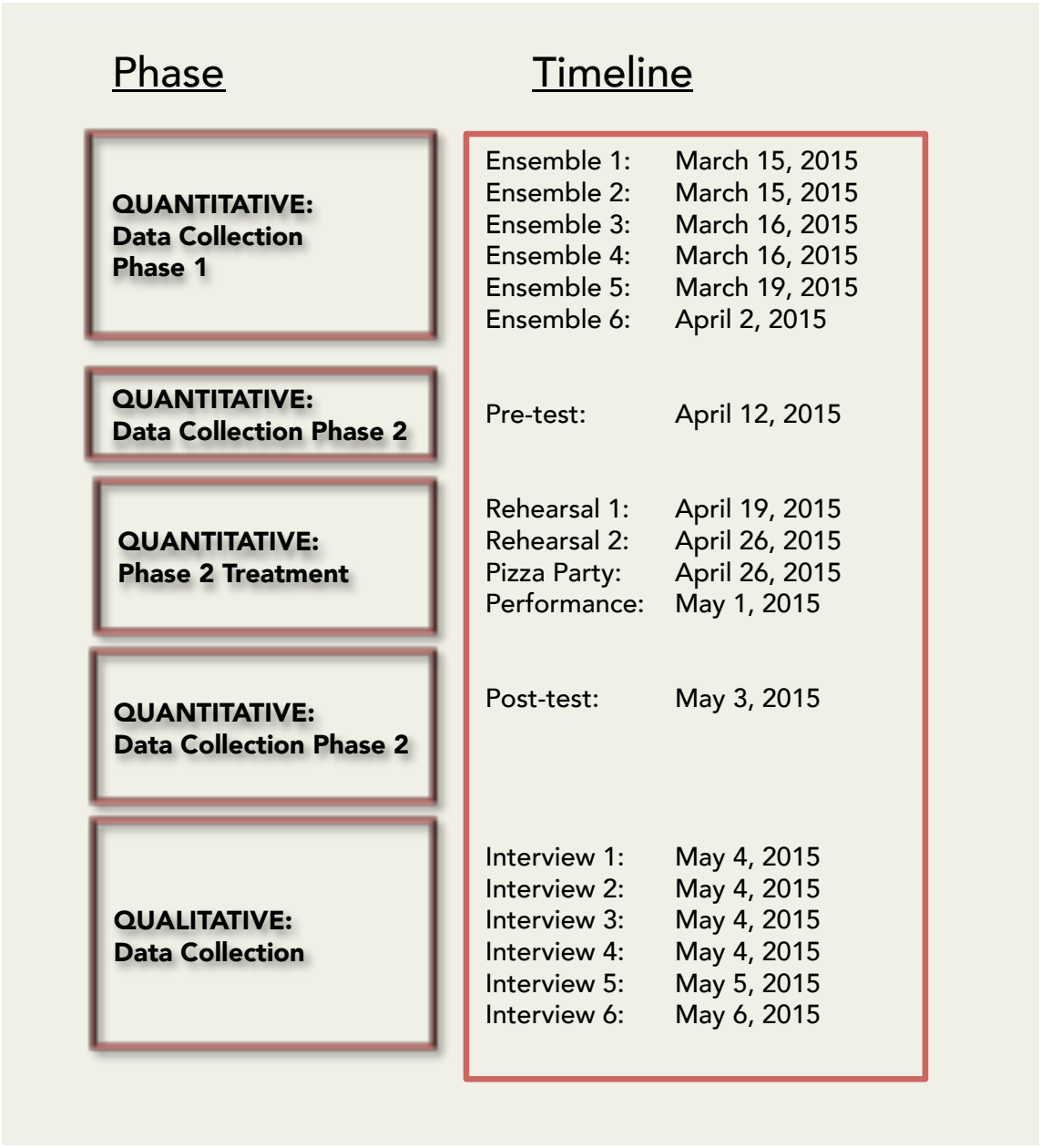
People experience a variety of *behaviors* when they are involved in such a situation. Following is a list of possible behaviors that may arise before, during, and/or after such a situation. Please rate on each line the likelihood that Joseph would *behave* in the following manner:

	Degree of likelihood				
Behavior	**Not at all**				**Very much**
1. Move away.	1	2	3	4	5
2. Get up and leave.	1	2	3	4	5
3. Read the newspaper or talk on a cell phone.	1	2	3	4	5
4. Continue what he was doing.	1	2	3	4	5
5. Find an excuse to leave.	1	2	3	4	5
6. Move to another table.	1	2	3	4	5
7. Initiate a conversation if she doesn't make the first move.	1	2	3	4	5
8. Start a conversation.	1	2	3	4	5

Appendix C: Sequential Explanatory Procedural Diagram



Appendix D: Timeline for study



Appendix E: IRB Approval Document Phase I

March 12, 2015

Lynda Laird
School of Music
1808 Collins Dr Bellevue, NE 68005-3208

Rhonda Fuelberth
School of Music
WMB 347, UNL, 68588-0100

IRB Number: 20150315150 EX
Project ID: 15150
Project Title: Laird Dissertation Quan Phase 1: Contact, Empathy, Attitudes

Dear Lynda:

This letter is to officially notify you of the certification of exemption of your project by the Institutional Review Board (IRB) for the Protection of Human Subjects. Your proposal is in compliance with this institution's Federal Wide Assurance 00002258 and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46) and has been classified as Exempt Category 2.

You are authorized to implement this study as of the Date of Exemption Determination: 03/12/2015.

1. Your stamped and approved informed consent document has been uploaded to NUgrant (files with Approved.pdf in the file name). Please use this document to distribute to participants. If you need to make changes to the informed consent document, please submit the revised document to the IRB for review and approval prior to using it.

We wish to remind you that the principal investigator is responsible for reporting to this Board any of the following events within 48 hours of the event:
* Any serious event (including on-site and off-site adverse events, injuries, side effects, deaths, or other problems) which in the opinion of the local investigator was unanticipated, involved risk to subjects or others, and was possibly related to the research procedures;
* Any serious accidental or unintentional change to the IRB-approved protocol that involves risk or has the potential to recur;
* Any publication in the literature, safety monitoring report, interim result or other finding that indicates an unexpected change to the risk/benefit ratio of the research;
* Any breach in confidentiality or compromise in data privacy related to the subject or others; or
* Any complaint of a subject that indicates an unanticipated risk or that cannot be resolved by the research staff.

This project should be conducted in full accordance with all applicable sections of the IRB Guidelines and

Appendix F: IRB Approval Document Phase II

University of Nebraska Lincoln

April 10, 2015

Lynda Laird
School of Music
1808 Collins Dr Bellevue, NE 68005-3208

Rhonda Fuelberth
School of Music
WMB 347, UNL, 68588-0100

IRB Number: 20150415083EX
Project ID: 15083
Project Title: Laird Dissertation Quan Phase 2: Pre- and Post

Dear Lynda:

This letter is to officially notify you of the certification of exemption of your project. Your proposal is in compliance with this institution's Federal Wide Assurance 00002258 and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46) and has been classified as exempt, category 2.

You are authorized to implement this study as of the Date of Exemption: 04/10/2015.

We wish to remind you that the principal investigator is responsible for reporting to this Board any of the following events within 48 hours of the event:
* Any serious event (including on-site and off-site adverse events, injuries, side effects, deaths, or other problems) which in the opinion of the local investigator was unanticipated, involved risk to subjects or others, and was possibly related to the research procedures;
* Any serious accidental or unintentional change to the IRB-approved protocol that involves risk or has the potential to recur;
* Any publication in the literature, safety monitoring report, interim result or other finding that indicates an unexpected change to the risk/benefit ratio of the research;
* Any breach in confidentiality or compromise in data privacy related to the subject or others; or
* Any complaint of a subject that indicates an unanticipated risk or that cannot be resolved by the research staff.

This project should be conducted in full accordance with all applicable sections of the IRB Guidelines and you should notify the IRB immediately of any proposed changes that may affect the exempt status of your research project. You should report any unanticipated problems involving risks to the participants or others to the Board.

If you have any questions, please contact the IRB office at 472-6965.

Appendix G: IRB Approval Document Phase III

University of Nebraska Lincoln

March 12, 2015

Lynda Laird
School of Music
1808 Collins Dr Bellevue, NE 68005-3208

Rhonda Fuelberth
School of Music
WMB 347, UNL, 68588-0100

IRB Number: 20150315175
Project ID: 15175
Project Title: Laird Dissertation: Qualitative Phase

Dear Lynda:

This letter is to officially notify you of the certification of exemption of your project by the Institutional Review Board (IRB) for the Protection of Human Subjects. Your proposal is in compliance with this institution's Federal Wide Assurance 00002258 and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46) and has been classified as Exempt Category 2.

You are authorized to implement this study as of the Date of Exemption Determination: 03/12/2015.

1. Your stamped and approved informed consent document has been uploaded to NUgrant (files with Approved.pdf in the file name). Please use this document to distribute to participants. If you need to make changes to the informed consent document, please submit the revised document to the IRB for review and approval prior to using it.

We wish to remind you that the principal investigator is responsible for reporting to this Board any of the following events within 48 hours of the event:
* Any serious event (including on-site and off-site adverse events, injuries, side effects, deaths, or other problems) which in the opinion of the local investigator was unanticipated, involved risk to subjects or others, and was possibly related to the research procedures;
* Any serious accidental or unintentional change to the IRB-approved protocol that involves risk or has the potential to recur;
* Any publication in the literature, safety monitoring report, interim result or other finding that indicates an unexpected change to the risk/benefit ratio of the research;
* Any breach in confidentiality or compromise in data privacy related to the subject or others; or
* Any complaint of a subject that indicates an unanticipated risk or that cannot be resolved by the research staff.

This project should be conducted in full accordance with all applicable sections of the IRB Guidelines and

Appendix H: Script Protocol Phase I

Script Protocol – Laird Dissertation Study

Welcome! Thank you for considering your participation in this study. Let me give you some brief information about participating in this research.

When completing the survey, you will be asked questions about your thoughts and feelings in a variety of situations. You will also read a short vignette (brief story) and respond to questions about the thoughts and behaviors of one of the characters in the story.

Please answer all questions as honestly as you are able. Be assured your responses will be completely confidential. You will not be linked to your scores at all, unless you agree to give your email at the end of the survey for a possible follow-up email.

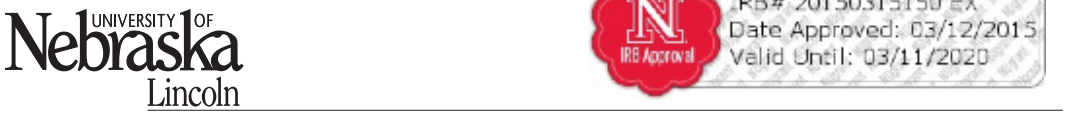
Your participation is voluntary. You can choose to stop taking the survey at any time. It will be brief (no longer than 30 minutes) and will greatly add to the goal of this research project.

Thank you for your consideration!

Appendix I: Demographic Section Phase I

1. **Age: _____**
2. **I identify my gender as (check one): Male ☐ Female ☐ Trans ☐**
3. **Major: _____**
4. **Do you have a disability? Yes_____ No_____**
   a. If yes, please describe the category and/or specific diagnosis of your disability.
      _____
5. **Do you have a *close* <u>family member</u> with a disability? Yes_____ No_____**
   a. If yes, please describe the category and/or specific diagnosis of their disability.
      _____
   b. Please describe the nature of your family relationship (ex. Brother, mother, son, etc.)
      _____
   c. How often do you spend quality time with this close family member? (check one)
      Never ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Very Frequently ☐
6. **Do you have a *close* <u>friend</u> with a disability? Yes_____ No_____**
   a. If yes, please describe the category and/or specific diagnosis of their disability.
      _____
   b. How long you have known the friend? _____
   c. How did you become friends? _____
   d. How often do you spend quality time with this close friend? (check one)
      Never ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Very Frequently ☐
7. **Do you know someone with a disability *other* than a close friend or family member? Yes_____ No_____**
   a. If yes, please describe the category and/or specific diagnosis of their disability.
      _____
   b. How long you have known the person? _____
   c. How did you become acquainted? _____
      _____
   d. How often do you spend quality time with this person?
      Never ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Very Frequently ☐

Appendix J: Consent form Phase I



GLENN KORFF SCHOOL OF MUSIC

Title: Contact, empathy, and attitudes towards individuals with disabilities

Purpose:
This research project will aim to gather information about the relationship between contact with individuals with disabilities and empathy and attitudes toward individuals with disabilities among participants of choirs.

Procedures:
Participants in this research project will be asked to respond to questions about personal and imagined thoughts, feelings, emotions, attitudes toward individuals with disabilities, personal contact with individuals with disabilities, as well as general demographic information. This information will be collected during a choral rehearsal. It will take between 20-30 minutes to complete.

You may also choose to be contacted to participate in a follow-up interview taking this survey. This will be done in a confidential manner and is completely voluntary.

Benefits:
There are no direct benefits to you as a research participant.

Risks and/or Discomforts:
There are no known risks or discomforts associated with this research.

Confidentiality:
Participants will not use their name or any other identifying information during this study. The data will be stored in a locked cabinet in the investigator's office and will only be seen by the investigator during the study and for 2 years after the study is complete. The information obtained in this study may be published in scientific journals or presented at scientific meetings but the data will be reported as aggregated data.

Opportunity to Ask Questions:
You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. Or you may contact the investigator(s) at the phone numbers below. Please contact the University of Nebraska-Lincoln Institutional Review Board at (402) 472-6965 to voice concerns about the research or if you have any questions about your rights as a research participant.

Freedom to Withdraw:
Participation in this study is voluntary. You can refuse to participate or withdraw at any time without harming your relationship with the researchers or the University of Nebraska-Lincoln, or in any other way receive a penalty or loss of benefits to which you are otherwise entitled.

Consent, Right to Receive a Copy:
You are voluntarily making a decision whether or not to participate in this research study. By completing and returning the completed survey, you are giving your consent to participate. You should keep this letter for your records.

Name and Phone number of investigator(s)

Lynda Laird, doctoral fellow, Principal Investigator — Phone: (402) 306-2331
Rhonda Fuelberth, Ph.D., Secondary Investigator — Office (402) 472-3349

Appendix K: Demographic Survey Phase II Pre-test

1. **Participant Code (First initial last name, last four digits of phone) _____**
2. **Age: _____**
3. **I identify my gender as (check one): Male ☐ Female ☐ Trans ☐**
4. **Major: _____**
5. **Do you have a disability? Yes_____ No_____**
    a. If yes, please describe the category and/or specific diagnosis of your disability.
    _____
6. **Do you have a *close* <u>family member</u> with a disability? Yes_____ No_____**
    a. If yes, please describe the category and/or specific diagnosis of their disability.
    _____
    b. Please describe the nature of your family relationship (ex. Brother, mother, son, etc.)
    _____
    c. How often do you spend quality time with this close family member? (check one)
    Never ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Very Frequently ☐
7. **Do you have a *close* <u>friend</u> with a disability? Yes_____ No_____**
    a. If yes, please describe the category and/or specific diagnosis of their disability.
    _____
    b. How long you have known the friend? _____
    c. How did you become friends? _____
    d. How often do you spend quality time with this close friend? (check one)
    Never ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Very Frequently ☐
8. **Do you know someone with a disability *other* than a close friend or family member? Yes_____ No_____**
    a. If yes, please describe the category and/or specific diagnosis of their disability.
    _____
    b. How long you have known the person? _____
    c. How did you become acquainted? _____
    d. How often do you spend quality time with this person?
    Never ☐ Rarely ☐ Occasionally ☐ Frequently ☐ Very Frequently ☐

Appendix L: Consent form Phase II

University of Nebraska Lincoln

GLENN KORFF SCHOOL OF MUSIC

Participant Informed Consent Form

Title: Pre- and Post- Test and [redacted] collaboration

Purpose:
This research project will aim to gather information about the relationship between contact with individuals with disabilities and empathy and attitudes toward individuals with disabilities among participants of choirs.
You are invited to participate in this study because you are a UNL student, at least 19 years old, and a member of [redacted] and will participate in the [redacted] collaboration in Spring 2015.

Procedures:
Participants in this research project will be asked to respond to questions about personal and imagined thoughts, feelings, emotions, attitudes toward individuals with disabilities, personal contact with individuals with disabilities, as well as general demographic information.

The pre-survey will take approximately 20 minutes to complete the before your time with [redacted] and the post-survey will take approximately 20 minutes to complete the day following the concert. These surveys will be taken at your rehearsal location ([redacted]) during your regularly scheduled [redacted] rehearsals. You may also be asked to participate in an interview following your participation in the post-survey.

Photos of participants during rehearsals and the performance may be taken as qualitative artifacts. These photos will be stored on the primary researcher's computer. Primary researcher and secondary researcher are the only individuals who have access to the photos. The photos may also be used in future promotional materials for the [redacted].

Benefits:
There are no direct benefits to you as a research participant. If you choose to participate in a *follow-up interview* after you complete the pre- and post- surveys, you will receive a $10 Starbucks gift card for your time.

Risks and/or Discomforts:
There are no known risks or discomforts associated with this research.

Confidentiality:
Any information obtained during this study which could identify you will be kept strictly confidential. The data will be stored in a locked cabinet in the investigator's office and will only be seen by the investigator during the study and for 1 year after the study is complete. The information obtained in this study may be published in scientific journals or presented at scientific meetings but the data will be reported in a confidential manner.

Opportunity to Ask Questions:
You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. Or you may contact the investigator(s) at the phone numbers below. Please contact the University of Nebraska-Lincoln Institutional Review Board at (402) 472-6965 to voice concerns about the research or if you have any questions about your rights as a research participant.

Freedom to Withdraw:
Participation in this study is voluntary. You can refuse to participate or withdraw at any time without harming your relationship with the researchers or the University of Nebraska-Lincoln, or in any other way receive a penalty or loss of benefits to which you are otherwise entitled.

Consent, Right to Receive a Copy:
You are voluntarily making a decision whether or not to participate in this research study. Your signature certifies that you have decided to participate having read and understood the information presented. You will be given a copy of this consent form to keep.

Signature of Participant:

☐ **I agree to be photographed, and audio and video recorded during my participation with the i2Choir.**

_____ _____
Signature of Research Participant Date

Name and Phone number of investigator(s)

Lynda Laird, doctoral fellow, Principal Investigator Phone: (402) 306-2331 Email: lairdlynda@gmail.com
Rhonda Fuelberth, Ph.D., Secondary Investigator Phone: (402) 472-3349

Appendix M: Demographic Section Phase II Post-test

Participant Code _____
(first letter of last name & last four digits of phone number)

1. **Please mark a check next to each of the times you participated with the [IIC].**
   - ☐ April 19th rehearsal ☐ April 26th rehearsal & pizza party
   - ☐ May 1st concert & community sing
2. **How would you describe your experience with the [IIC]? (circle one)**

   1 2 3 4 5

   Not meaningful Somewhat meaningful Very meaningful

   a. Please describe your choice.

   _____

   _____

   _____

3. **Would you like to collaborate with the the [IIC] or a similar group again? (check one)**

   Yes ☐ No ☐

   a. Please explain why you selected yes or no.

   _____

   _____

4. **Do you know anyone who might like to collaborate with the [IIC]?**

   Yes ☐ No ☐

   a. Would you ever to talk to that person about your experience and encourage them to seek out an opportunity to collaborate with the [IIC]?

   Yes ☐ No ☐

5. **Do you know anyone who might benefit from joining the [IIC]?**

   Yes ☐ No ☐

   a. Would you ever to talk to that person about your experience and encourage them to seek out an opportunity to join the [IIC]?

   Yes ☐ No ☐

Appendix N: Script Protocol Phase III

Welcome! Thank you for considering your participation in this interview about the collaborative project with [redacted]. Let me give you some brief information about participating in this research.

The purpose of this research is to look at empathy and attitudes toward individuals with disabilities as a possible outcome of collaboration with [redacted]. Based on our conversations in this interview, I will be developing common themes between your experience and others individuals who have similar experiences as you have had with collaborating with [redacted] members I will simply ask questions or help guide our conversation about your perceptions or expectations you had before the event, the musical and social interactions you had with members of [redacted] during rehearsals and the concert, and any lasting memories you have of your experience.

Your participation is voluntary. You can choose to end the interview at any time. It will be brief (no longer than one hour) and will greatly add to the goal of this research project.

Thank you for your consideration!

Appendix O: Interview Protocol – Phase III Qualitative Interviews

Interview Protocol
Laird Dissertation
Spring 2015
Interview Protocol for Interviews

Introductory statements: Thank you so much for agreeing to talk with me about your experiences with [IIC]. We will recall some of your thoughts and expectations before working with the group, some of your experiences during the event, and talk a bit about anything that has stuck with you since the concert.

Date/Time of interview: _____

Location: _____

Interviewee: _____

1. On the survey you completed before participating with the [IIC], you were asked about knowing someone with a disability. You responded _____ to that question. I'd like to know more about the person you were thinking of?
    a. What kind of relationship do you have with that person?
    b. How much time do you spend with them?
    c. How does spending time with that person affect the way you view other people with disabilities?
2. One of the things I'm really interested in is what is it like for someone to join or collaborate with the [IIC]. Tell me about what you thought the choral collaborative project would be like.
    a. How did you feel about the first time you came to rehearsal?
    b. How did you feel about the performance?
3. What were the rehearsals like?
    a. How did they compare to your previous choir experiences?
    b. What was different?
    c. How did you feel about the repertoire that was selected?
4. I'd like to know about "cookie time" or down time in rehearsals. What was that like for you?
    a. What were your conversations like?
    b. Tell me about *a* conversation you had with a member of the [IIC]. What was that like?
5. Tell me about the performance experience.
    a. What feedback did you get from audience members?
    b. What things were surprising to those that attended the concert that you spoke to?
    c. Describe your expectations about the musical quality of the combined choir.
    d. What surprised you the most about singing in a choir with individuals with disabilities?
6. Tell me about any memorable moments that you think you'll always be able to recall.
7. How did participating in this event change or reinforce your feelings or beliefs about individuals with disabilities?
    a. How do you think about or interact with people with disabilities since this event?
    b. What about individuals without disabilities?
8. How would you feel about participating in another inclusive choral singing opportunity?
    a. Would you ever seek out another opportunity? Connect someone else to one?
9. Is there anything else you can share with me that would give me a better understanding of your experience with the choral collaborative project?
    a. What didn't I ask you?
    b. What else do you want to tell me?

Thank you very much for your participation in this interview. All of your responses will be kept confidential. Would you be willing to answer some follow-up questions in a later interview if needed?

Appendix P: Consent form for qualitative interview

University of Nebraska Lincoln

GLENN KORFF SCHOOL OF MUSIC

Participant Informed Consent Form **IRB#**

Title: Perceptions & Experiences following concert collaboration

Purpose:
This research project will aim to gather the perceptions and felt experience of a choral collaboration with an inclusive and intergenerational choir. You are invited to participate in this study because you are a UNL student and a member of [redacted] a cappella ensemble and participated in the [redacted] concert in May 2015.

Procedures:
You will be asked to attend and participate in an interview by answering questions about your experience. The interview will last for no longer than one hour, and will be conducted at/in Westbrook Music Building. The interview will be audio recorded.

Benefits:
There are no direct benefits to you as a research participant.

Risks and/or Discomforts:
There are no known risks or discomforts associated with this research.

Confidentiality:
Any information obtained during this study which could identify you will be kept strictly confidential. The data will be stored in a locked cabinet in the investigator's office and will only be seen by the investigator during the study and for 1 year after the study is complete. The information obtained in this study may be published in scientific journals or presented at scientific meetings but the data will be reported with identities kept confidential.

Opportunity to Ask Questions:
You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study. Or you may contact the investigator(s) at the phone numbers below. Please contact the University of Nebraska-Lincoln Institutional Review Board at (402) 472-6965 to voice concerns about the research or if you have any questions about your rights as a research participant.

Freedom to Withdraw:
Participation in this study is voluntary. You can refuse to participate or withdraw at any time without harming your relationship with the researchers or the University of Nebraska-Lincoln, or in any other way receive a penalty or loss of benefits to which you are otherwise entitled.

Consent, Right to Receive a Copy:
You are voluntarily making a decision whether or not to participate in this research study. Your signature certifies that you have decided to participate having read and understood the information presented. You will be given a copy of this consent form to keep.

Signature of Participant:

☐ **I agree to be audio recorded.**

_____ _____
Signature of Research Participant Date

Name and Phone number of investigator(s)

Lynda Laird, doctoral fellow, Principal Investigator Office: (402) 472-6041 Additional phone: (402) 306-2331
Rhonda Fuelberth, Ph.D., Secondary Investigator Office (402) 472-3349

Appendix Q: Qualitative Coding Outline

1. Expectations
    a. Musical
        i. Interview 6 line 180-181 (out of tune, not singing accurately, louder than others – could be distracting to some people)
        ii. Interview 2 line 61-62 (at first thought he'd be stepping on toes)
        iii. Interview 2 line 172-175 (*blown away with how we sounded. Not sure what to expect – astounded by how good we did sound*.)
        iv. Interview 3 line 134-136; 154-156 (impressed and didn't expect solos to be so good)
        v. Interview 4 line 90-91 (uncertain of inclusive choir musicianship or readiness to collaborate – then impressed)
        vi. Interview 4 line 114 (wow this is actually going to sound really cool)
    b. Personal
        i. Interview 4 line 268-272 (surprised by his [MCE] friend who he didn't realize was a volunteer.)
    c. Disability
        i. Interview 1 line 50 (assumed everyone in choir has a disability)
        ii. Interview 4 line 87-88 (assumed everyone in choir has a disability)
        iii. Interview 3 line 48-50 (stereotypes about people with disabilities – overly friendly or standoffish)
        iv. Interview 4 line 145 (running around, screaming, yelling, fidgety, acting out)
        v. Interview 5 line 33-35 (didn't know how it would work – to capture the attention of a diverse group)
    d. Social/Nervousness
        i. Interview 6 line 53 (Nervousness)
        ii. Interview 1 line 57 (Thought he might talk more with moms and dads)
        iii. Interview 2 line 242-243 (friend who is unsure/nervous beforehand)
        iv. Interview 3 lin3 47 (expected less of a community feel)

2. Experiences
    a. Prior experiences with people with disabilities
        i. Positive
            1. School
                a. Interview 6 line 6-10 (girl in grade)
                b. Interview 1 line 9-10 (public school diversity)
                c. Interview 1 line 39-43 (friend in elementary school)
                d. Interview 2 line 5-6 (high school friends)
                e. Interview 3 line 6-7, 14-15 (high school friend on speech team and tv news; cool to see him work and deal with limitations)
                f. Interview 5 line 5-11 (two classmates in school)
            2. Community
                a. Interview 2 line 18 (Salvation Army and Malone Center)
                b. Interview 4 line 9-10 (UNMC & Monroe Meyer)
            3. Family/Close friend
                a. Interview 1 line 17-18 (uncle)
                b. Interview 2 line 7-8 (aunt)
                c. Interview 4 line 5-8 (best friend through adolescence)
        ii. Negative
            1. School

a. Interview 4 line 73-75 (saw his friend get frustrated by special ed teachers because they babied him)
b. Interview 4 line 125 (being involved in a choir isn't really an option or they get put to the side)

2. Community
3. Family
    a. Interview 6 line 11-15 (foster care situation)

b. inclusive choir experiences
    i. Observed emotions
        1. Excitement
            a. Interview 6 line 64 (surprised by inclusive choir member excitement to sing)
            b. Interview 6 line 77 (excitement at inclusive choir)
            c. Interview 6 line 182-183 (excited to sing made quality not as important)
            d. Interview 3 line 132 (when people had fun their singing was even better)
            e. Interview 4 line 103-105 (excited – saw how hard they worked)
            f. Interview 4 line 121-122 (excited everyone was)
        2. Welcome/Community
            a. Interview 1 line 51-54 (welcoming, family friendly)
            b. Interview 2 line 60 (sense of community, sense of open arms)
            c. Interview 2 line 63-64 (people introduced themselves and very welcoming)
            d. Interview 2 line 78 (welcoming environment)
            e. Interview 2 line 189-195 (hospitality; sense of community, initiated conversations)
            f. Interview 3 line 51-54 (inclusive choir members brought people out of their shells)
            g. Interview 4 line 98-101 (ride in elevator with– warm fuzzy feeling)
        3. Comfort
            a. Interview 1 line 179 (comfortable here – inclusive choir member comfort with singing echoes on you too.)
        4. Interview 1 line 171 (expected singers to be nervous – they weren't. They just go for it.)
    ii. Social/conversations
        1. Interview 6 line 45 (surprised by how [MCE] members interacted with inclusive choir members – weren't nervous)
        2. Interview 6 line 120 ([Doug] – energetic, talk to people & get to know people)
        3. Interview 1 line 140 (interact and tell story and hear others' stories)
        4. Interview 2 line 132-138 (conversation with [Doug] and making connections)
        5. Interview 3 line 106-110 (conversations felt normal, topics like football, music, movies; just like any conversation)
        6. Interview 4 line 167-168, 176-177 (conversation with [Doug] and connections between them, networking)

7. Interview 5 line 79-80 (observed a friendly conversation – surprised by another's relating to inclusive choir member with disability)
8. Interview 5 line 117-120 (Stood next to and shared music – jammed out with each other. Mixed parts with each other. Finish a song and smile.)

iii. Friends
1. Interview 6 line 128-132 (friendships make choir more meaningful)
2. Interview 1 line 58-59 (making friends)
3.

iv. Rehearsal
1. Observed Behavior of others
   a. Interview 6 line 62-64 (watching how everyone interacted with music)
   b. Interview 6 line 221 (getting to know people, willing to help, encouraging, congratulation, maturity)
   c. Interview 1 line 71-72, 83-84 (willingness to do more than first expected – sing along, do more, wanted to be there)
   d. Interview 1 line 171 (not a lot of nervousness)
   e. Interview 1 line 275 (introverts that came out of shell, creating connections)
   f. Interview 2 line 98-99 (everyone wanted to be there; some spurts or out of turn)
   g. Interview 2 line 238-241 (shy guys came out of shell from welcomeness of inclusive choir members)
   h. Interview 3 line 185-193 (changed impression of [MCE] member – frat guy to liked Wicked)
   i. Interview 4 line 141 (impressed by focus of inclusive choir)
   j. Interview 4 line 281-282 (saw the people come to rehearsal and pizza party feel way more comfortable come performance time)
2. Rehearsal strategies
   a. Pacing
      i. Interview 6 line 92-94 (Pace – more songs in a single rehearsal kept people focused)
      ii. Interview 1 line 105-108 (Not pounding in notes expecting perfection)
      iii. Interview 3 line 74-75 (not expecting perfection)
      iv. Interview 5 line 47-51 (Relaxed, emphasis on singing and enjoying)
   b. Visual learning
      i. Interview 6 line 95 (hand signals)
      ii. Interview 1 line 97 (visual ways to show music)
      iii. Interview 4 line 136-137 (lyric sheets)
   c. Rote learning
      i. Interview 1 line 100 (I'm going to sing it, you repeat it back to me)
      ii. Interview 4 line 136 (learned by rote)
   d. Variety of strategies

i. Interview 1 line (different varieties well received by everyone)
ii. Interview 5 line 152-153 (present the music in a way that received really well that everyone could understand)

e. Teachers
i. Interview 2 line 41-42 (talking to the whole group with same tone and mannerisms and discussing the group as a whole)
ii. Interview 2 line 47 (really helps them to just be treated equally and fairly as everyone else)

v. Repertoire
1. Musical
a. Interview 6 line 102-103 (not too complicated, simple, popular)
b. Interview 6 line 112 (fun, non-traditional)
c. Interview 6 line 179 (simpler pieces helped with musical quality)
d. Interview 2 line 104 (good varying level of ability)
e. Interview 3 line 86 (opportunities to be musical and dive in a little more)
f. Interview 5 line 60-61 (simple, blissful, happy)
g. Interview 5 line 160-162 (more than just beginner quality type music)
2. Content
a. Interview 1 line 118 (variety helps individuals connect)
b. Interview 2 line 103, 105 (good variety,)
c. Interview 3 line 85, 89 (good mix)
d. Interview 4 line 159-160 (familiar songs made it easier to focus and get excited about singing)
e. Interview 5 line 37-38 (good music, positive message – loving each other and loving yourself)

vi. Concert
1. Getting past 'right notes'
a. Interview 6 line 138 (cool to see excitement in performers and audience singing along)
b. Interview 6 line 167 (they didn't really care if messed up, etc.)
c. Interview 1 line 198-200 (energy that came over you. Overcomes you and really powerful – aesthetic experience?)
d. Interview 2 line 108 (singing along with audience helped people feel more comfortable singing)
2. Format
a. Interview 3 line 58-64 (never been a part of something like that; experiencing the music with everyone participating)
3. Audience response
a. Interview 6 line 147 (audience at first hesitant, then excited)
b. Interview 1 line 204 (audience smiling)

c. Interview 2 line 115 (eye drawn to people who were singing)
d. Interview 4 line 122-124 (families proud their people could be involved in something like this)
e. Interview 5 line 122 (audience willing to commit themselves. Made it a safe place. Encouraging.)
f. Interview 5 line 129-133 (older gentleman in front row – smiled the whole time and sang along and was proud)
g. Interview 5 line 133-134 (proud relatives and friends)

4. Afterwards
   a. Interview 6 line 159 (talked with Derek after concert – affirmed his solo, felt accomplished)
   b. Interview 1 line 153 (Audience showed gratitude – unusual response)
   c. Interview 2 line 160 (audience member happy to see [MCE] brought in to be a part of choir)
   d. Interview 3 line 118 (audience happy to see [MCE] participate and having fun; didn't feel like a gig)
   e. Interview 4 line 194-201 (audience happy to have this "be a thing" – that there are opportunities for people with disabilities to make music)
   f. Interview 5 line 193-194 (talked with his family about experience. Positive environment)

vii. Differences with prior choir experiences
   1. Interview 6 line 65-66, 85-87 (different level of excitement on the part of members – attributes that to choice (autonomy) of being there because they want to be)
   2. Interview 6 line 98 (more interactive teaching style)
   3. Interview 6 line 145 (audience more willing to participate compared to other choir experiences)
   4. Interview 2 line 92-93 (compared to [MCE] where it's harder to focus)
   5. Interview 3 line 70 (laid back, less intense; realized what singing 'just because' feels like)
   6. Interview 4 line 132-135 (way we learned music – in high school sing through part one time and then you're on your own)
   7. Interview 5 line 62 (make this better, make this better)

3. Beliefs
   a. Confidence in inclusive choir members
      i. Interview 1 line 295 (felt like inclusive choir members could be a self-advocate for public outreach about the group)
   b. Guilt
      i. Interview 6 line 33-36 (unfair that they are that way)
   c. Inclusion
      i. Interview 6 line 173-174 (being included regardless of how well you sing)
      ii. Interview 6 line 199-205 (just like everyone else – joy in participation.)
      iii. Interview 1 line 217 (positivity and confidence – questioning non-inclusion; *Once you're there it's seamless*.)
      iv. Interview 2 line 76-78 (cool idea and should be more well known)
      v. Interview 6 line 212 (important to have an experience where everyone is included)

vi. Interview 4 line 70-72; 75-76 (Just like us and want to be treated the same)
vii. Interview 4 line 212-214 (a lot of people get the idea they're just not capable – but maybe that's because they don't get the opportunities)

d. Musical
   i. Interview 6 line 187 (most important to enjoy the experience – positive & enjoyable experience, fun singing -end goal)
   ii. Interview 6 line 182-183 (excited to sing made quality not as important)
   iii. Interview 2 line 179-183 (really good to give opportunities for solos)
   iv. Interview 5 line 135-140 (amazing there is a choir where they function so well they can sing, have a hobby)

e. Impact of knowing someone
   i. Admiration
      1. Interview 2 line 128 (admired members because they feel comfortable approaching and having conversations)
      2. Interview 2 line 202 (touching when soloists performed; snapped a picture to remember the experience)
      3. Interview 3 line 173 (seeing what they overcome)
   ii. Perspective change/behavior change
      1. Interview 2 line 26-32 (working with people on an interpersonal level, being able to discuss, keeping everyone on the same playing field)
      2. Interview 2 line 215-220 (opened my eyes up more; helpful)
      3. Interview 3 line 29-32 (easy to ignore people if you don't get chances to talk to them and learn about their stories)
      4. Interview 3 line 35-37 (changes how you react to someone with a disability coming up to you- more open to it)
      5. Interview 3 line 161 (opens your eyes to how normal they are – you just have to remember that)
      6. Interview 3 line 171-174 (helps gain perspective)
      7. Interview 3 line 192-193 (learned that people are very deep – from [MCE] member interaction with inclusive choir)
      8. Interview 4 line 218-220 (it's been so long since I've worked with anyone with disabilities you kind of forget and slip back into stereotypes even though you know they're not true)
      9. Interview 4 line 252-257 (*I kind of slipped back into the "oh, I'm gonna have to help them out through this" … it's funny how quickly you forget just how independent they can be and how much they want to be treated just like normal kids as well. So I definitely think that it kind of reinforced and brought back all those thoughts that I had a while ago. Kind of brought back that mindset that they are just like anybody else and just want to be treated that way*)
      10. Interview 5 line 22-24 (when you're a kid you don't know how to deal with that – being exposed gave me an idea of how they actually are.)
      11. Interview 5 line 167-170 (surprised with consistent comfort with singing in a choir, singing in front of people, being active.
      12. Interview 5 line 208-213 (going to be obstacles – not to be shy about or intimidated by, but they deserve to be spoken to and treated like everyone else. Seeing them adopt a hobby and have the capacity to do something like this dissolves the barrier a little bit more for me.)

iii. Seeing similarities
    1. Interview 1 line 35-39 (knowing someone makes scope more vast – see more similarities)
    2. Interview 1 line 231-234 (knowing one person kind of changes whole opinion about everyone. *You feel like we are a little bit more the same than yesterday*.)
    3. Interview 4 line 227-228 (treating them like they are normal people – even [MCE] have to remind one another when they make a musical change)
    4. Interview 5 line 51-54 (interesting that he could relate to everyone)
    5. Interview 5 line 81-84 (not sure what he can do to relate to someone with disabilities – seeing someone else do it encouraged him to find common ground)

4. Future Plans
    a. Future plan for behavior
        i. Interview 6 line 55-56 (wants to introduce himself and talk to more people)
        ii. Interview 1 line 240 (reality check; making new friends; wanted to do more – reached out more)
        iii. Interview 1 line 260 (oh remember [Doug]? Wanting to continue friendships)
        iv. Interview 2 line 263 (wanted more time to build more of a relationship with people; structure introductions)
    b. Seeking another opportunity
        i. Interview 4 line 324-325 (love to do it again – not even as featured group)
        ii. Interview 2 line 227-228 (hope that he could come back again; thought it would be a good experience for [MCE] members who didn't come)
        iii.
    c. Future use of skills
        i. Interview 1 line 107-108 (take strategies from inclusive choir rehearsal and use in own teaching)
        ii. Interview 2 line 123 (feel like <u>connecting with these people helped him get out of shell</u>)
        iii. Interview 2 line 272 (wanting to know about opportunities to do it again)
        iv. Interview 5 line 36-37 (want to apply methods in future teaching)
        v. Interview 5 line 295-299 (sees it as a learning opportunity for educators)