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Self-efficacy beliefs of university music majors with disabilities

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BOSTON UNIVERSITY
COLLEGE OF FINE ARTS

Dissertation

**SELF-EFFICACY BELIEFS OF
UNIVERSITY MUSIC MAJORS WITH DISABILITIES**

by

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ABSTRACT

The inclusion of students with disabilities in music education has become an everyday part of school culture in the United States, through childhood, high school, and continuing to post-secondary study. Although researchers have extensively examined music education methods and strategies for students with disabilities in early childhood and grade school, little is known about the experiences of university music majors with disabilities and the factors that affect their music degree completion. According to the USDE, 19.4% of undergraduate university students and 11.9% of post baccalaureate students report having a disability diagnosis, and students with disabilities complete undergraduate degree programs at a rate of 42%, compared with 54% of the general population. Music majors with disabilities presumably face the same types of academic and social challenges as students with disabilities across undergraduate degree areas, with the addition of rigorous musical performance requirements. In his theory of self-efficacy, Bandura (1997) indicated that the ways in which students develop and exercise their personal efficacy, and their beliefs about their own self-efficacy, play a key role in their career path and adult life. During the transition to post-secondary university life, students must rely more on their own strengths and a sense of self-efficacy with regard to

collegiate academics and activities, which may be key in supporting their persistence toward completing a degree. The purpose of this study was to examine the lived experiences of three music majors with disabilities and the factors contributing to their self-efficacy beliefs related to completing a university music degree program. Bandura's four sources of self-efficacy were used to identify common themes gathered from participant interviews. The study was designed to shed light on the motivations and self-beliefs of these students, and findings may inform music educators in preparing students with disabilities for transition to undergraduate music study.

Keywords: self-efficacy, music education, disability, generalized anxiety disorder, music major

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Self-Efficacy Beliefs of University Music Majors with Disabilities

CHAPTER ONE

When Public Law 94-142 was passed in 1975, it guaranteed a free appropriate public education to every child with a disability in the United States (U.S. Department of Education, 2010). This law had a dramatic impact on children and youth, families, and educators in every state and within every community, creating an imperative for educational programming to fit a diverse population of students with a broad variety of needs and learning styles. Students with disabilities are entitled to academic programming through age 21 under the Individuals with Disabilities Education Act (U.S. Department of Education, 2010) with the goal of transitioning to post-secondary lives of work or higher education with the greatest independence possible.

The enactment of U.S. disability laws has led to greater disability rights awareness, increased federal and state funding for provision of special education and related services, training of teachers in varied instructional, and inclusion practices, and increased high school graduation rates for students with disabilities (Ressa, 2016). Still, the rate of students with disabilities transitioning to higher education and attaining degree diplomas after enrollment remains lower than that of students without disabilities (Cobb et al., 2013; Raue & Lewis, 2011). The development of inclusive teaching models has provided steps toward uncovering which environments and conditions best facilitate learning among K–12 students with diverse learning needs (Hammel & Hourigan, 2011). Research regarding inclusive music education practices has indicated many benefits of music education for children with disabilities in both musical and nonmusical areas.

Several researchers reported improved social/emotional functioning and increased agency after musical participation (Elefant, 2010; Hirt-Mannheimer, 1995). In a literature review of studies on the effects of musical interventions on prosocial behaviors in students diagnosed with disabilities, Brown and Jellison (2012) cited 32 studies whose authors categorized their findings as “effective” or “partially effective.’

As part of its mission of music education for all, the National Association for Music Education (NAfME), formerly known as the Music Educators National Conference (MENC), has included a focus on preparing students for life-wide musical participation. The NAfME mission statement asserts that “every individual should be guaranteed the opportunity to learn music and to share in musical experiences” (NAfME, 2021). In a 2010 address to the MENC National Leadership Assembly, Scott Shuler, MENC President 2010–12, offered two ways to summarize the job of an arts educator:

- Supporting students to independently carry out the three artistic processes (creating, performing, and responding).
- Helping students find paths they are willing to walk into adult lives in the arts. (Fehr, 2010).

The number of children identifying with disabilities is increasing annually according to the Center for Disease Control (CDC, 2021). The percentage of children aged 3-17 years diagnosed with a developmental disability increased from 16.2% in 2009–2011 to 17.8% in 2015–2017, with attention-deficit/hyperactivity disorder being the most frequently diagnosed developmental disability in children (CDC, 2021). Mental health disorder diagnoses have also increased over time according to CDC data. Anxiety

disorders and depression among children aged 6–17 years increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011–2012 (CDC, 2021). About 16.5% of school-aged children had been diagnosed with a mental health disorder in the United States in 2016 (Zablotski & Terlizzi, 2020). One can infer from such data that the rates of students with disabilities entering post-secondary studies after high school graduation would increase as well.

Despite the data supporting music education for learners of all abilities, the call for music educators to prepare students for musical participation across the lifespan, and a growing population of students with disabilities, few studies have addressed the needs of students with disabilities pursuing university degrees in music. It is difficult to assess whether music students with disabilities have been adequately prepared to successfully navigate the rigors of university music study without knowing about the lived experiences of such students. Personal perceptions of one’s own ability –referred to by researchers as *self-efficacy* – have been found to be significantly related to performance achievement in many domains including music (Zarza-Alzugaray et al., 2020). It has been suggested that self-efficacy, the perceptions of one’s own abilities to organize and execute actions required to achieve desired outcomes, is essential in order to pursue independent engagement in occupational and leisure activities (Bandura, 1997; McPherson & Zimmerman, 2002; Zimmerman et al., 1996). The theoretical constructs related to self-efficacy offer a foundation to analyze the four defined sources that play a significant role in musical training and other aspects of learning: the individual’s own direct experiences (mastery experiences), self-modeling (vicarious experience),

persuasion by others (verbal persuasion), and emotional factors (physiological and emotional states) (Bandura, 1997; Hendricks, 2016; Zarza-Alzugaray et al., 2020).

Purpose Statement

The purpose of the study was to develop a greater understanding of the lived experiences of music majors with disabilities and identify contexts or situations that influence, contribute towards, or interfere with development of self-efficacy and corresponding adaptive coping skills, in order to illuminate the needs of such students in music degree programs.

Definition and Language of Disability

Because this study explores music student experiences within an educational context, I have used the Individuals with Disabilities Education Act (USDA, 2010) to define disability. Having a disability in this context is defined as 1) having a physical or mental impairment that substantially limits one or more major life activities; or (2) having a record of such an impairment; or (3) being regarded as having such an impairment (USDA, 2010). The three participants in this study self-identified as having been diagnosed with disabilities (anxiety disorders and other impairments). Unless otherwise specified, disability when used as a general term within the scope of this study could include many types of diagnoses such as autism, deaf-blindness, deafness, emotional disturbance, mental health disorder, psychological diagnosis, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, or visual impairment.

Students who are recognized as gifted and also diagnosed with a disability are commonly referred to as “twice exceptional” in K-12 school settings (Abramo, 2015). The term is not a diagnosis but is used by educators to focus on student strengths and appropriately differentiate instruction (Nicpon et al., 2011). Twice exceptionality can designate giftedness coupled with any disability, such as physical disabilities, specific learning disabilities, behavioral disorders, Autism Spectrum Disorder, or others (Kalbfleisch, 2012). Although the term is not applied for programming purposes in post-secondary education, “twice exceptional” will be used descriptively occasionally in this study in reference to the three participants who are musically gifted by virtue of their acceptance to a university music program and also diagnosed with disabilities.

Because societal attitudes towards the disability community are constantly evolving, as are the ways people within the disability community choose to identify and describe themselves, it can be difficult to stay current on appropriate terminology (Andrews et al., 2019). I will default to person-first language (i.e., “person with a disability”) throughout this study in conforming to the APA 2020 required format for education research. It is important to recognize, however, there is no consensus within the disabled community regarding a preference for person-first or identity-first language (Dunn & Andrews, 2015). Many individuals with disabilities point out that one’s disability may simply be an identity marker, similar to one’s ethnicity, gender, sexual orientation, etc., and accordingly encourage the use of identity-first language (i.e., “disabled person”) (Andrews et al., 2019).

Theoretical Framework: Bandura's Sources of Self-Efficacy

Albert Bandura was an influential psychologist and researcher who is known as the originator of Social Learning Theory (1976) and other subsequent theories and models related to learning and behavior. Bandura became one of the most notable psychologists in the field (Miller, 2011, p. 235) because of his groundbreaking empirical and theoretical work in applying aspects of cognition to social learning. In his model of Social Cognitive Theory, people are producers as well as products of their environment (Bandura, 1986). Bandura's book, *Social Foundations of Thought and Action: A Social Cognitive Theory* (1986), provides the conceptual framework and analyzes the large body of work bearing on this theory.

In recent years, Bandura has emphasized individual's perceptions of *self-efficacy*, or their competence in dealing with their environment and exercising influence over events that affect their lives (Miller, 2011). Self-efficacy beliefs are formally defined as "the beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (Bandura, 1997, p. 3). Bandura states that estimations of personal efficacy are the primary factor in determining *human agency*, or the attempt to take action in order to make things happen. In other words, unless people believe they have power to produce results, they will not attempt an action toward a specific outcome. Self-efficacy beliefs affect all types of human behavior--academic, vocational, social, and recreational.

Four Sources of Self-Efficacy

During development, children construct their own perceptions of self-efficacy

through the information they gather from their environment and experience (Bandura, 1997). Bandura's four sources of information for the development of self-efficacy beliefs will provide a theoretical lens for the proposed study, through which the experiences of music majors with disabilities may be examined. Each of the four sources is described below.

Enactive Mastery Experience

The most direct source of information impacting a child's perception of their self-efficacy is the success or failure of previous similar attempts to master a skill or successfully complete a task (Bandura, 1997). *Enactive mastery experiences*, where a child engages in a task successfully, are the most influential source of efficacy information because they provide the most authentic evidence of whether one can master whatever it takes to succeed. Bandura asserts that the experience of success builds confidence in one's self-efficacy, while failure weakens one's confidence. Successes can foster one's self-efficacy perceptions, enabling one to pursue a goal even in adversity and difficulty. The difficulty and effort required to complete a task successfully also affect self-efficacy beliefs; the more difficult the task, the more positive perception of self-efficacy is developed upon mastery.

According to Bandura, the way we choose to relive our past also affects our perceived efficacy: "People who selectively attend to and recall their poorer performances are likely to underestimate their efficacy... Selective self-monitoring can enhance beliefs of personal efficacy if one's successes are especially noticed and remembered" (Bandura, 1997, p. 86). This study was designed in part to shed light on

the participants' perceptions of past musical experiences, and their beliefs about their abilities to successfully earn a degree in music in the present.

Vicarious Experience

A second source of information through which one develops a sense of self-efficacy is the vicarious experience of observing others fail or succeed on similar tasks (Bandura, 1997). If children perceive themselves as similar to a model who has demonstrated success, their perception of self-efficacy is enhanced. In everyday life people typically compare themselves to particular associates in given situations, such as work colleagues, classmates, or family members. Efficacy beliefs are raised by surpassing the performance of a peer or lowered when being outperformed by a peer.

Students may also acquire new coping skills through observing others' coping strategies. Modeling, whether provided by the people in one's everyday environment, through television and computer media, or through specific educational opportunities, can boost perceptions of self-efficacy of observers in a variety of ways: by demonstrating gains achieved through persevering and effort, by providing ways to cope with setbacks, and by providing demonstrated achievements to which one might aspire (Bandura, 1997). Hendricks (2016) cautioned that peer modeling opportunities should be approached with care, citing a previous study in which student rankings had a negative effect on their perceived self-efficacy (Hendricks, 2014). Hendricks noted that not all students are suited for learning situations in which they are compared with others. In the current study, Bandura's concept of vicarious experience is used to help the researcher understand participants' responses regarding beliefs about their own musical abilities and

participation, their scholastic abilities, and self-management of their disability symptoms.

Verbal Persuasion

A third source of information in developing a sense of self-efficacy is verbal persuasion, where others convince a person they can achieve a specific goal or complete a task (Bandura, 1997). Pep talks and motivational slogans are common examples. Realistic affirmation can boost one's sense of efficacy; however, Bandura notes that false or glib affirmation without truth can have an adverse effect on perceptions of efficacy.

Verbal feedback has been extensively studied as a music teacher behavior; however, researchers and practitioners appear mixed on whether praise is more beneficial or detrimental to students' self-efficacy beliefs (Hendricks, 2016). Bandura (1997) suggested that although verbal persuasion is easy to implement, it is not as effective or lasting as providing opportunities for mastery with incremental increases of challenge and required effort. The effects of praise on motivation are complex, with certain forms of praise failing to promote desirable outcomes and even yielding an opposite response to the targeted outcome (Henderlong & Lepper, 2002). Self-determination theory has supported the argument that the effects of praise depend on its functional significance, wherein praise that contains informational value for the recipient provides motivation, while praise perceived as pressuring or evaluative may undermine (rather than support) individuals' motivation and well-being (Soenens & Vansteenkiste, 2020).

Physiological and Affective States

Perceptions of ability are influenced by our awareness of the body's physical and emotional reactions to certain situations (Bandura, 1997). Information comes from one's

physiological and affective states: levels of arousal, anxiety, fatigue, and physical pain. The experiences of elation versus depression, energy versus fatigue, relaxation versus stress, or strength versus strain may leave a student with a high or low perception of their ability to persist in a task (Hendricks, 2016). It is suggested that self-efficacy perception can be enhanced by the development of physical strength, reduction of stress, development of positive thought patterns, and improved mental interpretation of bodily states (Cioffi, 1991). Many students with disabilities may experience a variety of physical, sensory, or social/emotional discomfort in response to various environments or activities, given their specific physiognomy and condition. Physical and emotional comfort and discomfort of the musical participants was an identified factor addressed during the interviews and observations in this study.

Self-Efficacy Over the Lifespan

For all four sources of information in the development of self-efficacy beliefs, developmental changes and stages affect how accurately children are able to process the information they receive. Humans begin gradually developing a sense of personal agency (Bandura 2001), or the understanding that they can cause things to happen in their environment, during infancy. Acquiring language and becoming aware of self and others are vital components that further contribute to a child's sense of agency and the perception of efficacy (Miller, 2011).

Bandura (1997) stated that a child's initial efficacy experiences are "centered in the family" (p. 169). Peers assume an increasingly important role and children become socially interactive, at which point social comparison processes come into play. Bandura

emphasized that children's efficacy experiences change as they move increasingly into the larger community.

Bandura (1997) identifies school as the primary arena for the development of self-efficacy beliefs in childhood:

A fundamental goal of education is to equip students with the self-regulatory capabilities that enable them to educate themselves. Self-directedness not only contributes to success in formal instruction but also promotes lifelong learning. The stronger the students' self-instructional efficacy, the more learning they engage in on their own outside the school. (p. 174–175).

Schooling contributes greatly to children's sense of intellectual efficacy in various areas, affecting their resilience during adversity and how vulnerable they are to stress and depression (Miller, 2011).

Bandura (1997) notes that the stage of adolescence provides many possibilities for growth of self-efficacy through transitional experiences. Adolescents must master many new skills including understanding the ways of adult society. They are required to expand their activities into a larger social circle, assuming greater responsibility and playing a broader variety of roles at home, at school, and in the community. Bandura asserts that "the way in which adolescents develop and exercise their personal efficacy during this period can play a key role in setting the course their life paths take" (p. 177).

Bandura (1997) identifies the change from adolescence to adulthood as a passage marked by less stability, with increased choices and more leeway to determine one's own competencies. He writes,

The interactional effects of personal and socio-structural determinants during this major transitional phase in life are important contributors to the organization of personal life courses... Those who enter adulthood poorly equipped with skills and plagued by nagging doubts about their capabilities may find many aspects of their adult life aversive, full of hardships, and depressing. (p. 184)

The transition to post-secondary life is clearly a time where young adult students must rely more on their own developed strengths, and where a sense of self-efficacy with regard to university academics and activities may make the difference between actual and perceived success and failure at the university level and beyond. Young adults with disabilities have this same challenge as they enter post-secondary study, but often contend with managing a chronic condition or health concern, as well as barriers to fully accessing their education (National Center for College Students with Disabilities, 2019). In research with focus groups across the country of 46 college students with disabilities, students identified barriers to participation in higher education across four major areas including campus climate, physical/programmatic access, classroom/instructional environment, and working with the disabilities resource office (Scott, 2019). In another study, students with learning disabilities reported that persistent challenges of early learning emotional distress in grade school continued to be prevalent during their college years (Ben-Naim et al., 2017). College music students with disabilities could presumably face similar types of challenges, while also facing rigorous musical performance requirements and academic expectations.

Research using samples of university students who report a disability suggests that students with a learning or mental health disability (such as anxiety disorders or depression) are less likely to earn a bachelor's degree than students with a physical disability, or students without disabilities (Carroll et al., 2020; Fichten et al., 2014). However, gaps in degree completion between music majors who report a physical disability, a mental health or learning disability, or no disabilities remain unknown. It is hoped that the findings of this study will improve understanding about best practices toward improving rates of degree completion for all music majors.

Need for the Study and Research Questions

Self-efficacy belief is one of the most predictive factors in musical achievement (Hendricks, 2016). Researchers have suggested the need to explore how self-efficacy develops, is reinforced, and relates to musical experiences through performances and contact with teachers (Richie & Williamson, 2010). This study examines the factors that contribute to academic success, or lack of success, of university music majors with disabilities, and the contributing factors toward self-efficacy beliefs regarding completion of their degree program. Factors related to participants' university experiences as well as childhood and school-age experiences are explored. Through interviews with participants and observations of performances, the information gathered conveys a rich picture from which emerging themes common among participants are drawn. It is hoped that the thematic content derived from this study will provide contextual information relevant for preparing students of all abilities for postsecondary music study and degree completion. The study addressed the following questions:

1. What is the participant's experience of being a music major with a disability, as articulated by three participants?
2. What contexts or situations, if any, contribute toward or interfere with the development of self-efficacy beliefs and strategies for degree completion for music majors with a disability?

Summary of Study Sections

In Chapter 1, I described the need for the study, theoretical framework, and research questions. Chapter 2 contains a review of the literature in the following areas: (a) self-efficacy in musical performance; (b) measurement of self-efficacy; (c) barriers to musical participation for people with disabilities; (d) educational access among university students with disabilities; and (e) anxiety among university music majors. In Chapter 3, I present the phenomenological study design, recruitment, and open-ended interview procedures for this research. Chapter 4 includes in-depth descriptions of each participant's journey in music education, and findings from discussions that occurred during an initial interview, an observed musical performance, and a second interview. In Chapter 5, I describe the thematic analysis of the data as it relates to the theoretical framework of the Sources of Self-Efficacy (Bandura, 1997). Chapter 6 contains interpretation of the findings, recommendations regarding music education practices, and implications for future research.

CHAPTER TWO

Review of the Literature

The purpose of this study was to to develop a greater understanding of the experiences of music majors with disabilities, their self-efficacy beliefs and perceptions, and adaptive coping skills related to degree completion. Therefore, I begin this chapter by focusing on research regarding self-efficacy as it relates to musical participation and performance. I then consider research that attempts to measure self-efficacy beliefs of adults with disabilities and specific measurement instruments developed by researchers for this purpose. I discuss several studies within the music education field that explore disability and barriers to musical participation. After examining research into general educational access among university students with disabilities, I discuss studies related to anxiety disorders among university music majors, and conclude the chapter with a brief summary.

The Self-Efficacy Factor in Musical Participation and Performance

Self-efficacy estimations are widely believed to be related to a variety of positive traits held by musicians (Ritchie & Williamson, 2010). Music education scholars who have studied the self-efficacy beliefs of musicians often refer to two seminal studies that emphasized the importance of teacher focus on self-beliefs and the predictive power of self-efficacy beliefs in musical performance.

McCormick and McPherson (2003) sought to understand the predictive factors of self-efficacy estimations related to the musical performance exam scores of music students in a music preparatory program. The researchers were interested in motivational

theory, and sought “to clarify the cognitive and affective processes that instigate, direct, and sustain human action by studying how these processes operate as goals, expectations, attributions, values and emotions” (McPherson & McCormick, 2006, p. 323). Participants in McCormick and McPherson’s 2003 study included 325 instrumental music students ages 9-18, who were asked to complete a questionnaire immediately prior to performing a prepared piece and receiving a score for their performance. Questions included practice frequency, practice time per week, formal and informal practice devices, and several questions designed to measure factors of self-regulation, self-efficacy, and cognitive strategies used during practice. After completing the exams, student performance scores were marked on their questionnaires. McCormick and McPherson (2003) concluded that the principal result was the strong association between self-efficacy beliefs and actual performance, with higher self-efficacy estimations predicting higher performance scores.

In an extension of their 2003 study, McPherson & McCormick (2006) broadened and improved their original questionnaire by including the areas specifically graded in the performance exam (technical work, sight reading, aural ability, general musical knowledge, and chosen pieces). Although the authors cited the need for improvements in their investigative tool, self-efficacy was again found to be the most important predictor of achievement in both examinations.

Ritchie and Williamson (2010) set out to develop, test, and validate two separate instruments to measure musical self-efficacy. Based on the suggestion by Bandura (1997) to “measure people’s beliefs in their abilities to fulfill different levels of task demands” (p. 44), the researchers sought to measure students’ self-efficacy beliefs for musical

learning, and students' self-efficacy beliefs about their musical performance. Both questionnaires were found to have internal reliability over time in a study with 250 students from a conservatory and a university, with a sub-group of respondents completing the questionnaire a second time 2 to 4 weeks later. Differences were found in the perceptions of self-efficacy for musical learning between conservatory and university students, which the researchers suggest could be because of the hours spent in musical coursework at conservatory, compared to the university students who may have a broader range of academic classes. No significant differences were found in self-efficacy beliefs regarding musical performance between the two groups. Ritchie and Williamson suggest that "research must explore how self-efficacy develops, is reinforced, and relates to musical experiences gained through performances and contact with teachers" (p. 340).

In a review of education and music research concerning Bandura's (1997) theoretical four sources of self-efficacy, Hendricks (2016) described the variability of the relative influence of each source of self-efficacy according to contextual factors such as gender, ethnicity, culture, values, abilities, and domain. She emphasized that "an individual may have the skill to meet a challenge at hand; however, if those skills are underestimated, anxiety may nevertheless result" (p. 3). This illustrates the importance of teacher awareness of student self-efficacy perceptions in motivating them to reach their potential. Anxiety leads to a lower sense of self-efficacy, yet self-efficacy can also be developed to reduce fears about certain situations (Bandura, 1977). According to Hendricks (2016):

Music teachers may be able to foster competence and confidence in their students by considering the four sources of self-efficacy. These four categories can be a starting point from which teachers can consider providing their students with proximal goals, peer and adult models, timely and constructive feedback, stress-reducing methods, and words of encouragement. (p. 5)

Using such starting points, teachers who pay attention to student perceptions may help students to face their fears and limitations, and persevere effectively through obstacles.

Measuring Self-Efficacy Beliefs of Adults with Disabilities

Within the field of disability studies, researchers have explored self-efficacy beliefs related to adults' participation in higher education, work, leisure, and independent living/self-care. A recent study by Fry et al. (2020) explored factors that could predict vocational self-efficacy of adults with disabilities to help increase their inclusion in the workforce. 192 adults ages 19–62 who were unemployed participated in the study. All but three participants had earned a high school diploma or higher, and 45% of participants had earned associate's, bachelor's, or master's degrees. The most prevalent disability among the respondents was anxiety or depression, and the second most prevalent was medical impairment such as epilepsy or diabetes. Participants completed an online survey which included items from the Life Skills Inventory-12 (Tu, 2016) to measure vocational self-efficacy. Several questions from the The WHODAS 2.0 were included in the survey to measure limitations in self-care and physical functioning (Smedema et al., 2016). Fatigue was measured using the 4-item Patient Reported Outcomes Measurement Information System (PROMIS) Fatigue-Short Form (Kratz et

al., 2016). The participant's perceived stigma of the community was measured using the Perceived Disability Stigma Scale (Kaya, 2019). Family employment support was measured using a modified version of The Family Climate Questionnaire (FCQ), adapted from the Health Care Climate Questionnaire (Tu, 2016; Williams et al., 1996). Several other questions were specifically designed for this study to assess the ability to connect with others, manage the impressions of others, general positivity, and adaptation to disability. Results showed that the two most predictive factors for vocational self-efficacy were family support and ability to connect with others, with higher levels of family support and ability to connect associated with greater vocational self-efficacy. Also of note was a relationship between age and vocational self-efficacy, with increased age predicting increased self-efficacy beliefs.

Few studies exist related to developing effective ways of measuring the self-efficacy beliefs of adults with disabilities in institutes of higher learning. One such study by Jenson et al. (2011) examined the self-efficacy beliefs of 20 college students with various self-reported disabilities who were enrolled in science, technology, engineering, and mathematics fields at two community colleges. Students participated in focus groups organized around Bandura's (1997) four sources of information in the development of self-efficacy. Findings of the focus groups revealed several themes related to the students' self-efficacy beliefs:

1. Regarding verbal persuasion, students indicated that instructors' interactions and statements affected students' confidence, motivation, anxiety/stress, and perception of success.

2. Regarding vicarious experiences, student responses indicated that applied learning in team settings was effective in providing peer modeling of efficacy. When students observed other students with disabilities achieving success, they reported increased self-confidence.
3. Applied learning in team settings also offered enactive mastery experiences which students reported as having a positive effect on their perception of overall self-efficacy.
4. Students reported experiencing lowered self-efficacy estimations when they felt they were being evaluated based on their disabilities. (Jenson et al., 2011)

Notably, the students participating in the focus groups expressed a “carry-over” from perceived self-efficacy in one academic area, to generalized feelings of self-efficacy.

Researchers have determined the need for valid measurement instruments to identify the self-efficacy of adults with intellectual disabilities (ID) related to physical activity levels. A few studies have utilized Bandura’s (1989) social cognitive theory to explain why individuals with ID are not participating in physical activities to improve healthy lifestyles. According to these studies (Frey et al., 2005; Heller et al., 2004), participating in a physical activity program can increase self-efficacy beliefs by modeling behavior performance, offering encouragement, and providing transportation to physical activity programming for persons with ID. Put another way, participation in physical activity can build self-efficacy beliefs, which support continued participation.

In the past, measurement instruments to determine self-efficacy factors for physical activity were developed for the general population and were usually not

validated for persons with ID; nonetheless these instruments were frequently used in studies of individuals with ID (Lee et al., 2010). One such instrument, The Self-Efficacy/Social Support for Activity for persons with Intellectual Disability (SE/SS-AID), was developed by Peterson et al. (2009) and was found to be a valid instrument for use with individuals with ID after validity testing with 146 participants with ID (Lee et al., 2010). This instrument offers a rating scale where participants indicate “yes, no, maybe” to answer questions that measure potential barriers to participation in physical activity, including seven areas of self-efficacy and 18 areas of social support. Such an instrument can tease out the specific areas that may be impeding an individual’s engagement in physical activity, which allows stakeholders to assist in helping individuals develop self-efficacy in areas of specific need where the person perceives barriers to exist (Lee et al., 2010). The strength of such an instrument lies in its measurement of specific self-efficacy values, as recommended by Bandura (1997), and also in identifying social support areas which could deter or enhance participation in many activities.

Barriers to Musical Participation for People with Disabilities

Findings from several studies illustrate some of the attitudinal, physical, and/or organizational barriers to musical participation that exist for students with disabilities in K–12 schools. Moss (2009) suggested that research on disability in music education may be broadly categorized into two types: research on instructional strategies, and literature exploring perspectives about students with disabilities and those who work with them. After special education services became mandated by law in the U.S. in 1975 with the

passing of Public Law 94-142 (USDE, 2010), early attitudinal research revealed that music educators generally had negative attitudes toward students with disabilities, although later studies suggested that these attitudes improved over time (Gilbert & Asmos, 1981; Gfeller et al., 1990; Jellison & Duke, 1994; Darrow, 1999; Jellison & Taylor, 2007). In their survey of attitudes about music students with disabilities, Jellison & Taylor (2007) concluded that both teachers' and students' expectations are lower for students with disabilities in correlation to the perceived severity of the disability. The researchers also noted that data regarding perspectives of students with disabilities themselves was absent from the literature at that time (Jellison & Taylor, 2007).

Music education researchers in recent years have endeavored more frequently to understand the perspectives of music students with disabilities. In an ethnographic case study investigating teaching and learning of music at a residential school for the blind, student participants reported previous negative experiences in inclusion classes when attending public schools (Abramo & Pierce, 2013). The participants in the study cited inadequate accommodations and modifications of instructional strategies and materials, which they also perceived as negatively affecting peer relationships. The researchers suggested that music teachers' inadequate inclusion of instructional practices could be a factor influencing the negative attitudes of students without disabilities about peers with disabilities, as reported in the literature (Abramo & Pierce, 2013).

Several researchers have addressed attitudinal barriers created by disability labels and classifications. A disability rights advocate, Joseph Straus, addressed the issue of cultural perception of people with autism who are highly gifted musically, and questions

the ethics of the “savant” classification. Straus (2014) offers a non-medical perspective of autism as a lens through which to view the concept of the savant, and of people with autism in general. The original meaning of *savant* is “a person of learning” (Merriam-Webster, 2021), however the second definition reads “a person affected with a developmental disorder (such as autism or intellectual disability) who exhibits exceptional skill or brilliance in some limited field (such as mathematics or music)” (Merriam-Webster, 2015). Straus suggests that popular culture has elevated the idea of savant qualities in people with disabilities as something which enables them to “transcend” their disabilities, making the disabilities of non-savants seem even starker by contrast. Straus offers a point of view of the savant which suggests that the onlooker align with the object of scrutiny- in other words, seek an understanding from the person’s perspective (Garland-Thompson, 1996).

Straus (2014) writes:

People who have been labeled as savants are not otherworldly... freaks; rather they are people who, like the rest of us, are good at some things and not so good at others. More specifically, they are autistic people with the sorts of distinctive intelligence and creativity, as well as a predilection for special interests, pursued in an intense, focused way, that have come to be understood as central to the emerging culture of autism... I would like to propose that savantism is just a particular subclass of autistic special interests, namely those that attract general interest because they are in a culturally valued area and undertaken at a high level of proficiency. (p. 4)

Straus stresses that autism enables high levels of skill, and then that high level of skill makes autism visible to the world. Straus goes on to describe ten musicians classified as savants and the difficulties many of them had with their talents being exploited for the gains of others. He compels the reader to recognize that the exercise of musical skills by people with autism can be an outlet for self-expression, self-realization, and a source of pleasure for them and for others, and that their performances should be celebrated along with the disability, autism, that enables them (Straus, 2014, p. 5). Straus's ideas suggest the need to investigate some possible sources of self-efficacy that may develop differently for, or be inherent to, people with autism.

Rathgeber (2019) sought to understand ways in which disability is experienced in, through, and/or around music, by seven participants ages 13 to 53 who identified as having various disabilities including developmental disability, Williams Syndrome, epilepsy, ADHD, mood disorder, Tourette's syndrome, and blindness. Rathgeber specifically sought participants with no connecting factors to one another regarding age or disability category. Rathgeber expressed that "music education researchers and teachers might need to turn to the lived experiences of DP/PwD [disabled people/people with disabilities] to see what they might learn about disability, inclusion, and life" (p 79). Rathgeber discussed the shifts and complexities in the meanings of disability identifiers, and described ways in which the participants shared their experiences of disability through musical interactions/ artistic expressions, including the role that music played in each participants' life.

In a review of the research literature regarding the integration of individuals with

significant cognitive, speech/language, physical, or behavioral challenges into community or school choir and other musical settings, Salvador (2013) wrote, “No assumptions can be made about the suitability of choral singing for an individual participant based solely on the characteristics associated with a specific disability label” (p. 30). Despite the lack of correlation between disability characteristics and choral singing ability, Salvador cited several studies that reported much lower rates of school ensemble participation of students with disabilities than participation percentages of typical peers, even accounting for the lower percentage of disabled students compared to nondisabled in school settings.

Perceived barriers to disabled students’ participation in secondary school ensembles, as reported by ensemble directors, included lack of supports from teachers and counselors, academic ineligibility, behavior problems, physical limitations, cognitive limitations, and ensemble directors’ preconceptions about disruptive behaviors and lack of musicianship (Nicholson, 2003). Some of the stated reasons for low participation of disabled students could be potentially discriminatory, because it is illegal to exclude a student from any school activity on the basis of a disability (Salvador, 2013). Salvador’s findings beg the question: If students with disabilities are not included in musical communities with mastery opportunities within their own schools, through what mechanisms or experiences do they develop the necessary musical self-efficacy beliefs to engage in a musical life as adults? How do they derive belief in their musical abilities within a culturally exclusive environment that could perceive them as “other”?

In opposition to exclusive music education practices, Hammel & Hourigan (2016)

developed a framework for music education designed to meet the needs of all students at all levels in the K–12 music classroom. The “winding it back” framework focuses on three primary tenets: honoring the individual learning needs of all students; providing multiple access points and learning levels; and providing adequate learning conditions for all students within the music classroom using a sequential and flexible curriculum.

Hammel & Hourigan’s label-free approach to music teaching (2011, 2013) promotes a focus on teaching and learning rather than generalities and stigma created by labels, facilitating a person-centered and individualized classroom environment. They suggest that such a philosophy allows music educators to consider the learning styles and needs of every child, not just students eligible for special education services.

It is notable that among the many studies about barriers to music education for students with disabilities, and writings about instructional strategies and methods, most focus on music students in primary and secondary school. There is a gap in research regarding the experiences and needs of post-secondary music students with disabilities, the types of barriers they may contend with in accessing their education, and ways in which music educators at the university level could act to dismantle barriers and foster accessibility. In the next section I will explore some of the research regarding post-secondary students with disabilities generally, and findings about barriers to degree completion for such students.

Educational Access Among University Students with Disabilities

Students with disabilities are one of the fastest growing demographic groups on college and university campuses, but their rates of bachelor’s degree completion remain

lower than completion rates of non-disabled students (Carroll et al., 2020).

Approximately 33 percent of individuals without a disability between the ages of 21 and 64 in the United States have a bachelor's degree, compared with only 11 percent of individuals with a non-physical disability and 15 percent of individuals with a physical disability (Erickson et al., 2018). In a study that followed 7,570 undergraduate students for six years, Carroll et al. (2020) examined factors that might contribute to gaps in bachelor's degree completion among four-year university students who identified as having mental disabilities (including learning disabilities, depression and emotional disorders, and other cognitive impairments), physical disabilities (sensory, orthopedic, and other non-cognitive impairments), or no disabilities.

The researchers considered and examined the role of academic preparation before entering college, as well as new academic and social challenges that impacted student success after entering college. Over the six-year span of the study, participants with mental disabilities were 13% less likely to complete a bachelor's degree than students who identified as having physical disabilities. Participants with mental disabilities were also 18% less likely to complete a degree than non-disabled participants over the six year time span. First-year academic performance appeared to be the largest contributing factor to predicting degree completion. Students with mental disabilities were statistically more likely to fail or withdraw from courses in their first year of college, to lower their educational expectations, and to drop out or transfer than their peers without a disability and peers with physical disabilities. The researchers mention that perhaps if they had increased the time span of the study beyond six years, they may have seen increased

degree completion over time.

Several studies have surveyed students with disabilities to identify barriers and supports that impacted their access and successful completion of college coursework. In a web-based survey of 765 students enrolled in universities within the past five years who identified as having a diagnosed mental health condition, respondents identified depression, bipolar disorder, and anxiety disorders as the most frequently occurring disorders (National Alliance on Mental Illness, 2012). Of students who were no longer enrolled or had dropped out, 65% identified a mental health-related reason. 50% of all respondents stated they did not disclose their diagnosis to faculty or support services due to fear of negative perceptions by faculty or peers, concerns about confidentiality, lack of understanding that disclosure could help them get accommodations, and belief that their disability did not impact their academic performance. Respondents listed stigma and scheduling difficulties as the major barriers to accessing support services and accommodations. Students suggested the need for increased faculty and staff training regarding mental health needs of students and availability of proactive wellness practices for students.

The National Center for College Students with Disabilities (NCCSD, 2019) conducted focus groups with 47 college students with disabilities across the United States, 31 of whom identified themselves as having a mental health disorder, to better understand their experiences in higher education and establish benchmarks for the NCCSD moving forward. Participants identified supports to educational access including ease of work with the disability resource office, inclusive classrooms, campus structure

that promotes a disability community, and self-determination skills of acquired confidence for self-advocacy and claiming disability. Recommendations for future advocacy work included continued focus on improved physical access on campuses, increased access to campus services (such as counseling centers, information services, library services, teaching and tutoring centers), promotion of positive campus climates that are inclusive of diverse abilities, and reduction of the extra work involved in being a disabled student on campus by streamlining application procedures and simplifying information access.

Anxiety Disorders in College Music Majors

Anxiety disorders are the most common mental health disorder in the general population and among college students (McCord, 2017). Anxiety disorders can occur with other mental health disorders and with other physical, intellectual, or learning disabilities or health impairments (APA, 2013). Anxiety disorders are different from performance anxiety, which is experienced for relatively short periods of time in response to specific stressors, as in anxiety related to musical performance (McCord, 2017).

In a survey of 287 music majors at a Midwestern university, approximately 25% of respondents reported being affected negatively by their mental health (Wristen, 2013). Students were asked to identify symptoms of anxiety, depression, and generalized anxiety disorder (GAD), a specific type of anxiety disorder characterized by at least 6 months of excessive anxiety and worry about a variety of events and situations, pervasive across settings of home, school, and community (APA, 2013). Although the responses were not significantly different from general college student population responses, the majority of

music students who identified anxiety or depression symptoms did not seek treatment, while the majority of non-musician students with those symptoms said they had sought treatment. This supports a finding by Spahn (2015), who reported a low rate of treatment-seeking observed in music students as compared with non-musicians. These findings highlight an ongoing need to promote awareness of depression and anxiety among post-secondary music students and increase cultural acceptance of seeking treatment for these and other mental health conditions.

In addition to the stressors faced by all university students, music students face a number of discipline-specific challenges that may affect their mental health and well-being (Wristen, 2013). Dews and Williams (1989) pointed out that, for those who hope to succeed professionally, music demands a high level of perfection, perhaps more than any other artistic endeavor, concluding that such preoccupation with perfection might be mentally disruptive to the music student, since musical performance requires not just discipline but constant exposure to criticism from self and others. Conway (2010) identified concerns among music education majors with having to sacrifice musical practice for academics and difficulties in time management. To address the multiple scheduling and interpersonal demands placed on music education students, Bernhard (2005) suggested the development of executive functioning training for time management and organization; study strategies; self-regulation for exercise and sleeping; and interpersonal skills training for effectively relating to others.

Summary

Researchers in music education have highlighted the importance of self-efficacy beliefs for music students in motivation and progress toward personal goals. It is suggested that music educators can help music students develop their self-efficacy beliefs and develop competence and confidence, by providing students with proximal goals, peer and adult models, timely and constructive feedback, encouragement, and stress reduction strategies (Hendricks, 2016). Since students with disabilities are statistically less likely to complete their college degree programs, it is important to identify the factors that promote persistence and motivation for college music students with disabilities. To this end, the aim of this research is to shed light on the experiences of college music majors with disabilities, and identify factors pertaining to the development of their perceived self-efficacy beliefs regarding degree completion.

CHAPTER THREE

Self-efficacy belief is one of the most predictive factors in musical achievement (Hendricks, 2016). Researchers have suggested the need to explore how self-efficacy develops, is reinforced, and relates to musical experiences gained through performances and contact with teachers (Richie & Williamson, 2010). This study examines the factors that contribute to perceived academic success or perceived failure of three music majors with disabilities and the contributing factors toward self-efficacy beliefs regarding completion of their degree program. Factors related to participants' university experiences as well as childhood and school-age experiences are explored. The study addressed the following questions:

1. What is the participant's experience of being a college music major with a disability?
2. What contexts or situations, if any, influence or affect music majors with a disability, that contribute towards or interfere with development of their self-efficacy beliefs and strategies for degree completion?

Methodology

The goal of this study was to increase understanding and knowledge of the lived experiences of college music majors with disabilities, and their perceptions of their own self-efficacy for completing a music degree program. Individuals with a high sense of self-efficacy toward a particular task have a strong belief in their own capabilities: not a belief of innate talent, but a belief in their ability to execute a given task with the resources they have (Bandura, 2007). Such individuals are more likely to persist in the

face of obstacles as they strive toward higher levels of performance (Bandura, 1997). The potential for self-efficacy research is promising in music education, where a common emphasis on achievement and competition can lead to considerable physical, emotional, and mental demands (Hendricks, 2009, 2014; Hendricks et al., 2016). By conducting a qualitative study on the experiences of students who are twice exceptional, living with both a disability and a high level of musical ability, it is my intent to contribute to the professional body of knowledge concerning this topic. Because there is scant research on the topic of music learning and college students with disabilities (Jellison, 2015), it is hoped that this study will inform greater understanding of how students with disabilities develop the belief in their own musical potential and capability sufficient to pursue a degree in music. By exploring this topic, I hope to glean information that contributes to developing best music education practices in fostering self-efficacy development for music students with disabilities in post-secondary settings.

Phenomenological Case Study Approach

A phenomenological case study method was used to explore the sources of self-efficacy for college music majors who self-identify as having a disability, and who by definition of their college major have also demonstrated an advanced level of musical ability. Phenomenological research is an endeavor to explore the lived experiences of individuals, and how they have both subjective experiences of the phenomenon and objective experiences in common with other people (Creswell & Poth, 2018). The primary purpose of a phenomenological study is to distill the common and shared individual experiences of a phenomenon to a description of its universal essence.

The vast majority of self-efficacy researchers have employed statistical methods of measurement; however, Pajares (1996) recommended that sources of self-efficacy be measured through direct observation and open-ended interviews. A qualitative, phenomenological methodology allows for a broad in-depth investigation and a more thorough understanding of the experience of the participants that a questionnaire or survey could convey. Additionally, given the particular nuances involved in working with individuals with disabilities, a qualitative approach allows for a more universally accessible participation experience for each student to accommodate possible differences in communication methods, sensory differences, or other learning differences (Hartley & Muhit, 2003).

The psychologist Carl Moustakas's (1994) approach to phenomenological research provided the model for the design of this study. Moustakas's model is frequently utilized and recommended by researchers who wish to focus on a description of the experiences of the participants rather than the interpretation of the researcher (Creswell & Poth, 2018). Moustakas's research approach also specifies systematic steps for data analysis procedures and guidelines for assembling textual and structural descriptions of data.

Participants and Sampling Procedure

Volunteer sampling occurred through recruitment of college music majors who identified as having a disability. Students at three post-secondary institutions in central Maryland received a recruitment email through their music department, asking for participants for the study. Inclusion criteria were defined as persons who (a) were

currently enrolled as a music major in a post-secondary institution in Maryland; (b) identified themselves as currently having a disability; (c) were 18 years of age or older; (d) were able to communicate in English; and (e) received documented disability support services at some time in their lives.

I collected data for this study from three post-secondary music students who volunteered to participate. Participants self-identified as students who met the study criteria identified in the “Invitation to Participate in the Study/Participant Screening Survey” (Appendix A). I emailed the invitation to music department chairpersons at three local post-secondary institutions who disseminated the invitation and screening survey to the students enrolled as music majors in their departments. Participants who completed the screening survey provided their contact information. The three participants in this study met the criteria for the study and were selected based on similar self-identified diagnoses (anxiety disorder, other co-occurring disorders). I contacted participants via text and email to establish initial contact and set up meeting times and locations to conduct data collection. The participants signed Informed Consent Forms (Appendix B), which I emailed to them prior to their interviews.

The three study participants ranged in age from 19 to 39 years. Two participants were female, and one was male. One participant was a first-year full-time college student, one was in the first year of her second enrollment as a full-time music student, and one was in her first year as a full-time graduate level music student. Two participants were enrolled in music education degree programs, and one was enrolled in a music therapy degree program. All three students identified as having been diagnosed with various

disabilities, including a shared diagnosis of generalized anxiety disorder. In addition to identifying themselves as having a disability diagnosis in common, I was also interested in the fact that they were all first-year students in their current degree programs, yet were all different ages and life stages, which could yield information about ways in which self-efficacy might change over time for adult music students.

Research Questions

Two overarching questions were asked in this study: (a) What is each participant's experience of being a college music major with a disability? (b) What contexts or situations, if any, influenced or affected each participant that contributed to their own self-efficacy beliefs and strategies for degree completion? Questions were formatted in this way to focus on gathering data that could lead to structural and textual descriptions of each student's experience and ultimately provide an understanding of the common experiences of the participants (Creswell & Poth, 2018). With these broad questions guiding the interview process, data were gathered through an initial in-depth, open-ended, one-on-one interview between researcher and participant. The interview questions were developed to garner information related to the sources of self-efficacy determined by Bandura (1994), which include Enactive Mastery Experiences, Vicarious Experiences, Verbal Persuasion, and Physiological and Affective States. Specifically, an interview outline was developed as an adaptation of a previously used interview protocol (Hendricks, 2009) designed to explore the self-efficacy beliefs of high school student musicians, related to Bandura's sources of self-efficacy (see Appendix C for the interview outline).

Interview Process

The interview outline was used to create initial questions to guide the semi-structured life-world interview (Brinkmann & Kvale, 2018) conducted with each participant. Such an interview is an attempt by the researcher to understand themes of the lived daily world from the participant's own perspective. This interview form is used when a researcher seeks to obtain perceptions of the interviewees' lived worlds, with respect to interpreting the meaning of specific phenomena, in this case the self-efficacy experiences of being a college music major living with a disability. Through open questions and subsequent follow-up questions, the interviewer focuses on the topic of research; it is then up to the participant to bring forth the elements they find important in relation to the topic of inquiry (see Appendix D for the initial interview question guide).

As the primary researcher, I recorded and transcribed the first interviews with all three participants. Following completion of initial interviews, I observed each participant during a musical performance where sources of self-efficacy may have come into play. These events were recorded as well, and my field observational notes were documented in a field journal. I conducted, recorded, and transcribed a final individual interview with each participant within one month after the first interview to learn about each student's experience during the observed musical events.

Bracketing

Bracketing is a methodological device of phenomenological inquiry that requires deliberately putting aside one's own belief about the phenomenon under investigation or

what one already knows about the subject prior to and throughout the phenomenological investigation (Carpenter & Speziale, 2007). In phenomenological studies, the researcher attempts to suspend past experiences and knowledge to understand a phenomenon at a deeper level (Merleau-Ponty, 1956). Through the fundamental methodology of “bracketing” the researcher’s own experiences, the researcher aims not to influence the participant’s understanding of the phenomenon, although the act of engaging and relating to one another creates influence necessarily (Chan et al., 2013). As described by Anderson & Spencer (2002), bracketing is an attempt to approach a lived experience with a sense of “newness” to elicit rich and descriptive data.

In identifying my own beliefs about the self-efficacy of college students with disabilities, I engaged in phenomenological reduction (Van Manen, 1990). That is, I endeavored to identify and put aside my own assumptions and prejudices throughout the interviewing and analyzing of data so that I could remain as open as possible to each participant’s experiences of musicianship and life. My own experiences include working as a music therapist and music educator with teenage and young adult musicians and musical participants with disabilities. Additionally, my family includes people with disabilities who are skilled musicians. I am acutely aware of the musical abilities and aptitudes of the people in my family and with whom I work, and I have some preconceived notions of ways they may have developed self-efficacy both as musicians and as people with disabilities. I have attempted to suspend these preconceptions throughout the process and bracket out my own experiences as much as possible, in order to fully describe the ways in which the students in this study experienced the

phenomenon of being a music major with a disability.

Validity and Truthfulness

Creswell & Poth (2018) emphasized the value of qualitative research in achieving the finding of a specific person's truth in regard to that person's human experience. The phenomenological research design of this study contributed toward finding the true, self-reported lived experiences of people experiencing the phenomenon, that is, music majors with disabilities. I bracketed myself consciously in order to understand the phenomenon that I was studying; that is, the self-efficacy beliefs of music majors with disabilities as reported from the participants' perspectives. I made audio recordings of each interview, and transcribed each interview, which further contributed to truthfulness in the study. Participants received a copy of transcriptions and of thematic clusters of meaning to validate that it reflected their perspectives regarding the phenomenon being studied.

Limitations of the Study

The study employed a small sample size of three participants who self-identified as music majors with disabilities, specifically anxiety disorders and other co-occurring disorders. All participants were required to be at least 18 years of age, currently enrolled in a post-secondary institution. The participants who volunteered and were selected were between the ages of 19 and 39 and enrolled at two institutions and in 3 different programs of study. I acknowledge that the individual experiences, shared by the research participants in this research, represent their specific insights and perspectives of the phenomenon and may not be representative of the population of music majors with disabilities; however, I attempt to establish transferability of the findings in this study

(Lincoln & Guba, 1985) by providing readers with evidence that these findings could be applicable to other contexts, situations, times, and/or populations of music majors with disabilities.

Researcher bias was acknowledged as a potential limitation of the study, given my professional experience working with music students in special education and personal experience of family members who are musicians with disabilities. In addressing this potential bias, I bracketed my preconceived judgments and biases and attempted to listen to each participant with an open mind, attentively engaging in order to understand the participant description of the lived experience of developing self-efficacy beliefs as a music student (Moustakas, 1994). The interview protocol (Appendices D and E) and member check were also used to address potential researcher bias. The study was further limited by the indirect nature of interview data provided by the specific participants, the lived experience of the phenomenon from an insider perspective, and is thus representative of the participants' experiences and the researcher's interpretation through analysis.

Interview Procedure

Data were collected over 12 weeks in May through July of 2019 and included three elements for each participant: an initial interview, an observation of a musical performance of each participant's choice; and a follow-up interview to discuss the participant's experience of their performance. All interviews took place at a mutually agreed upon location, in accordance with IRB protocol, to ensure confidentiality and privacy.

The initial interview lasted between 45 and 60 minutes and was face-to face with each participant individually. The initial interview included 12 guiding interview questions (see Appendix C) to elicit a detailed description of each participant's lived experiences as a post-secondary music major with generalized anxiety disorder and corresponding self-efficacy beliefs. Follow-up questions were used to derive a more in-depth understanding of the experiences shared by each participant. I audio-recorded each interview on my laptop computer and transcribed each interview afterward.

After an initial interview was completed, I observed a performance given by each student. Participants chose informal performances for these observations. One participant performed privately in front of family members. The second participant chose a live performance of singing song covers with guitar in a pub. The third participant chose to share a performance for peers that occurred in one of her classes, as well as a choral performance. Performances were videotaped as a reference point for later discussion.

The final interview occurred within two weeks of each performance. This was designed to elicit each participant's description of their experience while performing, related to self-efficacy beliefs and corresponding adaptive coping strategies. The final interview lasted between 20 and 30 minutes and was open-ended and face-to face. This interview included 10 guiding interview questions (Appendix D) to elicit a detailed description of each participant's lived experiences during their observed performance as it related to self-efficacy beliefs and associated coping strategies. Follow-up questions were used to derive a more in-depth understanding of the experiences shared by each participant. Interviews were audio-recorded on my laptop computer and transcribed by

me following each interview.

I was the only one to have access to the data throughout the data collection and the dissertation process that followed. All audiotapes, videotapes, transcripts, consent forms, and related data documents were locked in a desk in my home. Transcriptions of interviews remained inside a password-protected computer locked inside my home office desk. All electronic data were transferred to an external hard drive which was stored in a locked desk cabinet and was password protected. All interviews were summarized and provided through each participant's email address for member checking. All participants verified the accuracy of the summarized transcript of their own interviews and the written narrative prepared by the researcher. One participant offered a correction regarding the amount of time that occurred between two events she had recounted in one of her interviews; this was subsequently edited and verified as correct by the participant. No additional information or corrections were offered by the participants. No variations or unusual circumstances occurred regarding the proposed method of study. Pseudonyms are used throughout the document to protect the identities and confidentiality of participants.

Data Analysis

I followed Moustakas' (1994) procedures and steps for phenomenological research to arrange and analyze the data collected through the transcribed interviews. In the process of *horizontalization* (Moustakas, 1994), I highlighted significant statements, sentences, or quotes that provided an understanding of the participants' lived experiences as college music majors living with anxiety and other co-occurring disorders, and ways in

which their experiences related to the sources of self-efficacy identified by Bandura (1997).

I developed *clusters of meaning* (Moustakas, 1994) by grouping the highlighted statements into themes and removing any repetitive, irrelevant, or overlapping statements. Through *imaginative variation*, I clustered together the core qualities of the experiences of the participants, related to the development of self-efficacy beliefs, based on commonalities among the three participants. These core thematic qualities were identified by all three participants at some point during the interview processes. The following core themes of shared experiences by the participants, related to sources of self-efficacy, were identified: early musical successes; learning through perceived failure; perseverance; proximal subgoals; specific role models; peer comparison; self-modeling; supportive encouragement; expert feedback; accommodations; proactive self-care; and reactive self-regulation strategies. Each theme was related to one of the four sources of self-efficacy identified by Bandura (1997). Table 1 shows the relationship between the four sources of self-efficacy and the corresponding identified themes.

Table 1

Themes Associated with Sources of Efficacy

Sources of Self Efficacy (Bandura 1997)	Associated Themes
Mastery Experiences	<ul style="list-style-type: none">● Early Successes● Resilience After Perceived Failure● Proximal Subgoals● Perseverance
Vicarious Experiences	<ul style="list-style-type: none">● Specific Role Models● Peer Comparisons● Self-modeling
Verbal Persuasion	<ul style="list-style-type: none">● Supportive Encouragement● Expert Feedback● Accommodations
Physiologic and Affective States	<ul style="list-style-type: none">● Pro-active Strategies for Self-Care● Reactive Self-regulation Strategies

Summary

Three music majors with disabilities participated in interviews and observed performances for this study regarding their lived experiences related to the development of their self-efficacy beliefs. In Chapter Three, I presented the methodology and procedures that were used to gather participant responses. Chapter Four will include specific and detailed information from each participant's interviews and observed performances, pertaining to their individual musical life experiences related to the four sources of self-efficacy identified by Bandura (1997). The synthesis of these materials into clusters of meaning and themes pertaining to all three students will be discussed in Chapter Five.

CHAPTER FOUR

Findings

In this chapter, I present a detailed description of participant characteristics and their reported experiences, collected through the interview processes and observations of them in performance settings described in the previous chapter. I synthesized the initial interview data, observations of each student, and their reported experiences during their performances to provide a rich description of each student as a college music major living with a disability. These syntheses include their early backgrounds and development as music students, current experiences as music majors, and important events that shaped their self-efficacy beliefs. This chapter focuses on the individual stories of each participant and highlights some specific formative influences for each student's self-efficacy beliefs, while the subsequent chapter points out common themes that emerged across all cases and aligns the emergent themes with theoretical features of self-efficacy. Table 2 presents a summary of participant characteristics.

Table 2*Summary of Participant Characteristics*

Name	Age and Experience	Experience of Disability	Current Major and Instrument
Jordan	Age 19; currently in first enrollment as a music major undergraduate	Diagnosed with generalized anxiety disorder, ADHD. Hand tremors secondary to medication and anxiety.	Bachelor of Science in Music Education- Violin
Rebecca	Age 27; twice enrolled as undergraduate music major at ages 17 and 18, then withdrew; trained and worked as dental hygienist; currently enrolled as music major for 3 rd time	Diagnosed with social phobia, panic disorder, eating disorder. Experiences dissociation while performing on solo instrument.	Bachelor of Music in Music Therapy- Piano
Jennifer	Age 39; enrolled as music undergraduate, at age 17, then withdrew. Worked in retail business, then became self-supporting through performing as singer/guitarist. Re-enrolled as undergraduate music major at age 30. Completed Bachelor of Science degree in music education. Currently enrolled in a graduate music degree program.	Diagnosed with major depression and generalized anxiety disorder. Carpal tunnel disorder in left hand.	Master of Science in Music Education- French Horn

Participant One: Jordan's Story

Initial Interview

Jordan is an undergraduate music education major whose primary instrument is violin. At the time of these interviews, he was 19 years old and had just completed his first year at a large state university in Maryland. In his screening survey, Jordan identified being diagnosed with generalized anxiety disorder and attention deficit hyperactivity disorder (ADHD), and also identified that he experienced hand tremors related to medication.

Jordan suggested meeting in an available classroom in the fine arts building at the university he attended. Classes had just ended and final exams and juries were scheduled for the following week. When I met Jordan the first time, he presented as quiet and soft-spoken but calm. His calm demeanor was particularly surprising to me given the upcoming assessment schedule and final examinations. When I asked Jordan what prompted him to participate in the study, he stated that he was interested in learning about how musicians with anxiety develop self-confidence. His concerns with self-confidence were on display in our interactions: he engaged willingly in the interview process as indicated through his posture, eye contact, and body language, but he spoke somewhat hesitantly, as if he was somewhat unsure of himself. He answered questions readily but did not elaborate with commentary.

When I asked Jordan to talk about his experiences with music as a young child, he shared that in Atlanta, Georgia, where he grew up, orchestra and band instruments were not introduced until middle school. This was the first reference Jordan made to his being a

“late starter” on the violin, and he mentioned it at several later points during the interviews. His beliefs about his self-efficacy as a violinist were seemingly affected by his awareness that many same-age peers had started playing at an earlier age than he had.

Jordan said that he only had music class for half of each year in elementary school and that they “didn’t do much.” He described how, in 6th grade, students were asked to choose orchestra, band, or chorus, so he chose orchestra. He remembered fondly his initial experiences of playing the violin:

I thought it was really fun. I just really enjoyed it. We didn’t do very hard stuff. It took a while, because my orchestra class had over a hundred kids in it. My two teachers had to teach all of us. And it was pretty slow. But I really liked it.

When asked if he had received any specific feedback from his family when he was beginning to study violin, Jordan shared, “My mom never said anything despite how bad it sounded. She never complained once when I was practicing. She would just say, ‘Well, it’s improving.’” Jordan mentioned that although he was the only musician in his family, they always supported his violin playing and attended his performances.

Jordan described his high school orchestra experience as being much more competitive, which was intimidating but also inspiring. He described his orchestra membership as “tough” because seeing the high level of musicianship in the Level 1 string ensemble felt discouraging when he compared those players’ abilities to his own. But he still greatly enjoyed it and described his high school teachers as “the reason I want to be a music teacher. They were fantastic and they were really encouraging.”

Jordan’s high school had six orchestral ensembles, he said, and he was able to

progress steadily through his high school career. When asked whether he compared himself to peers in high school orchestra, Jordan responded decisively:

I compared myself to peers a lot, and it was not good. It didn't help at all. It discouraged me pretty heavily. It's still a bad habit I do... There was this one kid, who was also concertmaster of the Atlanta Youth Symphony Orchestra. And he was just really good. And so watching him play, it was just like, wow, I don't know if I can do this.

Jordan's emphatic response to the question about comparing himself to peers seemed to indicate that peer modeling had a negative effect on his self-efficacy beliefs as a violinist. This prompted me to inquire about Jordan's experience of the competitive audition process for seats that is a common occurrence in many instrumental ensembles. Jordan described how his high school orchestras didn't have auditions for seating, and students sat where they felt comfortable in rehearsals. The directors would pick seats for concerts, however, and he was chosen to sit first chair and have solos several times in high school. This information shed some light on Jordan's high self-efficacy beliefs related to his ability to perform well in school orchestras. Jordan was able to participate in the high school orchestra without enforced peer rankings and was given solo opportunities without additional perceived stressors of auditions, which may have enabled him to avoid peer comparisons to a greater degree than would likely be possible in a group with ongoing ranked seating. In fact, Jordan described feeling encouraged and supported by his directors through the seating process. Later in the interview process, Jordan reiterated his positive experiences with supportive role models, sharing several

specific experiences of social persuasion and encouragement from directors and teachers that fostered his self-efficacy beliefs over time.

Jordan developed a strong desire to become a music educator, inspired by his orchestra directors; however, on finishing high school, he found that he had missed the audition dates for applying to university music schools. Jordan mentioned that time management skills were challenging for him, as is typical for many students diagnosed with ADHD (APA, 2013). After identifying an out-of-state university with a strong music education department, Jordan applied as a general-studies major and was accepted for the Fall semester after his high school graduation. He began his first year with an undeclared major while starting violin lessons with his current teacher. Jordan described his reliance on specific coping strategies and self-care routines to manage health issues and self-regulate during hours-long rehearsals and high-stress juries and auditions in his first year. Jordan indicated strong self-efficacy for self-management skills in describing his self-care, study, and practice habits. At the time of these interviews, he had just auditioned and been accepted as a music education major for his second year.

I asked Jordan to describe his experience of the hand tremor, and ways in which it impacted him as a musician or as a student. Jordan recalled being diagnosed with anxiety disorder and ADHD in middle school, for which he began taking a medication that caused a hand tremor:

I was told that the tremor was a combination of my ADHD medicine and clinical anxiety that I have. It makes it really hard to do controlled vibrato, and shifting is difficult... I'm still trying to work past that. It definitely gets worse when I'm

nervous. It happened in my juries this year, it was not good. But it's always there. My hands always kind of shake. Like I'll try not to move them, but they just kind of... (demonstrates by holding out hands with slight tremor).

Jordan discussed his experiences of having hand tremors as a violinist while performing or rehearsing, and the strategies he used to minimize it. He shared that he focused on "just being calm. And making sure I eat enough and I'm not hungry." He tried to eliminate all factors that could create physiological instability, such as hunger, dehydration, and lack of sleep as well as "anything that makes me anxious, because part of it (the tremor) is anxiety."

It is notable that Jordan was readily able to identify *proactive* physical self-management factors, actions that would support optimal performance and minimize the hand tremor prior to practice or performance. Whereas he identified "being calm" but not specific strategies to become calm, I inquired as to whether there were strategies Jordan implemented to reduce or interrupt anxiety *reactively*, after beginning to experience it. He described an incident when he experienced anxiety while performing, and his strategy to manage it:

I try to breathe. Like the time I messed up in the first page of my jury, I did a shift wrong that I have never done wrong before, that I had practiced a million times, and so after that shift I got flustered and my hands started shaking really bad. And I just eventually got back on. There's a page turn at the end of the piece; and so, during that page turn I took a pause and I just kind of breathed. And I took about 45 seconds and I just breathed to calm myself down. And that helped a lot.

I encouraged Jordan to describe his level of focus and attention during that anxiety experience. He was able to elaborate that during a jury performance, when he made errors and became very nervous, his only thoughts were “Oh my gosh, my hands are shaking. I need to calm down, I need to calm down.” At that point he was no longer looking at the music, or aware of the dynamics, or remembering what part of the bow he was supposed to be using, and he wasn’t thinking about tone quality at all. All he could think about at that point, he said, was playing accurate pitches because there was no room to consider anything else at that time, which impaired his performance significantly.

From my perspective, Jordan’s description of mild tremor and heightened cognitive arousal during performance did not seem unusual compared with other musicians, with or without a disability; therefore, I asked Jordan whether he thought there was anything in particular about ADHD that impacted his study of music. He shared that ADHD made it extremely difficult in general to focus on what he was supposed to be doing. If he tried to practice violin after his medication wore off, he felt exhausted and his violin playing would become “really sloppy.” He described his difficulty focusing after his ADHD medicine wore off as “hitting a brick wall,” after which it felt impossible for him to accomplish anything.

Jordan tried to plan his practice sessions before 4:00 PM when possible, but he could not always maintain that while also attending classes and rehearsals, completing assignments, and still trying to practice 2-3 hours each day. He shared that sometimes he tried to “power through” anyway when he knew his medicine had already worn off, but at those times it did not go well.

When I asked about whether the medication affected Jordan's physical stamina for playing violin in addition to his concentration, Jordan offered that his hands did not get tired; however, he experienced back pain from scoliosis, which impacted him greatly during lengthy opera-orchestra rehearsals in his first year at the university, when he had to sit for hours playing violin. He described trying to focus on sitting with correct positioning, but he sometimes got to a point where he literally could not hold the violin up, and then had to stand up and leave for a movement break which was not always convenient or even possible. During his individual practice, he tried to take movement breaks about once per hour.

I invited Jordan to share any instance of feedback, positive or negative, that had a strong impact on him as a musician. Jordan shared his experience of his recent audition for the music department.

It was a really interesting audition. I broke my E string, right in the middle of the first page of my first piece. And I almost started crying, it was so bad. Like I was just, it made me so nervous. But two professors in the audition were both very supportive. They tried to calm me down, basically saying, 'Don't worry. You were doing a great job; you play very musically, very expressively. While you do need to work on more control, and minor intonation stuff, it's very good.' And I thought that was really good. Because no one has ever, I don't know, I hadn't heard that before. And they said specific things about what I need to work on.

Jordan offered some details about the specific feedback that was offered during this audition that he appreciated, such as information about his bow grip which allowed him

better control of the particular portion of the bow he used. He specified that getting helpful and specific feedback that he could implement to make improvements in his playing helped him to feel increased belief in his ability to improve. He identified feeling much more positive about the audition following this feedback. Jordan also offered that there were several peers, other violin students at the university, who supported his progress through positive constructive feedback: “They will say things like, ‘No, it was fine. You just need to work on this and this, and I can show you how.’ They’ll offer things I can do to improve while at the same time raising up the things I did well.”

Jordan’s descriptions of verbal persuasion, from both teachers and peers, indicated that these types of experiences were important sources of self-efficacy for him. Jordan’s descriptions of the specific feedback he received are examples of the ways in which the use of verbal persuasion is most successful in boosting a sense of efficacy (Bandura, 1997). Specifically, the incidents of social persuasion that Jordan identified as helpful to him included the following elements highlighted by Bandura as possible parts of a multifaceted strategy of self-development: (a) realistic immediate performance feedback about current skills, including strengths and needs; (b) an encouraging statement about ability to acquire the skills necessary for improvement; (c) modeling of the requisite skill(s); and (d) offering masterable steps toward acquiring a skill.

As our first interview came to a close, I asked Jordan if there was anything he would like to add about his experience as a music major. He concluded our discussion with this thought:

It's a very intense program. Especially music education. It is not for those who just want job security. You have to actually love what you're doing and be very passionate about it or else you're not going to make it.

I interpreted this statement in two concomitant ways: First, I sensed an indication of Jordan's positive self-efficacy beliefs about his future success in the music education program, based upon his expressions of his own strong desire to become a music educator. Simultaneously, the statement seemed to demonstrate Jordan's increasing realization of the huge, sustained effort needed to achieve his goal in the semesters ahead, one that would require all the motivation and efficacy he could muster, and that he would need to rely on his love for music and passion for becoming a music educator to sustain him through the challenges to come.

Performance and Second Interview

Because he did not have any upcoming performances scheduled during the next several months that were possible or suitable for me to attend, the final semester juries being closed to anyone but the performer and jurors, Jordan invited me to attend an informal performance in front of his family via Skype from his home in Atlanta, Georgia the following month. As Jordan set up his music and stand, I could see that he was excited. His mother and four younger siblings greeted me, seated formally in a row on the sofa at the other side of their living room. They seemed to be looking forward to this occasion—while they frequently hear Jordan practice and had attended Jordan's high school ensemble concerts, they did not get to experience a solo performance by Jordan very often, especially in their own home, and had not been able to attend his college

ensemble performances for the past year due to the distance.

Jordan played the piece he had played two weeks previously for his final jury at the university, *Sarabande in G Minor* composed by Carl Bohm. Jordan did not show any nervousness during the performance itself; his hands were not trembling to the extent that it was visible to me while I was watching over Skype, nor were there any other outward appearances of discomfort. Jordan played with accurate rhythm, pitch, and intonation, and he was expressive in his playing. Based on Jordan's self-reported difficulties in the first interview, I was specifically wondering whether I would observe any symptoms of nervousness or anxiety; however, there were very few discernible mistakes in Jordan's performance and the overall effect was musical and pleasing. Perhaps this was not surprising given Jordan's expressed positive relationships with family and the fact that he had already performed the selection for his jury. At the end of the performance, Jordan gave a little shrug as if he was not quite sure how he had done, but also smiled shyly as if he were pleased.

I conducted the second interview over Skype, immediately following his completion of the performance. I invited Jordan to discuss his experience of this performance of the piece, as well as his experiences of his jury performance.

I'm comfortable playing for my family; I've always been comfortable playing in front of them. My mom did say that I did really well, like she could tell that I was pretty confident and a lot less nervous. I think it was the best I played that piece ever. Honestly, I was so surprised. I was like, wow, I'm going to save this recording. It was really good...

Clearly, Jordan's home environment was one where issues of performance anxiety became less significant. But, as for any musician, a high-stakes environment such as a jury can create nerves, as can a situation where many audience members are watching.

Jordan shared that after his recent jury performance, he felt he had played quite poorly. His nervousness caused him to lose focus and make a mistake at a spot he had worked hard to master, which made him feel so flustered that he performed errors in a much simpler passage where he had never made mistakes previously. He described the remainder of the performance as "shaky" and asked the jurors, "How will that bad performance affect my grade?" To Jordan's surprise, his professors responded that they felt his performance was fairly good, that he played expressively, and that his nervousness showed he was invested in playing well. Jordan described relief that the jurors understood how hard he had worked, as his major concern was that they would think he was not prepared due to the errors in the performance.

I told Jordan that I was interested in his perception of factors that contributed to his ability to play this piece at the level he achieved on this day in front of his family. He identified *perseverance* as the primary factor in his success, and elaborated with a story that included some specific feedback from a professor pertaining to motivation and positive self-talk which kept him working through frustrating moments:

Perseverance, because there were a lot of times where I would just be in the practice room, and I could not get a part. Like in the beginning of that piece, from today's performance, there are chords that go da--- da (sings). There was a time

when I played that in master class, and my professor stopped me after a page and a half, saying that I had played the chords completely wrong, and it was horrifying. And so, for the next week, I sat in the practice room and played nothing but those chords. Because he said I was supposed to do two strings, then two strings, instead of rolling the entire thing. And so, I probably played those chords a million times until I finally got them down. I say perseverance, because even though I practiced so much, there were a lot of times where I would say, 'I'm never going to get this. I don't hear any difference. Why am I even practicing this? Ugh, it doesn't matter.' But then I would think, 'No no, I can get it. You can do it. Come on, just a bit more. Right.'

Because Jordan mentioned his violin teacher, I wondered whether he had anything else he would want to share about his professor, or about anything else, pertaining to building his confidence, or hindering his confidence, as a music major. Jordan described hearing stories about his violin professor from other students, prior to studying with him, that described the professor as disparaging and harsh to students. However, once Jordan began working with his teacher, he felt personally encouraged, he said, even though he described never feeling that he played his best during lessons due to his anxiety flaring up. His teacher would identify that he was making good progress, which Jordan found helpful, and he would think to himself that his lessons were going better even if they weren't at the level he wanted yet. Jordan emphasized again that he appreciated his teacher's specific feedback regarding ways to improve, and that his teacher expressed awareness of the effort Jordan put into his violin practice, which was very important to

him.

Brief Summary

Jordan's story is one in which his self-efficacy beliefs for music and for studying music were greatly affected by his experience of beginning his music education later than same-age peers. Low self-efficacy beliefs about musical performance appeared to be an issue due to his perception of his own level of experience, and his comparisons of his own playing, to those of peers. Jordan's self-efficacy estimations for managing his own anxiety and resulting responses during lessons and performances were variable, however seemed to improve when he received verbal persuasion that included acknowledgement of his work ethic and positive musicianship, *and* specific feedback regarding how he could improve his playing. Jordan also identified vicarious mastery in specific role models as an important source of self-efficacy.

Jordan was impacted in some ways by executive functioning difficulties related to his ADHD diagnosis, such as time management; however, he seemed aware of what he needed to do proactively to maximize his attention and stamina. Jordan did not seem to be markedly different developmentally from other first year post-secondary musicians I have known regarding management of performance anxiety, which is a common challenge many musicians grapple with (Guyon et al., 2020). It is expected that Jordan would develop a broader array of proactive and reactive strategies for performance anxiety with further experience as a musician; moreover, that Jordan would develop greater self-efficacy and more positive self-efficacy beliefs from increased positive mastery experiences moving forward, given that the combined influences of goal-setting

and knowledge of one's own performance should heighten motivation, and self-efficacy, substantially (Bandura, 1997).

Participant Two: Rebecca's Story

Initial Interview

Rebecca, age 27, was a music major at a small community college in Maryland. At Rebecca's request, we met for the interviews at the site of her music fieldwork experience in a music classroom. Her fieldwork placement involved observations of music therapy activities in a special education school and was part of her degree program in music, which she hoped would lead to a career in music therapy. When we met for the first interview, Rebecca spoke softly and at times seemed to have some difficulty talking about some of her earlier college experiences that were painful to remember; however, she engaged willingly and expressed interest in the reason for the study. At the time of these interviews, Rebecca was planning to transfer to a larger university in another state to complete her Bachelor of Music in Music Therapy degree. When Rebecca was discussing her career plan to become a music therapist, she became very animated and expressed a lot of excitement and positive ideation regarding her future. This was not her first experience in college, nor was it her first career choice:

I worked full-time in the dentistry field, and I didn't love it because it wasn't music, and I was looking at other options for careers. A few of my friends independent of each other suggested music therapy as a field so I decided to look into it. Because I love science, and music has always been a passion, and a few people told me hey, maybe you should look at this. And I did and I thought, it's

the right thing for me...it combines science and music and intuition, and skills that I have that I would be able to use to help other people.

Referring to music as something that was “right for me” indicated that Rebecca had arrived at some level of belief in her own self-efficacy as well as a motivation for the field of music therapy that involved personally identifying with musical ability. To understand how she had arrived at this point, we started by discussing her childhood musical experiences. Rebecca described growing up playing piano and singing at church and in school; to her, music felt natural and easy at a young age. She began taking piano lessons at age five. Rebecca described herself as not needing to practice very much during her early years except for brief periods of time prior to recitals. She was “good enough to pull it together quickly.”

Rebecca said that she began singing in her church choirs at age three in the pre-school group and continued to sing with the various church choral groups through age 21. When asked to describe the experience of singing in these groups, Rebecca focused immediately on her church choir director—someone she wanted to emulate, who was both a role model and a provider of emotional support:

I wanted to *be* her when I was growing up. When I sang in my church choirs, it was from when I was three (because there were... little kid choirs, there were four or five different groups of choirs) until my early twenties. So, she was like a second mom. And just so much energy and so talented and really good at working with kids and adults, and when I was going through stuff, I could go to her and talk to her about stuff.

When asked if there was an important milestone moment in her musical development that stood out in any way, Rebecca discussed her experiences in her high school choir:

There's another teacher that I had in high school, he was our chorus director and he still teaches there. But he just loves it and he really helped continue the fire of music for me. He convinced me to audition for All-State. And then I guess, oh, he also helped me with my confidence, because I was a lot less confident in high school than I am now if you can believe that. Because he saw that I was a good musician, I just needed to believe in myself.

Rebecca stated with pride that she was the first person from her small private high school to be accepted to the All-State Choir, thanks to her choir director's help, which enabled her to prepare both musically and emotionally. She described that he had helped her complete the forms required for the audition, helped her choose and rehearse audition pieces, and prepared her for what to expect in the audition process. Her recounting of this experience indicated a generally high level of self-efficacy belief in childhood, sourced in the choir director's encouragement and belief in her abilities.

I asked Rebecca to describe her experiences of performing music. Her explanation began with her sharing that at age 16 she was diagnosed with social phobia, panic disorder, and an eating disorder. In addition to experiencing anxiety and panic episodes in school and other social situations, she had begun to dissociate while performing in piano recitals, a difficulty which still continued for her. Such episodes of dissociation, characterized by a temporary feeling of disconnect from reality, sometimes occur in

people diagnosed with panic disorders (APA, 2013). Rebecca described with a small shake in her voice the way it felt when she performed piano solos in public:

Stage fright is an understatement. Dealing with it is more just... getting myself to do it, and then when I'm doing it, I black out. I can't remember what was going on, and afterwards, it's done. And then whatever happens, happens.

Rebecca shared that she does not have the blackout experience in lessons with her piano teacher, only when performing for an audience. She described having to practice with specific spots that she could return to or skip ahead to, to not have to try and figure out where she was in the music. Any musician who has had to memorize music would know similar strategies, but for Rebecca, it was crucially important because she knew that dissociation during piano performances was debilitating. This part of our conversation, about a physiological experience that left her feeling out of control, contrasted starkly with her feelings of confidence she portrayed when speaking about her experiences in high school.

This phenomenon of dissociation experienced by Rebecca during her piano performances did not extend to her experiences during choral singing performances. She stated unequivocally:

I don't get nervous about singing in choir. I love doing that. The people next to me are doing the same thing so it's more like I'm trying to listen to the group, instead of like everyone's listening to me.

Rebecca described being able to focus on the experience of making music, feeling safe while singing with others without the exposure and possible judgment that she felt during

solo piano performances.

Rebecca's current enrollment as a music therapy major was her third time enrolling as a music major, and she discussed some of her early post-secondary experiences Rebecca spoke slowly and carefully, but definitively, as she talked about beginning as a music education major at a small private university in Pennsylvania. Soon after commencing her study, Rebecca quickly found herself overwhelmed and unable to manage her anxiety and a concomitant period of depression. She described this first university experience as rife with stressors that she was not able to cope with in effective and healthy ways. She withdrew from school in her first semester and returned home to receive intensive mental health treatment for the next year.

Rebecca decided to return to college the following fall and applied to a Maryland university well known for its music department. She was accepted as a music education major with two primary instruments, piano and voice. Once again, Rebecca had difficulty coping with the social demands and stressors of college life. By her third college semester, she began experiencing severe health and anxiety issues that prevented her from attending classes regularly and interfered with her ability to sustain attention, complete assignments, and study. She began having difficulty with experiencing panic attacks during classes, which were debilitating and created increased anxiety. Rebecca described her academic difficulties in this way:

I don't think it's specific to music but just life sometimes. I get triggered, and I completely miss what's going on, or I realized that I missed what was going on, and then I'm panicking... It's like life gets in the way. Not really music specifically.

After failing to achieve a “C” or better twice in Music Theory III, a required class for music majors at her university, Rebecca was not allowed by the registrar to enroll in the course again for a third time. She briefly switched her major to biology, which had been a strong interest in high school; however, her social anxiety around peers in a college classroom and inability to focus and concentrate during instruction continued, resulting in class avoidance and ultimately her withdrawal from the university altogether. She described feeling that she had failed in her attempt to achieve her dream of becoming a music educator, and then did not have enough belief in her abilities as a college student to remain enrolled in any major. She was unable to self-manage and self-regulate enough to attend classes and effectively participate, and had lost her belief that she would be able to do so. Rebecca indicated that although she still had confidence in herself as a musician, she did not believe she would be able to complete all course requirements the music major required, due to the increasing frequency of panic attacks she was experiencing during classes.

After receiving lengthy treatment and support for medical and mental health issues, Rebecca decided to train as a dental assistant rather than undertake the stress of returning to a four-year university. The dental assistance training classes were brief, and she was able to work one-on-one with people which was less anxiety producing for her. After working as a dental assistant for close to a year, she felt stable but unsatisfied creatively. She said, “I was good at it; but it wasn’t very intellectually stimulating or fulfilling, and then I heard about the music therapy field and decided to try again.”

When I asked Rebecca to describe her thought processes as she made the decision

to return to music school, she responded,

I guess just knowing that the worst thing that could happen is it doesn't work out, and I could just do what I've been doing. And I'm doing it. It's mostly looking at it like, not as a big picture, but just looking at it like, okay, I'm taking this class, or I'm taking this test. It's looking at it more from today, not 'oh, I have six months to go.'

This transition put into perspective the starting point of our conversation, where Rebecca identified strongly with her music and science skills. Having been encouraged as a talented child musician, Rebecca's study of music in a private university was inhibited by social concerns and anxiety that affected concert performances and class attendance, which led to her withdrawing after a semester. Her second attempt, in a larger university context, lasted slightly longer. But although she had some confidence in her music theory abilities, her health and anxiety concerns, for a second time, prevented her undertaking the tasks she knew were required. Presumably, in her third attempt at completing a degree program, some of the self-efficacy perceptions and mental health factors that characterized her previous experiences were still relevant.

I asked Rebecca to describe her current experience of responding to difficulties or obstacles in her daily life as a music major. She answered that "there were a lot of little obstacles that umbrella into one bigger obstacle, that I'm overcoming." When asked to describe her experience of overcoming the obstacles, she shared, "There were therapists, and a doctor, support groups, and people that I talk to that support each other. It takes a lot, it's not me doing it all by myself." Responding to emotional discomfort during

classes was an ongoing challenge, she said, which her current teachers accommodated, allowing her to walk out of the classroom if she felt she needed to. These statements point to the importance of Rebecca's self-efficacy for managing the symptoms and manifestations of her disability. Her ability to remain a music major was reliant on her ongoing self-management in this regard, in the classroom and in musical performance.

Rebecca shared several other ideas at different points during the first interview, describing how she responded to episodes of panic and anxiety. Listening to meditation and guided imagery tapes, and practicing positive self-talk, helped her become grounded in the present, telling herself "I'm here, and I'm okay." She mentioned searching for inspirational quotes, posting them in prominent places, and making lists of them in her phone to look at when needing support in the moment. Rebecca also used her piano playing to work through difficult emotions:

A lot of times when I'm in my head and can't get it to stop, negative thinking or ruminating or whatever, I can sit down at the piano and semi-sight read something enjoyable and that's how that feeling goes away. I guess a couple of weeks ago, I was pretty upset, situational and probably chemical, and I was playing some nocturnes that were in minor keys, and just getting the feelings out through that helped me.

This instance demonstrates Rebecca's use of music itself as a behavioral strategy to improve self-efficacy for managing anxiety episodes.

In discussing the factors that contributed to times when she felt successful as a music major, Rebecca shared that she used to sit in class and hope to never get called on,

but “now my teachers are so good and I’m so interested and understand the information, that now I don’t have to sit and pray that I don’t get called on. Plus, now I know everyone, because it’s a small school.”

Observed Performances and Second Interview

Rebecca invited me to attend a performance of a Bach Cantata by her community auditioned choral group on a Sunday afternoon in a large church sanctuary. Rebecca was listed in the alto section in the program. She strode confidently with the group onto the risers and participated during the first half of the performance, singing with apparent enjoyment and skill on cue with the alto section. In my estimation, her appearance in the first half of the concert would be aligned with expectations of an advanced choral singer. During one section of the program, however, when the director was talking to the audience about the piece and asking the different sections to sing examples as he discussed them, I observed that Rebecca was not always singing along with the alto section when they were asked to perform a phrase. She was focused on the conductor, and did not demonstrate any unusual affect or demeanor, but she sang only very occasionally with the others standing in the section around her, not at all times. She appeared to sing more consistently during the remainder of the concert but at a few times did not seem to be singing. It was unclear whether there was any specific reason for her pausing in singing, or whether there was something that was interfering with Rebecca’s ability to sing consistently.

Rebecca also invited me to attend a live performance of a repertoire class, in which she played the piano piece she prepared for her upcoming jury, the first movement

of a Haydn piano sonata. Because a schedule conflict interfered with me attending, Rebecca offered to send a link to a video of the performance, which I was able to view. At the beginning of the performance, Rebecca approached the piano with a serious facial expression, and not as much confidence in her posture as she displayed at her choral performance. She played with accuracy and expression through approximately two thirds of the piece, at about which time she played an incorrect note, then paused briefly, then recommenced playing with some uncertainty for several bars, but then began playing with more confidence and finished the piece strongly.

I met with Rebecca the week following both performances, to discuss her perceptions of her experiences during the performances. We discussed the choral concert first, and I asked her whether there was anything in particular that stood out to her about the performance. She responded, “Well, I lost my voice halfway through the concert!” She described how her voice became strained, and it became increasingly harder to make a sound until no sound at all came out. This was “an anomaly” and she had never had laryngitis before when she needed to perform. She elaborated,

I had kind of a sudden cold/sinus thing that day. I didn’t realize that it was affecting my voice until I didn’t have a voice. So that was kind of like panic and frustration at the same time. I worked so hard to get the music, I mean it was a hard piece, but then not being able to add my part in that was frustrating.

She stated that she had mouthed the words or whispered along with the rest of the group. She expressed relief that she had not panicked, however, saying wryly, “I survived! I didn’t walk off, which is what my instinct was.”

When we discussed Rebecca's experience of her memorized piano performance, Rebecca said that she had worked very hard on the piece:

I really wanted it to be perfect...but on the last page of the piece I messed up on a chord and I couldn't find it. So then I started at what I thought was a couple of measures later, but it was actually the "A" section which is in a different key. So then I realized it; but there's a part where there is a fermata, and then a rest, so at that part I switched back to the end section so I ended in the right key.

Recalling Rebecca's description (in interview one) of dissociation during piano performances, I asked if she had experienced any dissociation while performing in the repertoire class, noting that she seemed to recall her experience of this performance clearly. Rebecca said she had been trying to stay present and focus on the music during this performance, however she felt herself "spacing out", at which point she made the error and couldn't find the place to start again. However, she was not unhappy with the performance, sharing that it was better than previous performances she had given. She always has the experience of making an error, she explained, but this time she played the first two thirds of the piece exactly the way she wanted to play it, concluding, "That's progress, for me."

Rebecca indicated increased self-efficacy as a performing pianist as she described her plans for upcoming performances and the ways in which she was preparing for possible errors or feelings of anxiety ahead of time. In her previous colleges, Rebecca had been given the disability accommodation of using her piano music manuscript during performances, but she no longer wanted to use this accommodation and was challenging

herself to play pieces from memory using strategies to manage anxiety. She had met with her piano teacher after this performance to get feedback, and they had made plans for a “jump ahead” spot for that difficult location where the initial error in the performance occurred. Rebecca was also planning to rehearse that spot to attain more muscle memory, and to perform the piece for four other peers to practice managing her anxiety in performance prior to the actual jury, to “make me feel nervous and get it out of my system!” Rebecca stated that it was important to her to perform without the music notation, because “the less you have to rely on that, the more you’re free to think of other things as a performer.”

Brief Summary

Rebecca’s story is one in which her perceived self-efficacy for music and for studying music was greatly affected by her experiences of chronic anxiety, social phobia, and related attention difficulties. In some ways, low self-efficacy beliefs for music performance did not appear to be an underlying issue: Rebecca had strongly-encouraging experiences in music education as a child and developed excellent music performance skills. But Rebecca’s self-efficacy beliefs for managing her own anxiety and resulting responses during classes and performances was variable and seemed to be lower when her disability symptoms increased. Conversely, she expressed higher self-efficacy beliefs for her ability to persist toward degree completion as a music major when she was able to manage her symptoms effectively.

Participant Three: Jennifer's Story

Initial Interview

Jennifer was 39 years old and working on her Masters' degree in Music Education at a large university in Maryland, with a Bachelor of Science degree in music education from the same school. She was loquacious and very forthcoming about her experiences as a music education graduate student living with depression and anxiety, offering that she hoped sharing her story would provide helpful information to others. When I asked Jennifer to describe music in her life growing up, she began speaking and continued for some time, offering many details without me needing to ask many questions much of the time.

Until age nine, Jennifer grew up with her mother, father and two younger brothers in New Jersey. She began playing flute in 4th grade and immediately fell in love with music. Around that same time, her maternal grandmother was placed in hospice care, and Jennifer missed two school days each week, helping her mom care for her grandmother. Then at age nine, her parents split up and she moved to Maryland with her siblings and mother. She described that she became a "latch key kid" and cared for her brothers who were ages seven and three at the time while her mother worked. Jennifer described having to "grow up quick" and having a lot of anxiety about her mother, grandmother, and brothers. During these transitions, playing music remained a constant in Jennifer's life and she seemed to value the immediate feedback of live instrument playing. She described feeling very secure in the music classroom, because she received constructive comments in the moment when playing her instrument as well as the feedback of whether

the sound was pleasing, whereas in math or reading she would have to wait to find out whether she had done her homework correctly or performed well on a test.

In middle school, Jennifer switched to playing French horn, and immersed herself even more in music which Jennifer described as an emotional outlet:

Music is all I did. So I switched to French horn in 8th grade and to my middle school band director I said, "I'm going to make All-State next year." He said, "That's a nice goal. Go for it." I was practicing three hours a day. I would do an hour or 45 minutes in the morning. We'd play throughout the day. I'd get home and do an hour... I would just lose myself in it.

Jennifer indicated several sources of self-efficacy as a young musician in middle school through goal setting and mastery, her positive affective response to the act of playing music itself, and verbal persuasion from her band director.

Around age 16, Jennifer began dating and had some difficult relationship issues which, along with missing her father and taking on more family responsibilities, marked the start of clinical anxiety and depression for her. She described using her music as a way to cope with extreme difficulties she experienced during that time:

I always thought of the French horn, that I was putting words and feelings through it, even though you might not understand it as English when it comes out. And I expressed so much of what I was feeling through the French horn. That's probably the first time I've told anybody that! And I think that made a difference with how I was perceived, maybe coming off more mature than the average high school sound would be, because I was trying to put so much feeling and just...

have it be an outlet.

Her high school band director was a mentor and supportive teacher for her and became instrumental in helping her get discounted lessons and complete college applications. Jennifer identified him as a major role model for her in life who provided vicarious mastery experiences for her, stating that he opened her view of the world and showed her that she could meet high expectations. She described that he encouraged her to set high goals and helped her meet them, and also modeled how a teacher can meet each student at their level and help them to progress forward. She shared that he inspired her through his passion for teaching, saying that “he never did music halfway with us. And I think that’s the epitome of being a musician, is that you have to put your whole self into it.”

As Jennifer described her first experiences in college, she shared many details about that time in her life that created extra stress for her. As she began college as a first-year music major, for financial reasons Jennifer needed to live at home and commute 37 miles each way to school, five days a week. She also needed to work at night to afford car payments and gas to drive to school. In order to get to work on time, she had to leave her weekly concert band rehearsal 20 minutes early. She continued a rigorous practice and homework schedule and was sleep deprived.

Jennifer painted a clear picture in her description of the department chair and her band director at that time, Dr. M., as a person that held influence in her life:

Dr. M.—let me preface this by saying that I have a very high opinion of him—he was one of the reasons I left. He was one of the reasons I didn’t think I would

succeed. Because I knew he was kind of the gatekeeper for the music ed department. Because I left his class early... he was not fond of me. And I was 17, I didn't have the communication skills to go up to somebody with such presence. I had never been taught by a doctor before. You know, it's intimidating. And he can be a very strong and imposing person, when he wants to be. So I was trickling along and I was waiting to see, you know, maybe things will get better, I'll just hang in there.

On the night of the first important concert at the end of the semester, Jennifer described how Dr. M. took her music from her as she was about to go on stage, stating that other students in her section complained that she left rehearsals early and therefore wasn't prepared for the concert, so she wouldn't be performing. Jennifer identified this moment as the trigger to a mental health crisis that would impact her for several years. She had earned a "C" in band her first semester and was devastated about her grade as well as her director's opinion of her. She felt that she had failed her own, and others', expectations of her, and could not face returning as a music student for a second semester. Jennifer shared her experience of negative verbal persuasion, and its lasting impact on her life:

Having Dr. M.'s expectations in my head, and my expectations for myself, I had just failed. And that set off stuff that I still fight with. And only getting that bachelor's degree 15, 20 years later, however long it was, helped to put that to rest. And rebuilding the relationship with Dr. M. when I came back, for sure.

When her perceived self-efficacy as a music student declined, Jennifer tried switching her major to mass communications but ended up withdrawing altogether midway through her second semester. Jennifer shared that she just “lost all purpose.” Jennifer’s self-efficacy beliefs about her ability to succeed as a college student evaporated when she no longer had goals that were meaningful to her. She spiraled into a deeper depression and didn’t touch her French horn for 12 years.

While receiving treatment for depression and anxiety, Jennifer began working as an administrative assistant for a small business to support herself. She also began playing guitar and singing as an expressive outlet, eventually playing at a friend’s open mic nights at a local club. She began to receive positive feedback about her performances and gradually began writing songs, performing at various local venues, and hosting open mic nights herself which provided substantial additional income for her.

Jennifer described “an epiphany moment” 12 years after leaving college, while watching the TV show *American Idol* as a contestant won the show. Jennifer was inspired to write a song about “taking a chance,” and realized that she really wanted to follow her own dreams and play the French horn again. She began studying French horn again with a private teacher and playing more gigs at night, and after a year realized that she could support herself in the evenings while attending school in the daytime. She decided with some trepidation to reconnect with her former university program, noting that she felt that she had “left a hostile environment in shame and disgrace.” However, on her first phone call to the university music office, the music department secretary remembered her and was warm, welcoming, and instrumental in helping to facilitate

connections and accelerated the re-admissions process. She was able to return successfully to her undergraduate program as a 30-year-old student, with supports, strategies, and communication skills that she lacked at 17. She described her re-entry to the university as a series of tiny steps:

It was this weird sensation where your head is just down and you're not looking at the goal, you're just looking at that one little step... It was just, I'm going to get this paper, I'm going to pick an audition date, I'm going to set things up... it was just these little things. And then it wasn't even, I'm going to get my degree, it was, I'm going to get through the first semester, because I wasn't successful in my first semester, the first time around.

Jennifer's described experiences with returning to the university as a music major illustrate her strong self-efficacy beliefs in her abilities as a musician at that time, but weaker confidence and actual self-efficacy with navigating her own emotional self-regulation and managing the activities of being a student outside of music performance. To increase her self-efficacy toward her goal of graduation, she focused on smaller steps toward that larger goal, or *proximal subgoals* (Bandura, 1997), that she had greater confidence in attaining.

I asked Jennifer to talk about her early experiences with performing gigs as a singer songwriter, to get a sense of how those experiences might have influenced her sense of efficacy or confidence for completing her music degree. Jennifer described the scene of her first gig as an "open mic night," with people shooting pool on one side of the pub. There were only a small handful of people in the bar when Jennifer performed. She began

to play her guitar and sing, but suddenly mixed up the lyrics and stopped playing. Her friend who organized the performers told her to “just keep going! They don’t know if you screw up if you don’t tell them!” The way Jennifer labelled the environment reminded me of her description of her middle school band experience: she was among friends, performing and sharing seemed safe, and everyone was an amateur on equal footing.

Jennifer went on to say that she valued the positive feedback from patrons at her performances, suggesting that immediate feedback was still an important indicator of mastery for her:

The biggest thing for me was, if somebody saw me more at the beginning, and then maybe they didn’t see me for a year or two, and then they catch me out at a gig again, you know, they sit there, they’d listen, and when I’d come out on my break, they’d say, “Hey, it’s been a while since I’ve heard you.” The differences that people were telling me they were hearing kind of helps me keep going... To be embraced, to be encouraged even by people that you know more on an acquaintance level, or... we’re at the same bar every week doing the same activity... was very helpful.

Jennifer completed her undergraduate music education degree, and at the time of this interview was enrolled in a Master of Science program in music education while teaching middle school band in a Maryland public school. I asked Jennifer if her anxiety or depression was impacting or affecting her as a music graduate student. She stated that it had been 5 years since she had suffered severe symptoms of depression in the form of self-cutting. However, she was aware that even when her depression was less severe, her

motivation could become low. This lower motivation made her prone to missing deadlines, she said, which caused her to feel that she was disappointing others, compounding her depression. She shared that when she believed she was “letting people down,” as she had felt when she was not allowed to perform in her first semester, the emotion “compounds itself” and she begins to engage in negative self-talk and feelings of self-loathing. She identified that keeping aware of her calendar and deadlines was of primary importance but still difficult for her. She also identified that she was prone to people pleasing, which caused her to over-commit and accept more gigs and responsibilities than she could necessarily manage.

I wanted to know what routines, self-talk, supports, or self-care Jennifer used to help her maintain her efficacy and positive mental health, in order to bolster her positive focus on her set goals. In our discussion, Jennifer identified several strategies that she used in response to various physical or emotional feeling states. She again described her use of proximal subgoals in her approach to mastering large graduate school assignments:

If it's anxiety, or I'm really nervous, I try to break it down into the little steps like the micro... or... little mini goals. I don't think about the half-hour presentation I have to give for a final for Dr. E's class; I think about, well, I'm going to put together these slides first. Then I'm going to do the next step. My anxiety is, am I going to meet my own expectations? If I've had a panic thing occur, or something that's an acute issue, I've done the five things you can see, four you can hear, smell, touch, taste, and that's helped. Slow breathing, breathing exercises. Walk the dog. Try to do healthier things than what I was doing when I was younger.

I checked with Jennifer about whether she suffered from any fatigue or issues with stamina related to her diagnoses, and if so, how she managed it. She laughed and replied, “I’m tired all the time. I could sleep forever. Naps are my friend.” In a more serious tone, she said that teaching her middle school band students was fulfilling and brought back to her the energy she put into it. She indicated that her students provided the immediate positive feedback she craves for her own personal self-efficacy as a teacher.

When I asked Jennifer if there was anything she wanted to add about her journey as a music student, she offered these thoughts:

When we were learning about the different developmental psych theories on how you grow up...it wasn’t until I saw Maslow’s hierarchy [referring to the Hierarchy of Needs (Maslow, 1943)] that I realized everything that had happened to me in high school, and failing in college the first time. Seeing myself get toward the top of that pyramid was very fulfilling because it’s like, there it is on paper, I can see it now. And I can see why it had to be 12 years. If I weren’t given the second chances I was, I definitely wouldn’t be teaching kids right now and that would really be sad.

It is notable that Jennifer identified here the importance of life experience, and the time that was required for her to develop the self-management skills and strategies necessary to believe that she could be a successful college music student and subsequently begin again to pursue that goal and progress onward into graduate studies. Jennifer was given second chances, but only after she had re-developed the belief that she could successfully complete her degree, and after she had reclaimed her motivation to ask

for opportunities to do so.

Performance and Second Interview

Jennifer invited me to attend her performance at a local pub on a Friday evening between 5:00 and 9:00 PM. The pub was already crowded although it was still early when I arrived at 4:55 PM. Jennifer was setting up and doing a sound check of her microphone and acoustic guitar on a small, low stage platform at the back of the pub. Another guitarist was setting up and checking his microphone at the same time. The male guitarist introduced himself and Jennifer by first names and welcomed everyone. Jennifer and the other guitarist played and sang a set of ten well-known songs from pop, rock, and folk styles. Jennifer easily conversed with the crowd between selections and invited the crowd to make song requests which she said the duo would try to honor.

As a performer, Jennifer appeared confident and congenial, and projected a casual command of the room which allowed the listeners to converse among themselves but also had the crowd singing along when well-known songs were played. Jennifer appeared to be enjoying her performance as the crowd became engaged in interacting with her. As a duo, the pair played well together although they did not banter with each other or interact much. When Jennifer sang the melody on a song, her partner usually played drums while she played guitar. When her partner played guitar and sang lead, Jennifer played guitar and sang harmony. Some people in the crowd were dancing at times on the tiny dance floor in front of the stage platform.

Midway through the set, Jennifer's partner was talking with someone in the audience between songs, and then invited the man to join them on stage. Jennifer looked

surprised and said something indiscernible to her partner, to which he responded briefly. The man from the audience did not present as a professional musician, and he was not introduced to the crowd as he sang a classic rock song somewhat awkwardly. The crowd appeared to talk more amongst themselves during this song. After this singer left the stage, Jennifer introduced a song which she said had been requested, which resulted in several people going to the dance floor. The set continued with seeming smoothness. I left at the end of the set with a wave at Jennifer from a distance, seeing that she was approached by several people who engaged her in conversation right away.

As I left, I reflected that Jennifer impressed me as a talented performer. She conversed easily with the crowd and enjoyed interactions with them, while singing melody and harmony on songs from varied genres and accompanying herself and her partner on guitar. She allowed the audience to relax and feel at ease that there would be songs they would know, performed very well, without awkwardness—just right for that performance setting.

I interviewed Jennifer a week after my observation of her performance. I asked her to talk about her experience of the performance, what contributed to or affected the success of the performance, any difficulties that had to be dealt with, or anything that stood out to her about her performance with her partner. Jennifer was immediately forthcoming in describing her experiences and perceptions of the event:

That was Terrence. We had never shared a gig before so that was a whole different thing. The way he was doing things was not how I would do them. You might have left at this part, but when I left the stage... the manager pulled me into

the back and said, “Hey, I really don’t want to tick you guys off, but people are complaining,” and it really had nothing to do with anything that I was doing. He (Terrence) lets people get up on stage with him, freely you might have noticed, and at that place, the clients out there are like, “We’re used to people who have played on this stage for 20 years, you earn your way onto this stage, why are we letting people up here like it’s karaoke?” So, they were getting complaints. I had to kind of smooth that over, and I’m thinking to myself, man... the extra anxiety that got thrown on in the middle of that!

Jennifer elaborated by explaining that she and Terrence had never performed together prior to that night, although they had sung together informally. They had decided to try performing together to see if it could be a good fit and mutually beneficial. Usually each of them performs as a solo artist, she said, and they had not had time to rehearse or solidify their set list. Jennifer had assumed that they would be able to work easily together, but in fact the dynamics between them during this show were unexpected. I asked Jennifer how these unanticipated interactions affected her.

The collaboration wasn’t as smooth as I would’ve hoped. Because he usually jokes with the crowd a lot more, he makes more connections with the crowd. But I feel like he felt intimidated up on that stage... It didn’t affect my confidence at all. I was disheartened by how I felt there was a little bit of pushing back, you know, on things, instead of a smooth co-existence.... It’s funny, because if the crowd is on my side and I’m surrounded by friends, I can work with the difficult people. And he’s not generally a difficult person. I’ll get my energy and my

support from elsewhere. Which is kind of a lot of the story I told you about my growing up... If I can't get the support from the person that's supposed to be on my team, then at least I'm able to look elsewhere for it... I'd say, honestly, it probably made me feel more like, regardless of what this guy's going to do, I need to shine the best that I can. I knew that, even if the duo wasn't working, there was still a lot that I had to prove. And I had very good reason to not let what he was doing bug me.

I noticed immediately that, in her description of her interactions with others at the gig, Jennifer identified several factors which were key indicators of her self-efficacy beliefs as a performing musician in that setting. She identified confidence in her ability to work with difficult people, to glean energy and support from a variety of sources, and to stay focused on her goal even when the unexpected occurred. Her performance had demonstrated her high level of musical ability and to think quickly on her feet and stay poised when experiencing discomfort—in fact I hadn't known she was uncomfortable at all during the performance until the interview occurred. Jennifer also showed skills in problem-solving and acting as an intermediary in a conflict. It was clear that Jennifer had gained many interpersonal skills compared to her described experiences of her undergraduate first year and had the perceived and actual self-efficacy to power through difficulties in her path.

I asked Jennifer to discuss any physical or emotional discomfort that affected her during the performance. She mentioned that she has carpal-tunnel syndrome on her left hand which caused her hand to go numb if she is sustaining one guitar position for too

long, and that this occurred twice during the performance I attended. She managed the numbness by shaking her hands out between songs, and deliberately choosing a song that had a different hand positioning following the problematic position. Regarding emotional discomfort, she described how her response to pre-show “jitters” changed over time:

I think that what a lot of performance anxiety is for people is the adrenaline that you get right before. And I’ve found that if you kind of ride that feeling, it just turns into excitement and energy for the performance. When I was in high school, I used to have horrible performance anxiety. And that was before I would audition for things—I was doing All-State and all that- and I would fret and fret and fret and fret, and practice three hours a day for 45 seconds’ worth of music. I had to be *so* prepared. So, I definitely know I had a lot of adrenaline... I definitely get grumpy before my first time playing somewhere. My fiancé has had to deal with that! Because I want to make a good first impression, and I take every little aspect of doing the gig very seriously to make that good impression. I guess that falls under anxiety, but I think it is productive anxiety if there is such a thing.

At the conclusion of the interview, I asked Jennifer if she wanted to add anything about that performance, or about her confidence in general, that we had not covered. She mentioned her discomfort with being suddenly surprised by her partner’s actions on stage when he insisted on inviting a friend on stage after the manager had asked him not to do that again. Jennifer related that she felt “a little frozen, the least comfortable I’ve felt on any stage for a long time.” But her discomfort was temporary, and she managed to complete the performance successfully and was planning to follow up with the manager

about future performances.

Brief Summary

Jennifer's story demonstrates the development of self-efficacy beliefs over time, and how one's emotional/affective state may affect one's ability to rebound from setbacks, or to rise from failure. As a child, Jennifer developed musical self-efficacy beliefs through enactive mastery experiences by playing flute and French horn, setting high goals and achieving beyond expectations. She had significant role models who provided vicarious mastery experiences for her in middle school and high school by demonstrating how to be effective band directors and masterful teachers. Jennifer benefited from positive verbal persuasion throughout her early music career. Despite her strong musical self-efficacy beliefs prior to college, when Jennifer was suffering from depression and feelings of vulnerability as a first-year college student, she received one instance of negative feedback from a person of power at her university which negated her self-efficacy beliefs about completing her music degree almost immediately. Over the next 12 years, Jennifer rebuilt her self-efficacy beliefs through enactive mastery experiences as a performing solo musician, by enactive mastery experiences of working in a business and supporting herself, and through direct work in counseling and therapy on learning to effectively manage her own affective and emotional states. Through this process, Jennifer reconnected with her passion for and love of music which, combined with her stronger self-efficacy beliefs, motivated her to achieve her goals to complete her undergraduate music degree, become a school band director, and attend a graduate music program.

Summary of Interviews

In this chapter, I presented a detailed description of the three participants in this study, and their characteristics and self-reported experiences, collected from each individual participant through a first interview, an observation of them during a music performance, and a second interview. These descriptions include each participant's early background and development as a music student, current experiences as a music major living with disabilities, and important events that shaped and impacted each student's self-efficacy beliefs regarding earning an undergraduate music degree.

In Chapter 5, I relate the information shared by each student regarding their self-efficacy beliefs for music degree completion to the four sources theorized by Bandura (1997). Discussion includes the distillation of the students' experiences into *clusters of meaning* (Moustakis, 1994) or their essential thematic elements, and the ways in which these themes may be interpreted according to Bandura's self-efficacy theory, from which I construct a composite description of the meanings and essences of the experiences of the group as a whole.

CHAPTER FIVE

Emergent Themes in Sources of Self-Efficacy

Interviews and observations of the three participants in this study were described in detail in Chapter 4, regarding their experiences as music majors living with disabilities and factors pertaining to the development of their self-efficacy beliefs. In the first section of Chapter Five, I provide a review of the four sources of self-efficacy theorized by Bandura (1997). Next, I offer information shared by each student associated with their self-efficacy beliefs, and then relate these to Bandura's four sources. Discussion includes a distillation of the students' experiences into their essential elements or themes, in order to construct a composite description of the meanings and essences of the experiences of the group as a whole, following the Moustakas (1994) methods of analysis. The composite descriptions include four themes associated with Mastery Experiences, three themes associated with Vicarious Experiences, three themes associated with Verbal Persuasion, and two themes associated with Affective and Physiologic States. The following themes were identified: (a) early successes, (b) resilience after perceived failure, (c) proximal subgoals, (d) perseverance, (e) specific role models, (f) peer comparisons, (g) self-modeling, (h) supportive encouragement, (i) expert feedback, (j) accommodations, (k) proactive strategies for self-care, and (l) reactive self-regulation strategies (see Table 1, Chapter Three). Additionally, I identify three domains of self-efficacy experiences for the group, based on the identified themes.

Conceptual Framework: Bandura's Four Sources of Self-Efficacy

The overarching conceptual framework for this study derives from social learning

theory (Bandura, 1977). Self-efficacy beliefs (Bandura, 1997) are personal estimations of one's own ability to meet the challenges required to complete a task successfully in a specific context. Bandura stipulated that beliefs of personal efficacy are the primary factor in determining *human agency*, or the ability to exert or exercise control over something in order to take action. Bandura further argued that people develop a sense of self-efficacy by interpreting information from four main sources of influence: enactive mastery experience, vicarious experience, verbal persuasion, and physiological and affective states. These sources were described in detail in earlier chapters, but a brief overview is provided here.

Bandura (1997) asserted that the most effective way of developing a strong sense of efficacy is through *mastery experiences* of performing tasks successfully. Such successes strengthen one's sense of self-efficacy, while failing to adequately accomplish tasks or successfully address challenges can weaken self-efficacy beliefs. Bandura identified incremental steps, or *proximal subgoals*, as being important in making tasks more manageable and achievable.

Witnessing other people successfully completing a task, or the *vicarious experience* of a role model succeeding, is another important source of self-efficacy (Bandura, 1997). Seeing people similar to oneself achieve by sustained effort may raise one's beliefs in one's own capabilities to succeed in similar endeavors.

Bandura (1997) also asserted that people could be persuaded to believe that they have the skills and capabilities necessary to succeed. Such *verbal persuasion*, or encouragement from others, may assist people to overcome self-doubt so that they may

focus on putting forth their best effort toward the accomplishment of a task.

One's own responses and emotional reactions to situations, or *physiological and affective states*, also play an important role in perceptions of self-efficacy (Bandura, 1997). Moods and emotions, physical reactions, and responses to stressors can all impact a person's beliefs about their personal capabilities to succeed in a particular situation. Bandura noted that the way in which a person interprets their own physical and emotional reactions can affect the ways in which a person responds to such feeling states. Accordingly, people can improve their sense of self-efficacy for a task by actively taking steps to elevate their mood and lower stress levels.

The three participants in this study shared their lived experiences as first-year music majors with disabilities. In the information they offered during the interviews, each participant described a variety of experiences that related directly to their development of self-efficacy beliefs which were also related to the four sources of self-efficacy described by Bandura (1997).

Participants' Experiences as College Music Majors with Disabilities, as Related to Self-Efficacy

Enactive Mastery Experiences: Learning from Perceived Successes and Failures.

Enactive mastery experiences "provide the most authentic evidence of whether one can muster whatever it takes to succeed" (Bandura, 1997, p. 80). Rebecca, Jordan, and Jennifer all identified enactive mastery and non-mastery experiences as formative in shaping their self-efficacy beliefs. They described musical mastery experiences as shaping their confidence levels early in their lives, but also related non-mastery

experiences, and their resilience afterward, as playing a substantial part in further developing their self-efficacy beliefs of successfully completing their college degree in music.

Early Musical Successes. Each participant described specific early mastery experiences in grade school that they perceived as personal successes. For all three students, successful musical performance early in their musical study seemed to run parallel with their self-confidence at an early age. Rebecca identified that, as a young child, music came easily to her and did not require much practice. She attributed her early confidence to natural ability. Rebecca described not having to practice much to master piano pieces in her elementary years. Jordan stated that he didn't do "very hard stuff" in his first orchestra, it was "just fun." Jennifer described her elementary music experiences as equally affirming of her confidence, experiencing her enactive mastery through immediate positive feedback compared to other school endeavors.

All three students described mastery moments in high school, where success in specific events bolstered their self-confidence. Rebecca described being the first student from her private high school to be accepted to the Maryland All-State Choir. Jennifer was invited to participate in the Gifted and Talented music program in her high school and in All-State Band all four years. Jordan described being seated first chair and playing solos. Both Rebecca and Jordan were humble in their recounting of these events—they needed to be prompted about specific successful mastery experiences, so it may be that mastery experiences were not as salient for them during this time. Jennifer, on the other hand, readily explained her musical successes in high school and described how much she

practiced and how hard she worked to achieve her goals, attributing her mastery experiences to her efforts and engagement in learning, rather than to her natural ability.

It is notable that these mastery events occurred at around the time when each student began experiencing significant anxiety symptoms, which, along with symptoms related to co-occurring disorders, created interfering difficulties for all three students. Despite experiencing anxiety and other challenges, all three students achieved musical successes prior to entering college in ways that were impactful not just to themselves but were commonly identified by teachers, peers, and family as high-status levels of musical achievement for that stage of life. These achievements were perhaps viewed by each student as more objective and reliable indicators of their ability to succeed in completing their college degree requirements, and therefore more salient.

It is perhaps not surprising that the students neglected any mention of mastery of “life skills” as a consideration prior to entering college. The students in this study focused on their own musical abilities, and their goals of becoming music educators, in their decisions to become university music majors. They did not mention skills such as emotional self-regulation, time management, coping strategies, interpersonal communication skills, or self-advocacy as being important for them until describing their college experiences. What is notable here is that the two older students in this study, Rebecca and Jennifer, were unable to maintain their college participation due to their disabilities, but then mastered requisite self-management skills outside of the college experience, which enabled them to return to their college music programs.

The ways that Rebecca and Jennifer responded to their experiences as first year

music students illustrate the importance of self-management and executive functioning for university students. Executive function skills are defined as a set of general-purpose control mechanisms that regulate the dynamics of human cognition and action, and are often linked to the prefrontal cortex of the brain (ACHA, 2015). Executive function affects mental health, success in school, and cognitive, social, and psychological development, and includes working memory, updating of cognitive information, attentional control and inhibition, and cognitive flexibility (Dunbar et al., 2013). Researchers have suggested that executive function skills provide a foundation for the ability of post-secondary students to cope effectively with stress, and that direct teaching of coping strategies is linked to improved executive functioning in college students (Bettis et al., 2017).

Resilience After Perceived Failure. Although the three participants were all music majors at the time they were interviewed for this research, they were each at a different age and stage of life. Jordan had completed his first year of college at age 19 and had just been accepted as a music education major after a recent audition. Rebecca had completed a year of college as a music therapy major at age 27 after being away from college for eight years. At age 39, Jennifer had recently returned to her university as a graduate student in music education, after taking many years to complete her undergraduate degree in music education. All three students described differing experiences that they perceived as failures, followed by an increase of confidence and resilience after being able to recover from setbacks.

Jordan described two intense experiences of failure as a musician: his recent jury

performance at the end of the semester and his audition to enroll as a music education student. Despite experiencing moments of failure during each performance, Jordan then described the feedback of the faculty in both instances as helpful and supportive rather than affirming of failure, which transformed the experiences into learning, growth, and increased confidence for him. Jordan was able to put faculty suggestions into practice and improve his skills as a result.

In contrast to Jordan, who was just beginning his path as a college music student, both Rebecca and Jennifer left their first undergraduate music programs, sought treatment for anxiety and co-occurring disorders, went into other fields of work successfully, and then later returned to college as music majors for a second time. They described their life experiences of engagement in treatment, as well as their experience of mastery in the world of work, as contributing greatly to their perceived self-efficacy as music students. This aligns with Bandura's assertion that "To the extent that treatment equips people to exercise influence over events in their lives, it initiates an ongoing process of self-regulative change" (Bandura, 1997, p. 319).

During the interview process, Jennifer and Rebecca each described a similar strategic view of their return to college music study. Rebecca had worked as a dental assistant, and Jennifer had worked in a small business for several years; both shared that they felt they had something to fall back on if music school did not work out in the long term, which removed some of the pressure they had felt going in the first time. Both students expressed the feeling that, because the worst outcome (failing and dropping out) had already occurred, there was much less risk in trying a second time, knowing that they

would be able to survive a similar experience if it occurred again. Jennifer and Rebecca indicated that the mastery experiences of being able to survive independently and support themselves were highly important to their general self-efficacy beliefs about themselves as young adults, which enabled them to return more confidently to their music studies at college.

Proximal Subgoals. Both Jennifer and Rebecca had experiences of returning to music study after a perceived failure and withdrawal, and I had asked about what types of experiences they felt had developed their confidence to succeed as a music major the next time around. They identified the formation of small, short-term, step-by-step goals, or *proximal subgoals* (Bandura & Schunk, 1981), as a primary part of their success as returning students. Rebecca related that, rather than looking at the entirety of her program, she focused on the immediate task in front of her at the moment as a means of prioritizing what to focus on first. Jennifer described looking at each semester as achievable and focusing on completing one semester at a time, before looking at the next one. Jordan, in discussing the development of his musicianship specifically, also identified approaching his practice by addressing small incremental elements of violin technique, or specific passages which he practiced in isolation, as key to his progress as a violinist.

Perseverance. During the interviews, Rebecca, Jordan, and Jennifer all described persistence and hard work as a major factor in their current success as college music majors, which fueled their self-efficacy as musicians and students. Seeing success with proximal goals, and seeking progress rather than perfection, was cited by all three

students as an important method of achieving mastery experiences and maintaining motivation, which helped them persevere and contributed to their increasing positive self-efficacy perceptions over time. Rebecca shared that she felt she made progress in her piano performances of a piece over time; although she did not perform the piece perfectly yet at the time of these interviews, she had gone further through the piece before making an error in her most recent performance, which she identified as progress for her. Jennifer described creating a PowerPoint presentation for a graduate class by thinking of each slide as “little mini or micro-goals” and persevering by staying focused on one small piece of the project at a time in order to keep anxiety at bay. And Jordan, after having played a piece with mistakes for a master class, recalled his persistence on a small goal he set for himself, playing one line of a piece repeatedly in practice until it was mastered.

Summary of Enactive Mastery Experiences. The student participants in this study described early musical successes, resilience after experiences of perceived failure, development of proximal subgoals, and perseverance as important experiences of enactive mastery that shaped their confidence and self-efficacy beliefs as music students. According to Bandura’s theory of the sources of self-efficacy, one could conclude that all three participants appeared to experience some degree of self-efficacy for accomplishing a degree in music, since belief in one’s ability to accomplish specific tasks motivates individuals to persist despite setbacks, become more actively involved in a task, and work harder and longer toward attainment. The three students experienced various types of difficulties and interruptions, even leaving their music degree program entirely, yet each had persevered toward his/her degree completion.

Vicarious Experiences: Specific Role Models, Peer Comparisons, and Self-modeling.

Modeling does much more than simply provide a social standard against which to assess personal capabilities (Bandura, 1997). People actively seek proficient models who possess the qualities and competence to which they aspire. Competent models transmit knowledge and teach observers effective skills and strategies for managing environmental demands through their behavioral responses to those demands and expressed ways of thinking (Bandura, 1986). Such vicarious experiences can come from adult models in childhood, peer models in school or the workplace, or the cognitive self-modeling people rely on when they construct beliefs about their own capabilities (Bandura, 1997).

Specific Role Models. Rebecca, Jordan, and Jennifer specifically identified musical role models during grade school who they aspired to emulate. The descriptions of these adult role models were similar across all interviews; all three students described life-changing positive experiences with specific important music teachers and directors prior to attending college. All three students described these teachers/directors as energetic, ethical, hard-working, passionate about music and teaching, encouraging and motivating, and confidence-boosting. Rebecca remembered feeling that she wished she could actually *be* her church choir director. Jordan described his high school music teachers in similar ways, stating they were the reason he wanted to become a music teacher. Jennifer described her high school band director as her predominant role model, citing the effort he put into his own work, his high expectations of students' efforts, and how he brought out the best musicianship in his students by meeting each student where they started and taking each of them as far as they could progress. Jennifer also

mentioned that her private French horn teacher modeled resilience for her when he shared with her that he had stopped playing his instrument for several years and then returned to it.

Peer Comparisons. Seeing the accomplishments of others in similar circumstances can modify the mood of the observer, elevating or depressing their mood depending on how they fare in social comparison (Bandura, 1997). Two of the participants, Jordan and Jennifer, shared instances of vicarious experiences with peers that impacted their self-efficacy beliefs. Jordan described competition among peer musicians prior to and during college that caused him to experience increased anxiety and doubts about his own skills. He shared that he recognized the negative impact of such comparison on his own confidence as a musician. In contrast, Jennifer shared an experience with friendly and casually performing peers, her first time playing at an open mic night in a pub, that helped her to develop ongoing confidence as a performer due to the peer modeling she observed that night within that specific context. That initial experience, which offered her the opportunity to see less-accomplished musicians successfully performing and being well received, enabled her to develop her solo performing into an on-going enterprise. Her performing jobs eventually enabled her to return as a day student to the university because she could earn a living by performing in the evenings, and over time also renewed her efficacy beliefs about completing her music degree.

Self-Modeling. *Self-modeling* is, according to Bandura (1997), one of the most successful persuaders of personal capability. Self-modeling is achieved by focusing on

favorable performances, whether through artifact or memory. The participants in this study described relying on self-modeling by recalling their ability to recover from setbacks. Rather than remembering specific musical performances, or visualizing themselves performing at a high level, they each described having the expectation that they would encounter difficulties as they continued their studies. Since they had already modeled for themselves that they could overcome setbacks, they were confident they would be able to manage and recover from any difficulties that might occur again.

It is notable that Rebecca and Jennifer expressed confidence in their ability to overcome future life obstacles generally. They shared the self-modeling experience of being involved in college music previously, leaving their first programs, and then returning successfully to college music programs. Conversely, Jordan was just entering his second year at the time of his interviews and had just been admitted as a music major in the music education department at his university. He described confidence in his ability to work hard and persist through obstacles related to playing his instrument, rather than larger life obstacles or career trajectory. He had self-modeled his ability to accomplish small musical goals on his violin through persistence and hard work and was confident that he could continue to do so.

Summary of Vicarious Experiences. The student participants in this study described specific role models, peer comparisons, and self-modeling as impactful vicarious experiences in the development of their self-efficacy beliefs about successfully completing their college music degree programs. Rebecca, Jordan, and Jennifer all described competent models in their lives, each of whom transmitted knowledge and

taught them effective skills and strategies for managing the types of demands inherent in college music study. Each student shared that they had benefited from vicarious experiences with adults who were specific role models, and that they had experienced positive cognitive self-modeling. However, only one of the participants, Jennifer, described positive vicarious experiences from peers, and that experience took place in community settings rather than academic settings. Jordan actually described vicarious experiences with peers as lowering his self-efficacy beliefs.

Experiences of Verbal Persuasion: Supportive Encouragement, Expert Feedback, Accommodations.

Bandura (1997) describes verbal persuasion, or evaluative feedback, as having positive effects on a person's own efficacy beliefs when the person believes that they can positively affect their performance through their own actions. Evaluative feedback highlighting personal capabilities raises efficacy beliefs (Schunk & Pajares, 2002), while devaluative feedback not only creates social estrangement but undermines people's belief in themselves (Bandura, 1997).

Supportive Encouragement. Rebecca, Jordan, and Jennifer all described their experiences of receiving specific feedback from family and teachers which directly and positively impacted their self-efficacy beliefs in childhood and adolescence. All three participants mentioned that at least one person in their family was their "greatest fan" or "biggest cheerleader" and provided ongoing and unwavering support. It is notable that none of the family members mentioned were trained musicians and therefore were perhaps more able to provide support without judgment of the students' musical abilities.

Expert Feedback. Although the students' parents, who were not trained musicians themselves, provided some supportive encouragement that was impactful, the specific instances of verbal persuasion from teachers and professors were mentioned by all of the participants as especially impactful coming from an expert master teacher. Rebecca described the experience of her high school choir teacher bolstering her self-confidence when he gave her the application for the All-State Chorus, and noted that he was fundamental in her preparation toward her successful audition. Jordan shared his experiences of receiving encouraging words from his high school music teachers. Jordan also described that receiving specific feedback from faculty during college auditions and juries helped to boost his confidence in the moment and enabled him to continue playing and complete the piece. He stated that they offered direct information about what he had done well and what he could work on in the future, which improved his belief that he had done well in the audition and his efficacy beliefs about improving his future playing.

Jennifer was the only participant to share an incident of verbal persuasion that was directly discouraging, which in fact lowered her efficacy beliefs to such a degree that she withdrew from the university. Jennifer's freshman college band director, Dr. M., was an inspiring role model for her that she described with a sense of awe, as a person who provided a source of efficacy for her at the beginning of her first year in college through his sheer presence and his role as department chair. She shared that she felt unable to approach him regarding her struggles with her schedule and the difficulties she was trying to manage with her job and rehearsal schedule overlapping. When she described Dr. M. not allowing her to perform at her first winter concert, Jennifer conveyed her utter

sense of hopelessness and complete loss of all confidence in her own ability to continue as a music student after what she perceived as total failure. Jennifer stated that her director's specific rebuke of her leaving rehearsals early to report to work and subsequent punishment by not allowing her to perform was the cause of her not playing her major instrument for 12 years. She explained that she did not have the emotional strength or the adult experience at the time to seek assistance or guidance proactively, or to face her director to discuss her situation after the incident occurred. Jennifer described how, over the intervening years away from university music, she developed coping strategies, self-care, self-advocacy skills, business acumen, and other adult self-management capabilities. She stated that, when she returned to the university many years later, she had the skill set to work toward building a positive relationship with that same professor, which yielded a productive working relationship moving forward and eventually enhanced her sense of self-efficacy further. She identified Dr. M's expertise and position as powerfully persuasive to her sense of self-efficacy for completing a college music program, impacting her profoundly in negative and positive ways.

Accommodations. When Rebecca received accommodations for her anxiety disorder at her current college, she was allowed to leave classes early as needed to manage panic episodes and return as she was able. She did not receive devaluative feedback for missing portions of classes; instead, her instructors were informed of her needs and provided her with accommodations as recommended. With accommodations in place, Rebecca maintained a 4.0 grade point average. In contrast, Jennifer had not sought accommodations for her depression and anxiety diagnoses at the beginning of her college

career. Her director was unaware of Jennifer's needs, and she received severe negative feedback and was banned from the concert for leaving band rehearsals early. Because of her existing depression and anxiety, Jennifer was unable to self-advocate or respond to the negative feedback in any productive way, or to seek help in doing so.

Accommodations such as regular check-ins with support services, or counseling to determine how she could approach her director, might have enabled Jennifer to advocate for herself effectively and possibly maintain her enrollment.

These examples illustrate how impactful accommodations can be in facilitating optimal functioning for students with disabilities. When music instructors take disability into account and accommodate, it can prevent the disability from negatively impacting students' self-efficacy beliefs regarding meeting expectations of their degree program. However, not all college music students with disabilities seek accommodations for themselves, nor have all music students with disabilities been diagnosed as having a disability, which can create challenges for instructors in best supporting the self-efficacy beliefs of all their students (McCord, 2017). As noted in Chapter Two, availability of student support services is not always apparent or easy to access for post-secondary students who need those services most.

Summary of Experiences of Verbal Persuasion. Experiences of verbal persuasion, or evaluative feedback, are effective when the recipient believes they can affect their future performance through their own actions (Bandura, 1997). The ways in which the evaluative feedback is delivered may undermine efficacy beliefs or boost them. The student participants in this study described early musical successes, resilience after

experiences of perceived failure, development of proximal subgoals, and perseverance as important experiences of verbal persuasion that shaped their self-efficacy beliefs as college music students. Jordan, Rebecca, and Jennifer identified instances of specific positive verbal persuasion which offered them the belief that, through their own efforts, they could improve and enhance their musical and academic progress. In contrast, Jennifer's experience of negative verbal persuasion from her band director, and her resulting withdrawal from the university program, is a striking example of how disparaging feedback can lower a student's perceived efficacy and aspirations.

Experiences of Physiological and Affective States: Proactive and Reactive Self-regulation Strategies

Bandura (1997) identified the exercise of control over one's own consciousness as highly important to one's well-being, stating that when people have a strong sense of efficacy to control their own thinking, they are less burdened by negative thoughts and experience a lower level of anxiety. Bandura stressed that a strong sense of coping efficacy, rooted in performance skills, increases perceived efficacy to control heightened emotional responses or perseverative thoughts. In the case of students with diagnosed anxiety disorders that interfere with learning, which may include perceived threats to emotional well-being, the use of coping strategies to mitigate these dysregulations and intrusive thoughts may be even more important.

In judging their own capabilities, people rely on somatic information conveyed by physiologic states, especially in domains that involve physical accomplishment such as playing a musical instrument (Bandura, 1997). Such information affects *perceived* self-

efficacy through cognitive processing and is not diagnostic of personal efficacy. It is not the intensity of physical and emotional reactions that is important to self-efficacy beliefs, but rather how they are interpreted and received through personal experience. Thus, a hand tremor may be perceived as merely incidental, or as an indicator of lower performance ability in a given moment and affect a musician's self-efficacy beliefs positively or negatively as a result.

The three participants in this study cited multiple ways in which they engaged in self-regulation strategies to manage a variety of physiological and emotional symptoms, describing such strategies as being key to their success as music students. All three described specific proactive routines in which they engaged and felt were mandatory for their musicianship and a prerequisite for their life success in general. They each also described a variety of reactive strategies which, because they were planned and rehearsed ahead of time, they were able to implement successfully when anxiety or other physiological difficulties occurred. Each student's described approaches to self-regulated learning was tailored to their own specific needs; however, there were several strategies common to all three students. It is notable that the focus of their self-regulation was not their musical practice (e.g., playing things slower during practice; setting up a practice schedule; recording and playing it back) — but instead self-regulation of the specific manifestations of their disabilities (e.g., mitigation of hand tremor, social strategies). Each student expressed that their self-efficacy beliefs related to success as college music students were higher when their disability symptoms were proactively and reactively well-managed.

Proactive Strategies for Self-care. Rebecca described a great improvement in her ability to manage her anxiety and regulate her physical and emotional reactions in classes after her return to college for the third time. She shared that, in her first two college experiences, she was afraid of being called on in class and having to speak in front of a large group of peers. However, transferring to a smaller college with fewer students in her classes made the academic experience much less overwhelming. She also cited that changing her major from music education to music therapy was important for her motivation, because she became so fascinated by what she was learning and truly wanted to understand the content.

Rebecca shared that in her second college experience she began to avoid academic anxiety by skipping classes, self-medicating, and making increasingly poor decisions. In contrast, in her third college experience Rebecca began with proactive supports in place. She described having a large support system which included a therapist, medical doctors, and support groups, in addition to family and friends. She offered that she didn't feel isolated because she had many people to turn to when she was having emotional difficulty. She shared that she also sought assistance from the student support services center at her current college when she first got there, and received programmatic accommodations (extended time for tests, use of music manuscript rather than memorizing for juries, leaving class as needed to implement anxiety reduction strategies). Rebecca stressed the importance of advocating for her own needs with her instructors as critical to her current success.

For Jordan, the combination of his ADHD medicine and his anxiety disorder

created a hand tremor which was persistent throughout his day but became more pronounced under stressful conditions. He shared that playing violin with a controlled vibrato and shifting registers were difficult skills for him that he continuously worked on. To minimize his anxiety as much as possible, he stated that he tried to eliminate any contributing factors ahead of important performances by staying well hydrated and not allowing himself to become too hungry.

Rebecca, Jordan, and Jennifer all described a healthy lifestyle as being important for them proactively to promote and maintain self-regulation. Rebecca and Jennifer cited exercise in helping them experience less general anxiety. All three students identified the importance of sleep, including naps, in their routine. Journaling was a proactive strategy used by Rebecca and Jennifer to vent internalized anxiety and refocus on positive images and ideas. All students identified breathing as a key factor in mitigating anxiety, both proactively and reactively. Slow breathing, breathing exercises, and meditation with or without guidance were listed as proactive strategies by the participants. Jordan described places he marked in his music proactively as opportunities to breathe, knowing that difficult passages were coming and that he would need to calm and refocus at specific times in a piece.

Physiological issues impacted all three students in ways that also required proactive planning. Although each student experienced different types of pain in response to extended instrument playing (Rebecca's pain in both elbows from previous injury, Jordan's back pain from scoliosis, and Jennifer's hand/wrist pain from carpal tunnel), they sought to schedule shorter practice or performance sessions at a higher frequency,

rather than long unbroken hours of practice, to allow for stretching and changes in positioning. Jordan also needed to schedule his practice sessions at times when his ADHD medication would be at a therapeutic level and not wearing off, to optimize his productivity.

Reactive Self-Regulation Strategies. Breathing in response to anxiety was listed by all participants as an important and effective strategy. In moments where anxiety impacted their performance, academically or musically, taking a pause to breathe as needed was effective in helping them to persist through difficult moments in classes, rehearsals, performances, and at home.

Rebecca and Jennifer both described the positive effects of self-performed music on relieving anxiety and other uncomfortable symptoms they experienced. Rebecca emphasized that playing piano pieces was a current strategy which helped to relieve uncomfortable emotions when she felt upset. Jennifer described becoming fully absorbed by playing her instruments in middle and high school, and she described trying to make her French horn sound as if it were speaking for her in expressing her thoughts and emotions.

Rebecca and Jordan both described performance anxiety when playing their instrument for others in a pressured situation, like a jury or recital, as requiring a carefully planned reactive strategy in case of losing their place or a sense of “freezing up” during performance. They both described marking several spots in their music to go to when losing their place or having to stop in the middle of a piece. The spots they chose were places that were selected according to familiarity, such as a return to an “A” section,

which allowed them to reorient themselves within the piece and move forward successfully. Jennifer, in contrast, stated that she no longer experienced musical performance anxiety after many years of performing in a variety of settings (although she continued to use strategies for generalized anxiety or feelings of overwhelm related to juggling many responsibilities simultaneously). Jennifer's observed performance demonstrated her ability to self-regulate so that the observer was unaware of any problem. Jennifer presented an easy demeanor during her performance in a pub with a partner musician; she appeared not to have any difficulties while singing and playing guitar and was well received by the audience, even though she later described various issues related to miscommunication with the other musician that had occurred both on stage and off and had actually caused her to experience anxiety while performing. Jennifer stated that connecting with her audience enabled her to focus on keeping the music going. Jennifer also shared that she used learned cognitive behavioral techniques when needed to counteract academic and generalized anxiety reactively.

Physiological and Affective States Summary. The student participants in this study described proactive strategies for self-care and reactive self-regulation strategies as essential components of their self-efficacy development as college music students. All three participants in this study described using various self-regulation strategies when they needed to find an alternative mindset and interrupt their own anxiety or physical discomfort. Proactive and reactive strategies were discussed in detail by each participant. Cognitive self-talk (such as using learned mantras or positive slogans), attending support groups, use of medication, playing an instrument, listening to recorded music, using

progressive relaxation or guided imagery tapes, taking breaks and walks, getting outside into nature, phoning a trusted person, sharing leisure and recreation with others, working out/yoga/stretching/exercise, eating/hydrating/sleeping if needed, and meditation were the techniques shared. It is notable that there was an overlap in many of the proactive and reactive strategies described by the participants. Several interventions were identified by the students as effective for self-regulation in a variety of settings and contexts, to both prevent anxiety from occurring and alleviate anxiety when it happened.

Themes Arising from Sources of Self-Efficacy: Summary

Three college music majors with disabilities were interviewed for this study regarding their lived experiences and their self-efficacy beliefs. The information provided by the students was analyzed to form 12 clusters of knowledge common to all three students, related to the four sources of self-efficacy identified by Bandura (1997). Mastery experiences were the most numerous sources of self-efficacy identified, with four themes including early musical successes, resilience after perceived failure, proximal subgoals, and perseverance. Instances of vicarious experiences and verbal persuasion experiences were also mentioned frequently, each with three associated themes. Clusters of meaning identified as vicarious experiences included specific role models, peer comparisons, and self-modeling. Supportive encouragement, expert feedback, and accommodations were associated with verbal persuasion. Two themes were identified that related to physiological and affective states: proactive strategies for self-care, and reactive strategies to stressors.

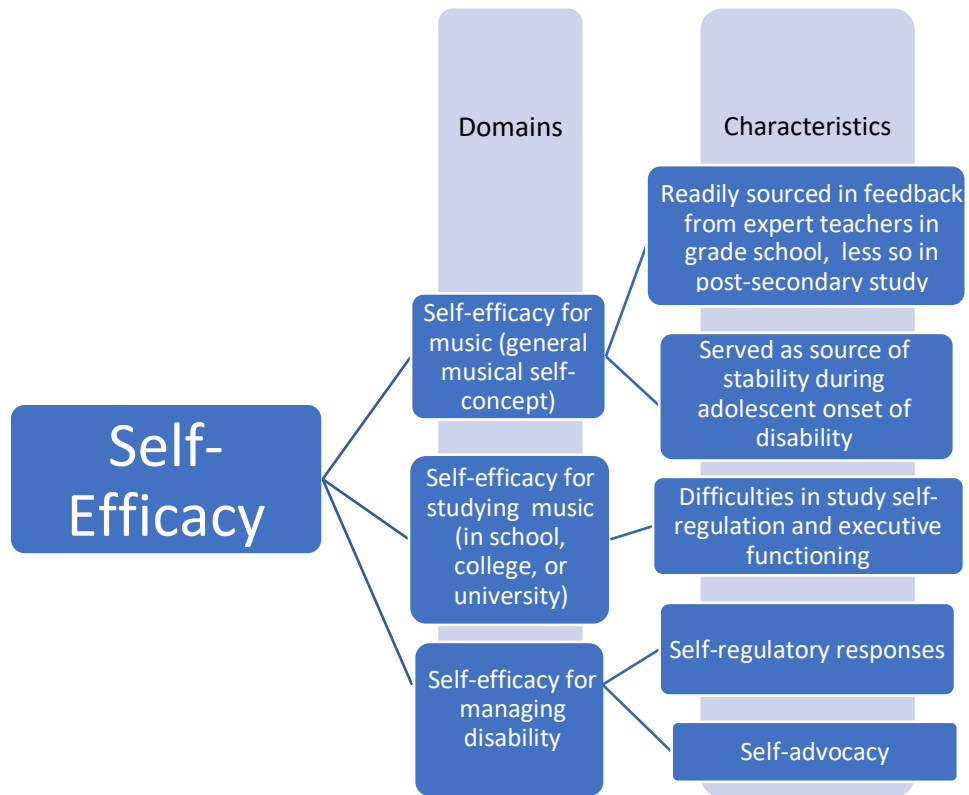
During discussions with the students about their lived experiences as college

music majors with disabilities, they conveyed the complexity of studying music at the college level, while learning to manage their lives as adults *and* manage symptoms related to their disabilities as well. In addition to identifying the sources of self-efficacy for the three college students with disabilities in this study, another cluster of meaning was identified in the students' descriptions of the types of self-efficacy required for success. During analysis of the data in identifying sources of self-efficacy, three areas or *domains* of self-efficacy emerged as threads through the interviews which, combined together, represent different areas of self-efficacy needed for effective functioning according to the shared experiences of the students in this study. The first domain pertained to the students' musical self-concept, or musical self-efficacy beliefs. The second area related to the students' self-efficacy for academic study of music and corresponding factors of self-management as college students. The third area pertained to students' self-efficacy for managing symptoms related to their disability. Figure 1 shows the three domains and related characteristics.

The three domains of self-efficacy identified in the participant interviews for this study illustrate the potential difficulties in navigating life as a college music major with a disability, and the multiple areas of college readiness and self-efficacy beliefs that need to be fostered in such students for successful transition to university life and subsequent degree completion. Conclusions and implications for music educators will be discussed in Chapter 6.

Figure 1

Domains of Self-Efficacy for College Music Majors with Disabilities



CHAPTER SIX

Discussion and Conclusions

Summary of the Research Findings

In this study, I examined the experiences of three music majors living with anxiety and other co-occurring disorders were examined through a phenomenological research design. In particular, I explored factors related to the development of self-efficacy beliefs for successful completion of a college music program. The purpose of the study was to develop a greater understanding of the lived experiences of music majors with disabilities and identify contexts or situations that influence, contribute towards, or interfere with development of self-efficacy beliefs and corresponding adaptive coping skills, in order to illuminate the needs of such students in music degree programs.

Following the phenomenological process set forth by Moustakas (1994), data from each participant's interviews were explored and analyzed to identify clusters of meaning common among all three participants. The process allowed me to identify twelve essential themes, and yielded answers to the research questions. The essential themes included: (a) early musical successes; (b) learning through perceived failure; (c) perseverance; (d) proximal subgoals; (e) specific role models; (f) peer comparison; (g) self-modeling; (h) support encouragement; (i) expert feedback; (j) accommodations; (k) proactive self-care; and (l) reactive self-regulation strategies. Each theme highlighted both the individual and collective essence of the experience of music majors with anxiety and other co-occurring disorders, and the contexts and situations that contribute toward self-efficacy beliefs of such students.

Rebecca, Jordan, and Jennifer all described their current experiences as college music majors as largely favorable and self-affirming, even when they felt discomfort. They attributed their successes to persistence, hard work, and breaking down larger goals into smaller subtasks. The participants described specific strong role models who paved the way for them and demonstrated specific skill sets. They relied on modeled information from teachers and themselves to inform judgments about their confidence, and cited instances of failure and ability to survive and thrive as tremendously affirming of their personal resilience and efficacy. Rebecca, Jordan, and Jennifer were able to shed some light on the reciprocal relationship between self-regulation and self-efficacy, describing the ways in which self-regulatory processes improved their self-efficacy beliefs and vice versa: they believed they could succeed if they maintained self-regulation, and maintaining self-regulation improved their mastery, which contributed to improved self-efficacy beliefs about music degree completion. Throughout the interviews, the participants referred to their love of and passion for music, which served as a constant fuel to perseverance, a reminder of the end goal for each participant, and an ongoing guiding element in their motivation.

Several key factors emerged regarding music majors with disabilities and their perceived self-efficacy. The significant role of professional adult musical role models and the importance of their personal support toward participants, or specific lack of support, stood out. Associated with this was the importance of early musical success for the participants as children and youth. The two older students in the study experienced difficulties in high school and early college related to diagnosed conditions which

interfered with their ability to progress toward music degree completion in their first years of college. However, their self-efficacy beliefs in their ability to successfully complete a college program improved dramatically after receiving treatment, working in nonmusical fields, and supporting themselves financially. Both students reported feeling enabled to return to college music studies, having proven their ability to overcome various barriers and meet expectations of adult life. Although the younger student in the study was just embarking on his second college semester and had not yet reached the levels of life experience of the older students, resilience after perceived failure was also a factor in his reported self-efficacy. Factors contributing to resilience included organizing large tasks into proximal subgoals, which enabled ongoing persistence toward achievement, and prioritizing self-care and specific coping strategies to maintain optimal performance and minimize anxiety, which further supported student perseverance.

It is evident that the self-efficacy of the participants was strongly affected by the age and life stage of each student in their music degree programs. Self-efficacy for degree completion seemed to increase after students' experiences of perceived failure and their subsequent recovery and agency, even when it was not music related. The influences of specific musical role models, early musical successes, and self-care/wellness practices for supporting ongoing and persistent sustained effort seemed to be very important factors in developing and maintaining the self-efficacy beliefs of this student group.

Interpretation of the Findings

Some of the findings that I described in Chapter 2 were consistent with and supported by the findings of this research study. All participants in this study highlighted

personal sources of self-efficacy in the categories of mastery experiences, vicarious experiences, verbal persuasion, and physiological and affective states (Bandura, 1997). Participants further described the relationship between instructors' interactions and statements, and the students' confidence, motivation, anxiety/stress, and perception of success, and described a "carry-over" from perceived self-efficacy beliefs about their life skills to generalized feelings of self-efficacy for completing their college degree program (Jenson et al., 2011).

There are several researchers whose work may illuminate some of the thematic elements of the phenomenon examined in the present study. Kressley et al. (2018) studied college students with Social Anxiety Disorder and described characteristics aligning with self-reports of the two older music students in this study: avoiding classes due to anxiety, or attending but not participating; having difficulty retaining information due to extreme worry about being called on; and impaired self-advocacy due to a high degree of anxiety and the urge to avoid uncomfortable situations. Despite the difficulty of their early college experiences, the older students in this study described their ability to recover from these early setbacks as being highly important in their self-efficacy development, because they had already modeled for themselves their ability to overcome obstacles. These findings support the argument for the recognition of learning from the observation of one's own successful or adaptive behavior as a mechanism in its own right (Dowrick, 1999).

Several researchers offer recommended strategies for college students suffering from anxiety disorders. Lotfi-Fard et al. (2018) identified that healthy sleep and nutrition

habits, daily structure to optimize time management, and good self-care are key for managing stress and anxiety in college students with generalized anxiety disorders, which the music majors in the current study identified as being imperative for their own success as students. To avoid pitfalls such as self-medicating or class avoidance (which may lead to interruptions for college students with anxiety disorders), Kressley et al. (2018) recommend the consideration of alternative college plans, such as a gap year or community college, to support young post-secondary students in developing a stronger support system and social/emotional maturity prior to attending a four-year university. This recommendation would seem to be supported by the experiences of the music majors in the current study. Jennifer and Rebecca took time away from their studies to receive treatment and support, followed by pursuing other independent adult life goals prior to returning to study music. Jordan, the younger music major in this study, began his university career as a liberal arts major while studying violin (due to missing the deadline for auditioning as a first year student), then auditioned successfully to become a music major for his second year, which he described as an effective transition for him. All of the students in this study originally intended to complete their first year as a university music major but did not; however, they each reported benefiting in the long run from the divergent paths on which they journeyed.

Discussion

With the number of students with disabilities increasing annually (CDC, 2021) and inclusion practices becoming the expectation in public schools (Hammel & Hourigan, 2011), post-secondary music educators should be prepared to foster confidence

in their students as musicians and citizens. The participants of this study provided insight, from their specific perspectives, into the development of positive self-efficacy beliefs of university music students with disabilities. The participants particularly highlighted the impact that musical directors and teachers had on their beliefs in their own abilities to succeed. These participants offered, without specific prompting, that each of them had initially decided to pursue becoming a music educator themselves because of a specific role model in their lives. Two participants used the same verbiage, each stating that his/her former director/teacher “was the reason” they wanted to become a music teacher, and one participant saying she “wanted to be” that person. The inverse was equally impactful, when one participant experienced a major life set-back as a result of disparagement by her university band director.

The responsibility we have as music educators, at every level, is tremendous. What we say and do does in fact matter in the lives of our students. It is difficult to know whether the invisible struggles students experience impact how they receive and respond to feedback and the way in which it is delivered. In the case of these three students, the music educators in their lives were by and large supportive, positive, and encouraging. Students shared that they felt they could talk to their music teachers/directors about the difficulties in their lives, which may have provided their teachers with information that shaped their responses to the students in specific supportive ways.

Despite the fact that music educators do not have the opportunity to know all of the difficulties with which students contend, there are certain practices for approaching lessons,

classes, and ensembles that offer inclusive supports for all students and target the development of self-efficacy. *Universal Design for Learning*, or UDL, is a “framework to improve and optimize teaching and learning for all people based on scientific insights into how humans learn” (CAST Institute, 2021). The framework is based on the idea of expecting classes and ensembles to include students who will have varying abilities, strengths, and needs, and planning lessons and rehearsals with a variety of options from which students can choose as needed. The UDL framework includes the following strategies for education, which may be used in planning and preparing materials for lessons and rehearsals:

1. **Provide multiple means of student engagement.** This includes providing options for recruiting student interest, supports for sustaining effort and persistence, and strategies for developing and maintaining self-regulation.
2. **Providing multiple means of representation.** Music educators provide options for perception, including auditory, visual, and customizable alternative displays of information, notation with supports if needed, multiple media to support English language learners and students with other language challenges.
3. **Provide multiple means for action and expression.** Provide multiple varied means of responding and optimize access to assistive technology tools. Use multiple media for communicating and composing. Build fluencies with smaller, graduated levels of practice and performance. Provide options for executive functioning (goal setting, planning, self-management).

It is notable that the participants in this study referenced several factors important

in developing their self-efficacy for music degree completion, which are also included in the UDL framework. The participants specified the importance of receiving specific mastery-oriented feedback in building their self-efficacy and maintaining motivation toward their degree goals, which is included in the UDL framework under multiple means of engagement. Proactive and reactive strategies for self-regulation were identified by the participants in this study as primary factors in supporting their self-efficacy beliefs; in the UDL framework, self-regulation is recognized as an imperative requisite skill for students to remain purposeful and motivated (CAST, 2021). The participants in this study referenced proximal subgoals as an important part of their successful mastery experiences, which is targeted in the UDL framework under action and communication. The UDL framework also specifies the development of goal-setting skills, planning, and self-management, which were life skills described as being integral to participants' perceived successes and failures as university music students.

Americans with Disabilities Act (USDE, 2010) states that higher education institutions must make educational materials accessible to all students. By following the three UDL principles, higher education faculty can ensure equal access for all students to the learning materials in the classroom (Boothe et al., 2018). Additionally, Section 504 of the Rehabilitation Act (USDE, 2015) mandates that individuals with disabilities receive the same education as those without disabilities. University faculty may adhere to the law and ensure equal access to learning for all students in the classroom by following the principles of UDL (Boothe et al., 2018).

Although the use of UDL has become more prevalent among K–12 music

educators, collegiate educators may need more support in learning these practices if they have not engaged in or been exposed to UDL practices in their own education. UDL advocates suggest that collegiate educators using the UDL framework for the first time choose one UDL practice at a time and implement it until they feel comfortable, adding one more practice at a time until they are implementing the entire UDL framework (Novak, 2016; Boothe et al., 2018). Collegiate instructors can access the CAST resources for UDL specific to higher education (CAST, 2021) such as syllabus development, resources for executive functioning support in online environments, and resources for facilitating social learning to build peer-to-peer supports.

There is a need for music education research to explore UDL instructional design at the post-secondary level. Research in the use of UDL in college classrooms outside of CAST exists in non-music fields of study (Boothe et al., 2018), while the research pertaining to UDL in music education is largely focused on K–12 instruction. Although not specific to music education, Boothe et al. (2018) examined the literature in three higher education journal from the years 2008 to 2018 that included the search terms “UDL,” “Universal Design for Learning,” “college teaching,” and “university instruction”. The researchers identified prominent themes related to each of the three principles of UDL that were identified as beneficial by college instructors who utilized UDL methods. Under multiple means of engagement, themes included collaboration, alternative accessible content sources, scaffolding, and easy accessibility. For multiple means of representation, thematic items included multiple formats, highlighting critical information, including disability statements on the course syllabus, simple navigation of

course content, and timely feedback from faculty. Under multiple means of action and expression, themes included clarity of assignments, flexible opportunities, discussion boards, provision of choices, and summative assessments. Such findings support increased exploration of UDL framework principles in post-secondary music education classes.

Discussion Summary

The participants' shared stories and experiences offer insights into how to best support similar students in pursuing music degree completion. Thus, implications of this study include increased awareness of supports and challenges in postsecondary music degree completion from the perspective of music majors with disabilities. Music educators need to find ways of interacting with their students that support each student in rebounding from mistakes and developing self-regulatory practices. Research participants within this study emphasized the importance of working with educators and professionals who communicated high expectations, modeled energetic work ethic, maximized each student's progress, demonstrated passion about teaching music, created contexts whereby participants felt able to communicate on a personal level, and communicated an interest in each student as a person and musical learner. Enhanced understanding of ways to engage with music students with disabilities may lead to overall increased levels of postsecondary music education or increased timely graduation for such students. Increased levels of postsecondary music education and timely graduation for music students with disabilities thereby may contribute to increasing or enhancing quality of life satisfaction for these individuals (Croom, 2015; Perkins & Williamson, 2014;).

Recommendations

Because self-efficacy belief affects musical and academic performance, there is a need for teachers of music, and music students with disabilities, to understand how the four sources of self-efficacy and other factors contribute to the development or detriment of self-efficacy perception. I examined the self-efficacy beliefs of three university music students with disabilities and the factors that supported their progress toward music degree completion, yet many questions remain about the best ways to foster efficacy beliefs for such students. More research related to self-efficacy of music students with disabilities at the university level is necessary in order to formalize best practices in fostering resilience and self-regulated learning for an increasingly diverse student population. The current study could be replicated with a larger number of participants, in other states and across demographics of race and ethnicity, to provide a broader picture of self-efficacy beliefs of music students with disabilities, and ways in which race, culture, gender, and disability may intersect and interact in music student self-efficacy development.

Non-physical versus physical disabilities

The current study identified the self-efficacy beliefs about music degree completion of students with anxiety disorders and other disabilities. Research using samples of university students who report a disability suggests that students with a non-physical disability such as learning disability or anxiety disorder are less likely to earn a bachelor's degree than students with a physical disability, or students without disabilities (Carroll et al., 2020; Fichten et al., 2014). However, gaps in degree completion between

university music students who report a physical disability, a non-physical disability, or no disabilities are not known. Future research may involve examining the differences in self-efficacy beliefs for successful degree completion by music students with non-physical disabilities and those with physical disabilities. Understanding the ways in which music students with all types of abilities and disabilities perceive themselves, and their own efficacy and agency, enhances our awareness of students' needs and our own biases and preconceptions about learners and may inform best practices in university preparation of music students (Carroll et al., 2020).

Self-advocacy

The current study describes how two of the participants, Rebecca and Jennifer, withdrew during their first year of university study but were able to return several years later to pursue their music degrees. Both students reported the inability to self-advocate for accommodations during their initial first year of postsecondary music study, which impacted their beliefs about their abilities to persist toward music degree completion at that time, resulting in their withdrawal. In the U.S., university students are required to self-identify as having a disability if they wish to request accommodations, which in turn demands strong self-advocacy skills (Hsaio et al., 2018). For high-school students entering university programs, this stark contrast in institutional practices complicates the transition, often resulting in students with disabilities refraining from seeking support or accommodations, since students who receive special education services in kindergarten through 12th grade have the advocacy of parents and teachers (Lightner et al., 2012). Researchers in two single-case studies of university music students with disabilities

identified collaborative methods of accommodations development that relied heavily upon strong student self-advocacy skills but also on creative flexibility of music faculty working with the students (Hsaio et al., 2018; Jensen-Moulton, 2009). These researchers suggest that the responsibility for providing accommodations for music students with disabilities should be shared between all stakeholders: students, faculty, and disability support services. Hammel and Hourigan (2011) suggest a label-free approach to working with music students with disabilities, since no assumptions can be made about a student's abilities based on their diagnosis.

There is a need to develop increased self-efficacy perceptions and confidence in both university music students with disabilities and university music faculty, toward working together in creative collaboration and problem-solving to accommodate student needs. A survey of current disability accommodations practices by faculty in college and university music programs could help to identify some existent needs and suggest ways to address them. Studies of students with disabilities who successfully complete music degrees could target the identification of factors that support student success, such as the development of self-advocacy skills.

Conclusion

The aim of this study was to develop meaningful understanding of the lived experiences of music majors with disabilities regarding the development of self-efficacy beliefs about their music degree completion and subsequent adaptive coping skills. Exploring with participants how they characterized the development of their self-efficacy beliefs, the relationship of these beliefs to specific role models, to the development of

adaptive coping skills, to persistence, and to self-modeling of resilience after failure has provided insights and contributed to further knowledge in the field. This knowledge may provide insight to other music students with disabilities, to family members, and to music educators regarding characteristics and conditions for successful self-efficacy belief development in music students.

APPENDIX A

INVITATION TO PARTICIPATE IN THE STUDY/

PARTICIPANT SCREENING SURVEY

Invitation to Participate in the Study/Participant Screening Survey

Dear Music Major,

You are being asked to participate in a research project conducted by Alicia Barksdale (Boston University). The purpose of this study is to obtain information about the experiences of music majors who identify themselves as having a disability, and the ways that they have developed self-efficacy, or their belief in their ability to succeed.

You have been selected to participate in this recruitment survey because of your status as a music major. As a participant, you will be asked to complete a questionnaire that should take approximately two minutes of your time.

Participation is voluntary. You may choose not to answer specific questionnaire items for any reason. Data files will be secured and password protected.

Clicking on the link to the questionnaire (see below) indicates that you accept these terms and agree to voluntarily participate in this study.

<https://www.surveymonkey.com/r/LKZQZNK>

If you have questions or concerns regarding this project, please contact me, Alicia Barksdale (abarksda@bu.edu) or Dr. Paul Evans, research advisor (paul.evans@unsw.edu.au). If you have questions about your rights as a research subject or want to speak with someone independent of the research team, you may contact the Boston University IRB directly at 617-358-6115.

Thank you for your consideration,

Alicia L. Barksdale

ABD Candidate in Music Education

Boston University

443-797-3251 abarksda@bu.edu

PARTICIPANT SCREENING SURVEY

1. Are you currently enrolled as a music major in a college or university?

Yes

No

2. Are you at least 18 years of age or older?

Yes

No

3. Do you identify yourself as currently having a disability?

Yes

No

4. Have you ever received support services due to a disability (in school, medically, or otherwise)?

Yes

No

5. If you identify yourself as having a disability, please describe your disability: _____

6. Please enter your contact information (phone number or email) here.

I will contact you to let you know if you meet the eligibility criteria and to provide further information about how to participate.

APPENDIX B

INFORMED CONSENT FORM

Informed Consent Form

Protocol Title: Self-Efficacy in the Musical Lives of College Students with Disabilities

Principal Investigator: Alicia Barksdale

Research Advisor: Dr. Paul Evans

Description of Subject Population: College Music Majors who self-identify as having a disability
Version Date: 7/23/17

Introduction

Please read this form carefully. The purpose of this form is to provide you with important information about taking part in a research study. This form may contain words that you do not understand. Please ask Ms. Barksdale to explain anything that you do not understand.

If you have any questions about the research or any portion of this form, please ask Ms. Barksdale. Taking part in this research study is up to you. If you decide to take part in this research study I will ask you to sign this form. I will give you a copy of the signed form. The person in charge of this study is Alicia Barksdale. Ms. Barksdale can be reached at 443-7973251, or at abarksda@bu.edu. This person is referred to as the “researcher” throughout this form. You may also contact the Research Advisor for this study, Dr. Paul Evans, at paul.evans@unsw.edu.au.

Why is this study being done?

The purpose of this study is to find out how music majors with a disability develop their confidence and beliefs in their ability to succeed..

What will happen if I take part in this research study?

Taking part in the study primarily involves participating in interviews—conversations with the researcher about your background and experiences as a musician. The following activities are required for participation:

1. Interview 1: early in the Fall semester; approximately 45 minutes.
2. Rehearsal observations: I will attend a regularly scheduled musical event of your choosing (ensemble rehearsal, private lesson, performance, etc.).
3. Interview 2: later in the Fall semester; approximately 45 minutes.

After each interview, I will also ask you to verify that my notes and writing about the interview are accurate. This will take you about 30 minutes for each interview.

How Will You Keep My Study Records Confidential?

I will keep the records of this study confidential by removing any identifiable information from your interview transcription. Examples of identifiable information include your name, names of other people, and names of places. I will replace your name and other details you provide with a pseudonym so that in published research, you cannot be identified. I will make every effort to keep your records confidential.

The following people or groups may review your study records for purposes such as quality control or safety:

The Researcher and any member of her research team

The Institutional Review Board at Boston University. The Institutional Review Board is a group of people who review human research studies for safety and protection of people who take part in the studies.

The study data will be stored on the researcher's password-protected computer for seven years. Any hard copies or artifacts will be stored in a locked cabinet in the researcher's office for seven years.

The results of this research study may be published or used for teaching. I will not put identifiable information on data that are used for these purposes.

Study Participation and Early Withdrawal

You may choose not to be in the study. You may choose to stop participating in the study at any time, even if you have already completed an interview. This will not affect your class standing or your grades at _____ College/University.

You may choose not to answer any questions you do not feel comfortable with or do not want to answer.

You will not be offered or receive any special consideration if you take part in this research study.

What are the risks of taking part in this research study?

The main risk of allowing us to use and store your information for research is a potential loss of privacy. I will protect your privacy by replacing identifiable information with pseudonyms. There will be no link between the pseudonyms and the original information.

Are there any benefits from being in this research study?

We cannot promise any benefits to you for taking part in this research, but you and others may benefit in the future from the information that is learned in this study.

What alternatives are available?

You may choose not to participate in the study.

Will I get paid for taking part in this research study?

I will not pay you for taking part in this study.

If I have any questions or concerns about this research study, who can I talk to?

You can call or email Ms. Barksdale with any concerns or questions. Her telephone number is 443-797-3251, email abarksda@bu.edu. You may also email questions to Dr. Evans, Research Advisor, at paul.evans@unsw.edu.au.

If you have questions about your rights as a research participant, or want to speak with someone independent of the research team, you may contact the Boston University IRB directly at 617358-6115.

Statement of Consent

I have read the information in this consent form including risks and possible benefits. I have been given the chance to ask questions. My questions have been answered to my satisfaction, and I agree to participate in the study. I have been given a copy of this form.

SIGNATURE:

Name of Participant _____

Signature of Participant

Date

I have explained the research to the participant and answered all his/her questions. I will give a copy of the signed consent form to the subject.

Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

APPENDIX C

INTERVIEW OUTLINE

- A. Background Information
 - 1. Musical background of family
 - 2. Formal instruction in school and private lessons
 - 3. Musical friends and associates
 - 4. Self-regulatory practice habits
 - 5. Current daily life as a college music major
- B. Beliefs and Expectations
 - 1. Beliefs and expectations about the student's own musical potential
 - 2. Particular musical or self-regulatory attributes the student feels s/he possesses
- C. Enactive Mastery Experience
 - 1. Past performances, recordings, compositions
 - 2. Honors or awards received
 - 3. Musical accomplishments (seating placement, solos performed, etc.)
 - 4. Obstacles overcome during musical training or transition to college
- D. Vicarious Experience
 - 1. Observation of peers' performances
 - 2. Experience with role models
- E. Verbal Persuasion
 - 1. Praise, criticism, or feedback received by the student
 - 2. Positive or negative self-talk
- F. Physiological and Affective States
 - 1. Influences leading to fatigue, stress, nervousness, anxiety, excitement, etc.

(Adapted from Hendricks, 2009)

APPENDIX D

FIRST INTERVIEW GUIDE

Musical /Family Background:

- Did your parents play an instrument, and if so what was their experience like?
- How did you feel about your ability in relation to theirs, and do you think this is where your ability comes from?
- Did your parents have confidence or self-doubts about their abilities, and do you think your confidence or self-doubts are influenced by your parents?

Grade School Experiences of Enactive Mastery, Vicarious Experiences, and Verbal Persuasion:

- If you participated in ensembles like band/chorus, what was that experience like (musically, interacting with peers, feedback/support of directors and teachers?)
- In what ways did your directors or teachers affect your confidence or self-doubts?
- How did you compare your musical abilities to those of your peers, and do you think this influenced your beliefs about your ability?
- Were there any barriers to your musical participation in school (physical, attitudinal), and how did the experience affect your self-confidence?
- Are there specific instances where feedback from someone else changed your level of confidence as a musician, positively or negatively?

Physiological and Affective States:

- What are your experiences with routines, supports, self-talk or self-care, and do these experiences help to maintain your musical self-confidence?
- Do you experience performance anxiety, and what is the experience like for you?
- Do you experience difficulty with stamina, fatigue, or pain as part of your disability, and what impact does it have on you as a musician? Do you think it impacts your belief in your musical abilities?
- On a typical day, do you have independence in your daily routine, or assistance in some or all of your daily activities, and what impact do you think this has on your musical self-confidence?
- Is there anything else you would like to share about yourself, musically or otherwise?

APPENDIX E

SECOND INTERVIEW GUIDE

Second Interview Guide — Response to observed musical experience

1. Tell me about your experience during the rehearsal/musical event I observed on (date); how did you feel about your own musical performance during the event and are there any specific factors that affected your performance?
2. How would you describe your experience with peers in the group (if an ensemble rehearsal was observed), and the types of interactions or relationships (competition, camaraderie, friendly etc.) that influence your confidence level within the group?
3. How would you describe your relationship with the director/teacher (friendly, advocate, challenging etc.)? Were there specific statements or feedback that affected your confidence level during the observed event?
4. Describe factors (personal, structural, or from others) that contribute to or support your success in this ensemble/musical event in general.
5. Have there been any barriers to your musical participation in this ensemble/musical event? What was the experience like, how did you respond to this barrier and how did you feel about your response afterward? Did the experience in total contribute to self-confidence or self-doubt?
6. If an ensemble, does a sense of competition with peers affect your belief in your ability to succeed in this group/musical event? Positively or negatively?
7. How has your director/teacher of the observed events affected you in terms of motivation, acting as a role model, etc.?
8. Did you experience performance anxiety during the observed rehearsals/events? If so, what was the experience like, and what strategies helped you to minimize it?
9. Did you experience any physical discomforts such as fatigue, low stamina or pain during the observed event? If you did, how did it affect your confidence about your ability to perform? Did you use any strategies or interventions to minimize physical difficulties?
10. Is there anything else you would like to share about yourself or these rehearsals/events, musically or otherwise?

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