

Accessibility Practices in Community Orchestra Settings

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Abstract

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Many arts organizations are taking the lead in placing accessibility and inclusion at the forefront of their practices, making meaningful efforts to contribute to a more welcoming and aware society.

Community orchestras, as invaluable as they are to society as a whole, remain underresearched in terms of inclusive and accessible practices, particularly through a disability lens. As such, through a survey research study conducted with multiple community orchestras in the state of Washington, this study seeks to answer four primary questions: the impact of the presence or absence of accessibility practices; musicians' safety and comfort in expressing their needs; musicians' desire for leadership to engage more proactively in accessible practices; and the identification of tangible actions that could support the creation of more accessible spaces.

This study aims to offer insight into community orchestra musicians' lived experiences and, through their perspectives, inform readers and inspire future research on how to make these spaces more inclusive and accessible for all.

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CHAPTER 1: INTRODUCTION

1.1: PURPOSE AND RESEARCH QUESTIONS

A multitude of lived experiences sparked my curiosity and advocacy for accessibility in community orchestra settings, particularly through a disability lens. Across almost an entire decade, I have had the honor of working with and conducting numerous orchestras, the majority of which have been community-based ensembles. In my role as a conductor, I witnessed firsthand the sense of community empowerment that naturally emerges within these groups. At the same time, I observed that participants often struggled with various aspects of rehearsal, such as hearing verbal instructions, clearly seeing conducting gestures, maintaining attention, navigating physical movement in and out of seating areas, and more.

These observations echoed my own lived experience and identity as a hard-of-hearing musician, as well as the often silent and private challenges that accompany it. Together, these professional observations and personal experiences planted the seed for this research and motivated me to explore how community orchestra musicians perceive and experience disability, and how arts organizations and leadership might improve accessibility within these settings.

The benefits and value of community orchestras, and community music-making more broadly, have been widely studied. Research has demonstrated that participation in community music-making offers numerous social, psychosocial, physical, and emotional benefits. Consequently, community ensembles play a vital role in the well-being and the lives of many adults. Given this significance, I feel compelled to contribute to the field by providing insight into the lived experiences of community orchestra musicians, including the barriers they may encounter, the impact of those barriers, the degree to which they feel

supported within their organizations, and their comfort in expressing their needs to leadership.

Therefore, the purpose of this dissertation is to explore how the presence or absence of accessibility practices, through a disability lens, shapes and impacts community orchestra musicians' experiences, and to identify opportunities for improved inclusion.

Through a mixed-methods (primarily quantitative) survey-based research study, this dissertation aims to address the following research questions:

1. In what ways does the presence or absence of accessible practices impact the experiences of community orchestra musicians?
2. To what extent do members of community orchestras feel safe and supported in expressing their accessibility needs?
3. Is there a shared desire among community orchestra members for leadership to be more proactive in researching and implementing accessible practices?
4. What improvements or changes could enhance accessibility, and in turn, the overall experience of community orchestra members by addressing barriers to participation?

Through its findings, this research contributes to a growing body of resources and tools that position accessibility at the forefront of organizational practice and normalize diversity and inclusion. It is my hope that this research serves as an empowerment tool for community orchestras, their leadership and their musicians.

1.2: ORGANIZATION AND SCOPE

This document is organized into six chapters, the first being the present introduction. The remaining chapters are structured as follows:

Chapter 2 presents a literature review that explores three main thematic areas relevant to this dissertation: community orchestras, disability, and accessibility. This chapter establishes the importance and value of community orchestras within society, supporting the relevance of this study. It then introduces a framework of disability, offering current statistics and defining disability within the context of this research. Finally, the chapter examines accessibility as a concept and underscores the limited research on accessibility practices in community orchestra settings, further supporting the need for this study. Chapter 3 describes the methodology implemented for this research. This chapter outlines the criteria and considerations used to design the survey, as well as the processes for data collection, importing, and cleaning. It provides a step-by-step overview of the methods used to prepare and execute the study. Chapter 4 presents the results of the survey. Findings are reported using a combination of tables and narrative descriptions, including frequencies, percentages, and cross-tabulation analyses. Chapter 5 discusses the results presented in Chapter 4 and connects them to the research questions outlined in Chapter 1. This chapter also addresses limitations of the study and identifies opportunities for future research. Chapter 6 provides a concluding summary, revisiting the research questions and highlighting the main findings of the study.

CHAPTER 2: LITERATURE REVIEW

This chapter reviews literature across three key areas central to this dissertation: community orchestras, disability and accessibility. By bringing these areas into conversation, this review establishes a framework for understanding how community orchestras function as cultural and social spaces, highlights a disability framework, and demonstrates why accessibility within community orchestra settings warrants further examination.

2.1: COMMUNITY ORCHESTRAS

Community, healing, engagement, support, music, connection, and culture are just a few of the words that may come to mind when considering community orchestras. These associations point to the multifaceted role such ensembles play within society. This raises an important question: what are community orchestras, and what purpose do they serve in contemporary societies?

Community orchestras are part of a broader category of community music ensembles. As described by Coffman (2013), “a community music ensemble in the United States can be viewed as the music of a community and as communal music-making” (p. 1). Coffman explains that the phrase “music of a community” situates these ensembles within a specific locality, such as a city or municipality, with members drawn from the community at large. These organizations are often supported through a combination of membership fees, local government funding, grants, or charitable contributions. Frequently structured as non-profit organizations, they reflect a sense of civic ownership and regularly rehearse and present public performances within their communities.

Building on this definition, community orchestras can be understood as ensembles that are both composed of and sustained by their communities. They vary widely in size,

ranging from small groups of approximately 15 musicians to large ensembles of 100 or more. Membership is typically made up of individuals for whom music-making is not a primary source of income. For most participants, involvement in a community orchestra is therefore a form of recreational music-making activity. At the same time, some ensembles adopt hybrid models that include both volunteer and compensated professional musicians.

Instrumentation within community orchestras also varies considerably. Some ensembles maintain full orchestral instrumentation, including strings, woodwinds, brass, percussion, and piano/ harp. Others adopt a more chamber-oriented configuration, with reduced wind and brass sections, or may consist exclusively of string players. This flexibility allows community orchestras to adapt to available resources, repertoire, and the needs of their participants.

Despite variation in structure and scope, several common themes emerge across community orchestras' missions. These organizations frequently aim to provide cultural and artistic experiences for audiences, create opportunities for active participation in music-making, and foster individual and collective artistic expression. Many also emphasize educational engagement, offering programming for youth and adults, and increasingly seek to promote equity, diversity, and inclusion through both repertoire choices and organizational practices.

Beyond their cultural and artistic contributions, a growing body of literature demonstrates that participation in music-making is associated with a wide range of health and well-being benefits. Research across disciplines has linked recreational music-making to improvements in physical, mental, and psychological health. Documented benefits include improved mood, reduced symptoms of post-traumatic stress disorder (PTSD), decreased

anxiety and stress, enhanced emotional regulation, increased happiness, reduced feelings of loneliness, and overall improvements in quality of life.

For example, Grab (2024) synthesizes findings from studies involving diverse populations and highlights the transformative potential of participatory arts. Through a comprehensive review, Grab concludes that “RRM [recreational music making] groups and other expressive arts programming change the lives of many populations for the better” (p. 100), underscoring the broad and meaningful impact of such practices.

Similarly, Smith et al., (2022), in their study of music-making with people living with dementia and their care partners, found that “It is clear that music-making and social interaction together are a powerful combination for promoting well-being” (p. 121). Their findings emphasize not only the musical but also the social dimensions of participation, reinforcing the idea that community-based music-making fosters connection alongside individual health benefits.

Research also highlights the motivations and lived experiences of community orchestra participants, further illuminating the value of these ensembles. Shansky (2010) found that primary motivations for participation include a love of playing one’s instrument, the desire for musical challenge, and the opportunity for continued learning. This positions community orchestras not only as performance ensembles but also as important sites of lifelong learning and musical development.

In a study of the Borderland Community Orchestra, Darby (2015) demonstrates the significant role such ensembles play in rural settings, showing how community orchestras can enrich local cultural life by providing opportunities for participation and encouraging engagement with the arts more broadly. These findings suggest that community orchestras

can serve as vital cultural infrastructure, particularly in areas with limited access to professional arts organizations.

More recent qualitative research by Potter (2024) further underscores the personal and collective impact of sustained participation in community orchestras. Potter found that, for participants, “the music-making was associated with positive emotion that yielded improvements that maximized their human potential” (p. 200).

Taken together, this body of literature positions community orchestras as spaces of cultural production, social connection, lifelong learning, and health promotion; roles they have fulfilled for decades and continue to uphold. As Thompson (1952) observed, “Community symphonies in this country have taken unto themselves many diverse and interesting purposes and obligations designed to meet the specific needs of their individual communities” (p. 19). They function not only as artistic ensembles but also as community-centered environments in which individuals experience belonging, personal growth, and well-being, while simultaneously contributing to their communities through artistic enrichment. Given these multifaceted roles, ensuring equitable access to participation in community orchestras is essential.

2.2: DISABILITY

Understanding disability as an integral part of the human experience is essential when discussing accessibility and inclusion. According to the World Health Organization (2023), about 1.3 billion people experience significant disability, which is equivalent to 1 in 6 individuals worldwide. The Centers for Disease Control and Prevention (CDC) reports that more than 1 in 4 adults in the United States have some type of disability (CDC, 2026).

To talk about disability, it is important to understand and define the framework of disability. Various definitions of “disability” were reviewed from multiple sources, including the American Psychological Association (APA), the CDC, the Americans with Disabilities Act (ADA), and the Merriam-Webster dictionary. For the purpose of this study, the CDC’s definition is used as a framework. According to the CDC (2025), “A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).”

Disabilities can affect physical, sensory, cognitive, developmental, psychological, or neurological functioning, and as the CDC further explains, can affect vision, hearing, communication, learning, movement, mental health, social relationships, and more (CDC, 2025).

When communicating about people with disabilities, the APA and the National Disability Rights Network (NDRN) explain two approaches. One is the use of “people-first” language, which focuses on avoiding placing a label or condition before a person; for example, “a person with a disability.” As NDRN (2020) explains, “More recently, a new generation has embraced their disabilities as an essential part of their identity and use identity-first language.” Identity-first language uses phrases such as “a disabled person.”

The author of this dissertation embraces and honors both approaches and respects the preferred way individuals choose to identify themselves. For the purpose of this study, people-first language will be used consistently, as recommended by both the APA and NDRN.

Disability can be experienced permanently or temporarily, and it can also be episodic. Disabilities can be apparent, meaning there are visible indicators that a person has a disability, or non-apparent.

Awareness and understanding of non-apparent disability are paramount to accessibility and inclusive practices in all settings, including educational, employment, and recreational environments. Research shows that non-apparent disabilities may carry significant stigma and can be prone to ableism. For example, Lindsay et al., (2024), in a study of young adults (ages 15–30) with multiple minoritized racial identities, found that some participants reported their employers and co-workers often perceived non-apparent conditions as invalid. Relatedly, Hernandez (2011) found that “individuals with non-apparent disabilities who experience more stigma tend to disclose less.” (p. 46). Taken together, these findings highlight the importance of recognizing non-apparent disabilities in efforts to reduce stigma and promote inclusive practices.

One final element to discuss in relation to disability and this study is the importance of self-identification. One of the survey questions presented in this dissertation asked participants to select whether they identified as having a disability. The question included a statement encouraging participants to rely on their own understanding or lived experience, and clarified that a medical diagnosis was not required to answer “yes.” The author intentionally highlighted this concept of self-identification, as when addressing accessibility, it is the lived experience of each individual that matters. Participants may experience barriers to participation regardless of whether or not they have a formal medical diagnosis.

To build on this, there are also numerous systemic barriers that can prevent someone from obtaining a medical diagnosis. To exemplify this, Newton et al., (2025) explored inequities in diagnostic access and clinician bias. The authors present the importance of self-

identification as a “survival strategy in the face of inaccessible, exclusionary, and sometimes harmful diagnostic systems” (p. 01). They further explain that “the numerous barriers to obtaining a clinical diagnosis mean that self-identification can be the only available pathway for neurodivergent individuals, especially those from minoritised backgrounds” (p. 04).

Self-identification has both advantages and limitations. Individuals who may have a disability may choose not to self-identify, or may not consider their experience a disability, while others may appreciate the opportunity to do so. Parekh and Brown (2020) note that “To some, a self-identification of disability can enable community membership, activism, and alignment with political movements. To others, identifying as disabled can further exacerbate experiences of oppression through historical, and often medicalized, connotations around capacity, evoking stigma and a diminished social perception of value.” (p. 347).

As such, and given that the present study was not seeking to determine how many participants have a medically diagnosed disability, but rather to understand participants’ experiences, self-identification became the most appropriate approach.

2.3: ACCESSIBILITY

The Merriam-Webster dictionary defines accessibility as the quality or state of being accessible and describes “accessible” as something capable of being reached, used (or seen), understood, influenced (or appreciated), or easily used or accessed by people with disabilities (Merriam-Webster, n.d.).

This definition illustrates that accessibility encompasses multiple layers of meaning and can be approached from different perspectives or lenses. For example, accessibility may be examined through transportation, language, disability, financial barriers, cultural inclusion, knowledge, and other dimensions. For the purposes of this dissertation, accessibility is

examined solely through a disability-centered lens. As such, this study investigates the lived experiences of community orchestra musicians who identify as having disabilities, with particular attention to whether their orchestral experiences are reachable, usable, and understandable.

Connecting with the framework of disability established in the previous sub-chapter, this study refers to accessible practices as those practices that address the removal of physical, mental, cognitive, or developmental barriers to participation, thus, making their experiences reachable, usable and understandable.

Accessibility work in the orchestral field has increased in recent years, and multiple examples exist of arts organizations leading awareness and inclusive practices through a disability-centered lens, particularly for audience members. For example, the Maryland Symphony Orchestra and their Music & Well Being initiatives, the Georgia Symphony Orchestra and their Sensory Friendly events, and the Seattle Symphony providing Neuro-inclusive accommodations in their events.

While these efforts represent meaningful progress, they largely center on accessibility for listeners rather than for musicians themselves. For example, Creech et al. (2013) identified structural, informational, personal, and social barriers that older adults may encounter in music participation. This brings awareness to the multiple dimensions of accessibility in music-making, which can include rehearsal structures, navigation of physical spaces, communication styles and methods, musical materials, and performance expectations. These dimensions are particularly relevant in community orchestras, where members often represent a wide range of ages, abilities, and backgrounds, and where formal accessibility policies may not always be in place. Consequently, accessibility in community orchestras,

particularly from the perspective of musicians with disabilities, remains largely underexplored. This gap forms the foundation of the present study.

This dissertation seeks to address this gap by exploring the lived experiences of community orchestra musicians who identify as having disabilities. By examining how accessibility is experienced in rehearsal and performance contexts, this study contributes to a growing body of literature on inclusive arts participation and offers insights for community orchestras seeking to support diverse and a more universal inclusive membership.

CHAPTER 3: STUDY METHODOLOGY

3.1: GENERAL CRITERIA AND CONSIDERATIONS

In order to answer the research questions guiding this study, it was necessary to develop a research methodology that would allow for the efficient and accurate collection of lived experiences from a large sample population. For this purpose, the survey method was selected as the most appropriate approach.

When considering the format of the survey, three possible options for design and implementation were identified. The first option (Option A) was a printed survey distributed in person during rehearsal. A second option (Option B) was a digital survey distributed in person via QR code. A third option (Option C) consisted of creating a digital survey and distributing it electronically to orchestras that chose to participate.

Each option presented its own advantages and challenges, including considerations related to response rates, readability, data reliability, and completion time. Because the main priority of this study was to gather a sufficiently large sample to enable meaningful analysis, response rate became the key consideration. Given that community orchestras often include a substantial proportion of older adults, and that access to and familiarity with digital formats may itself constitute an accessibility barrier, Option A, a printed survey distributed in person, was selected as the primary method of data collection.

Once this format was selected, an important parameter to consider was the time required for completion. Because the survey would be distributed during orchestra rehearsals, participation had the potential to briefly interrupt or reduce rehearsal time. For this reason, the survey was designed to be as efficient as possible. All questions except one were structured as quantitative questions. The final question provided participants with an

opportunity to respond to an open-ended, qualitative prompt. Based on the number and type of questions included, the survey was estimated to take approximately five to ten minutes to complete.

3.2: DESIGN

After several rounds of drafting, revision, and review, the final survey instrument (Appendix D) was approved by Dr. David A. Rahbee. The survey consisted of three primary sections:

1. Demographic and General Information (6 questions)
2. Multiple-Choice Section (14 questions)
3. Qualitative Section (1 open-ended question)

Once the survey design was finalized, the study was submitted to the University of Washington's Human Subjects Division (HSD) for review and an official determination of exempt or non-exempt IRB review status. On December 23, 2025, HSD issued a determination letter confirming that the proposed study qualified as human subjects research with exempt status under Category 2 (Appendix A).

Following this determination, two additional components were finalized to accompany the survey: a consent/information form and a language disclaimer.

The consent form (Appendix E) followed the University of Washington Consent Form Template for Exempt Studies. This document provided participants with information regarding the purpose of the study, the voluntary and the anonymous nature of participation.

The language disclaimer was developed using demographic data from the City of Seattle Office of Immigrant and Refugee Affairs (2024), identifying the most commonly

spoken languages in the region. Based on this information, the disclaimer indicated that the survey could be provided in Chinese, Spanish, or Vietnamese upon request. Although the study was distributed across multiple cities and these languages may not necessarily represent the most common languages in every location, this measure was implemented as an inclusive effort to accommodate participants who might feel more comfortable completing the survey in a language other than English. The disclaimer was attached to every envelope containing a survey. No participants requested a translated version.

Each survey, with the consent form stapled to it, was placed in an individual manila envelope (Appendix B).

3.3: SAMPLE SELECTION AND CRITERIA

Three non-negotiable criteria were established for the selection of orchestras participating in this study. The first criterion was that the ensemble had to identify itself as a community orchestra. As a result, professional, semi-professional and youth orchestras were not included in the sample. Similarly, wind bands, brass bands, and other types of musical ensembles were excluded. Most orchestras provide descriptions of their history and organizational identity on their websites, and these descriptions were used as the primary source for confirming whether an ensemble identified fell into the category of a community orchestra.

The second criterion was geographic. Participating orchestras had to be located and actively operating within the state of Washington. Because the methodology required the author's physical presence to distribute the survey in person, the third criterion was that rehearsal locations had to be within a reasonable travel distance that would allow attendance and return travel within a single afternoon or evening. Beyond this logistical constraint, no

additional geographic parameters, such as county or city, were used to selectively include or exclude orchestras. As a result, participating ensembles represented multiple cities and counties within the state of Washington. Orchestras' participation was completely anonymous, as such, names of participating orchestras will not be disclosed in this document.

Although the author was already aware of many community orchestras operating in Washington, it was necessary to identify a broad and systematic sample of ensembles. A particularly useful resource for this purpose was the online Ensemble Directory maintained by Classical Seattle. This database provides what it describes as “a comprehensive directory of active classical music ensembles and organizations in the Puget Sound region” (Classical Seattle, n.d.). As of March 2026, the directory includes listings of community, professional, semi-professional, and youth orchestras.

Consequently, each listing was reviewed individually in order to identify ensembles that were in the category of community orchestras. This process proved extremely valuable in creating a comprehensive list of potential participating ensembles in the Puget Sound region and beyond.

As for sample size, a threshold range of 10 to 15 orchestras was established. This range was considered sufficiently large to generate a meaningful number of responses while remaining feasible given the logistical requirements of in-person survey distribution.

It is important to note that, as noted in Chapter 2, community orchestras can vary considerably in size. Some ensembles may include 15 to 20 musicians, while others may approach 100 participants or more. Orchestra size was therefore not used as a selection parameter, provided that the overall sample would generate an adequate number of responses from which meaningful analysis could be conducted.

3.4: INVITATION TO PARTICIPATE

Once orchestras that met the criteria mentioned above were identified, an invitation letter (Appendix C) to participate in the study was drafted and sent to each orchestra's primary contact (e.g., Music Director, Conductor, Executive Director, Board Member, or general information contact). The letter explained the study, its purpose, the logistics involved, the expected time commitment and implications for participants, the voluntary nature of participation, and the anonymity that would be maintained for all participating orchestras. In the letter, it was also indicated that should the orchestra be interested and willing to participate in the study, a day and time was going to be selected for the author's attending and the in-person distribution of the surveys.

A total of 21 community orchestras were contacted. Not all orchestras responded, and among those that did respond, some encountered logistical challenges that ultimately prevented them from participating in the study. In total, arrangements were made to attend rehearsals for 11 orchestras within a four-week period.

3.5: DISTRIBUTION AND COLLECTION

In preparation for survey distribution, individual survey packets for participants were assembled. Each packet consisted of a manila envelope with a language disclaimer printed on the outside. Inside the envelope were the survey and the attached consent/information form. Surveys printed in a larger font were also available upon request.

The distribution process varied depending on each orchestra's rehearsal structure, location, and routine. Some conductors allowed the surveys to be distributed at the beginning of rehearsal, while others preferred that the study be introduced during the musicians' break. Accordingly, the author adapted to each orchestra's rehearsal schedule and preferences.

At each rehearsal, the author spoke from the podium for approximately three to five minutes. The author introduced herself and explained the purpose of the study, described the logistics of participation, emphasized the voluntary nature of the survey, and clarified that all responses would remain anonymous. The author also indicated that she would remain available after the introduction to answer any questions participants might have. Following this introduction, the envelopes were distributed throughout the orchestra. In some cases, the envelopes were distributed by the author, while in other instances, envelopes were distributed by other members of the orchestra.

The collection process also varied depending on the rehearsal context. For some groups, surveys were collected immediately after participants completed them. In other cases, surveys were collected during the rehearsal break or at the end of rehearsal. One orchestra kindly invited the author to remain for a post-rehearsal social gathering, during which the author collected several completed surveys. In some instances, a small number of surveys were left behind and were later returned to the author through the conductor or orchestra personnel several days after the initial distribution. Additionally, one participant who was unable to attend the rehearsal during which surveys were distributed, voluntarily contacted the author via email and arrangements were made for the participant to submit their completed survey.

3.6: RESPONSE RATE

In survey-based research, response rate is commonly reported as an indicator of participation. However, the methodology and execution of this study did not allow for an accurate calculation of response rate.

This limitation stems from the nature of community orchestras, where membership numbers and rehearsal attendance can fluctuate significantly. For example, an orchestra with an official membership of 60 musicians may have only 54 members present at a given rehearsal. Furthermore, the total number of musicians present at each rehearsal was not formally recorded during the survey distribution process.

Additionally, due to time constraints within the rehearsal setting, survey packets were distributed by providing a quantity of envelopes to several musicians and asking them to take one and pass the remaining envelopes along their section. This approach allowed for efficient distribution within the limited time available but did not allow for precise tracking of the total number of envelopes distributed.

For these reasons, response rate could not be reliably calculated. However, this limitation does not significantly affect the goals of the present study. The analysis and findings presented in this dissertation are therefore based solely on the number of participants who completed the survey. In total, 410 responses were collected and manually entered into the digital dataset by the author.

3.7: DATA ENTRY AND PREPARATION

A total of 410 completed surveys were collected for this study. The first step in the data preparation process involved transferring all survey responses into a digital format to facilitate systematic analysis. Because the surveys were collected in printed form, the survey was replicated in Google Forms so that responses could be organized automatically into a Google Sheets dataset.

All 410 surveys were manually entered into the Google Form by the author. Each survey was entered individually, one at a time. Conducting the data entry personally allowed

the author to remain closely familiar with the dataset and to ensure consistency and accuracy in how responses were recorded.

Data entry was conducted in a methodical and procedural manner, with each response entered exactly as written by the participant. In situations where a response could not be entered exactly as marked; for example, when a participant selected two responses for a Likert-scale item, one entry was temporarily recorded in the Google Form and a detailed note was created in the Google Sheet document, describing the participant's original markings. These annotations were later addressed during the data-cleaning stage.

Several participants wrote marginal comments or additional notes on the survey. Because these comments could provide useful contextual insight, they were transcribed into the dataset and annotated with the survey item to which they appeared to correspond.

To ensure traceability and accuracy, a numerical cross-referencing system was used. After entering each survey into Google Forms, the author reviewed the corresponding row number generated in the Google Sheets dataset. That row number was then handwritten on the original paper survey. This process ensured that the author could return to the original survey if verification of a response or clarification of handwriting was needed.

Once all 410 surveys had been entered, the next step involved preparing the dataset for analysis.

3.8: DATA CLEANING

After completing data entry, the dataset underwent a data-cleaning process. The original spreadsheet generated through Google Forms was preserved without modification. A duplicate working tab was then created, and all data cleaning procedures were conducted in

that copy. This approach ensured that the original dataset remained intact and available for verification.

Following recommendations in survey methodology literature, responses that did not conform to the response structure of the survey were treated as invalid or missing during the data-cleaning process. The main data-cleaning procedures were as follows:

3.8.1: Multiple responses to a Likert-scale¹ question

Likert-scale items require a single response category. When participants selected more than one response option for a single Likert-scale item, the response was treated as invalid and coded as missing data during data cleaning. Although one approach could be to attempt to resolve multiple responses by selecting the highest or lowest marked category, doing so would require interpretation by the author and could introduce bias. In order to minimize the possibility of author interpretation influencing the dataset, the response to that specific item was deleted while the remainder of the survey remained valid.

3.8.2: Missed responses

No corrective action was taken when participants skipped questions. Participation in the survey was entirely voluntary, and respondents were free to omit any question they did not wish to answer. During analysis, each survey item was examined using the number of responses available for that item, meaning that sample sizes vary across questions. Unanswered questions did not invalidate the remainder of a participant's responses.

3.8.3: Skipped Instructions

¹ “Developed in 1932 by Rensis Likert to measure attitudes, the typical Likert scale is a 5- or 7-point ordinal scale used by respondents to rate the degree to which they agree or disagree with a statement” (Sullivan & Artino, 2013, p. 541).

Question No. 5 - One of the key questions in the survey (Question No. 5) asked participants whether they considered themselves to have a disability, impairment, or long-term health condition. The question read:

5. Do you consider yourself to have any disability, impairment, or long-term health condition?

Please answer based on your own understanding or lived experience — a medical diagnosis is not required to answer “yes” to this question

Some examples: arthritis; hearing or vision loss; chronic pain; mobility difficulties; memory or thinking challenges; autism; ADHD; or any other experience that you personally consider a disability.

Yes

No

--If you answered No, skip to Question No. 14

--If you answered Yes, keep going with the following questions.

Out of the 410 participants, 238 responded “No” to this question. Among those 238 respondents, 7 participants continued answering some or all of Questions Nos. 6 through 13, which were questions intended for respondents who identified as having a disability. The survey instructions directed participants selecting “No” on Question No. 5, to skip the following questions and proceed to Question No. 14.

Because these 7 responses did not follow the survey instructions, the answers provided by those 7 participants to Questions Nos. 6 through 13 were considered invalid and removed from the dataset. However, the remainder of their survey responses remained valid.

In sum, their responses from the beginning of the survey through Question No. 5, and from Question No. 14 to the end of the survey, were retained and used.

In Question No. 5, three participants did not select either “Yes” or “No.” One of those respondents nevertheless answered several of the subsequent questions (Questions No. 6 to 13). Because a response to Question No. 5 served as a prerequisite for determining eligibility to answer Questions Nos. 6 to 13, the participant’s responses to those items was deemed invalid and excluded from the analysis. However, the remainder of the participant’s survey responses, meaning, beginning of the survey through Question No. 5, and from Question No. 14 to the end of the survey, were retained.

Questions No. 8 & 9 - Questions No. 8 and No. 9 read as follows:

8. Have you requested any accommodations to improve accessibility or enhance your experience?

Yes

No

9. If yes, were your requests addressed?

Yes

No

They were somewhat addressed, but not fully

I have not requested accommodations

Participants who responded “Yes” to Question No. 8 were expected to select one of the first three response options in Question No. 9. However, one participant responded “Yes” to Question No. 8 but selected “I have not requested accommodations” in Question No. 9.

These responses were considered contradictory and therefore could not be validated. As a result, the responses to Questions No. 8 and No. 9 for this participant were deemed invalid and excluded from analysis. The remainder of this participant's survey responses were retained and included in the dataset.

Question No. 14 - Question No. 14 asked participants the following:

14. Check all statements that resonate with you. If no statements resonate with you, simply leave blank

___ I have observed colleagues experiencing difficulties or barriers to full participation due to accessibility issues.

___ The leadership in my orchestra (music conductor/director, executive director, orchestra manager) is open to hearing about accessibility needs.

___ I would like to see my orchestra's leadership take action and proactively create environments that support accessible participation for all individuals.

In some cases, participants did not check or mark any of the provided statements but instead wrote brief narrative comments indicating agreement with one or more of the prompts. In these instances, the response options were recorded as unmarked in the dataset. Participants had the option to select the statements directly if they wished, but regardless, they chose not to do so. Interpreting written comments as equivalent to checked responses would have required the author to infer participant intent, which could introduce bias.

Another challenge arose when participants used different types of marks or symbols to indicate their selections. In some cases, this made it unclear which statements the participant intended to select and which marks were incidental or negatory to the statements. Because the author could not determine the participant's intent without biased interpretation,

these responses could not be coded reliably. Therefore, in these instances the entries for that question were deemed invalid and coded as missing data.

3.8.4: Logical Interpretation of Responses

Interpretation of responses by the author was avoided whenever possible. However, in a small number of cases participants provided written responses that clearly corresponded to one of the available response options. For example, when asked whether they had ever requested accommodations, one participant did not circle “Yes” or “No,” but instead wrote “Sometimes.” Because this response indicates that accommodation requests had occurred at least occasionally, the response was coded as “Yes.”

Such interpretations were only applied when the meaning of the written response was logically clear and did not require subjective judgment by the author.

CHAPTER 4: RESULTS / ANALYSIS

Following the data cleaning process, 409 responses remained and were included in the final dataset used for analysis.

The data gathered from this research study was analyzed primarily through frequencies, percentage distributions and cross-tabulation, in addition to a thematic analysis for the last qualitative question of the survey. Given the nature of the study and the types of questions included in the survey, the author determined that these approaches would provide a clear and accurate representation of response patterns while presenting the data in a manner that is accessible and interpretable for the reader.

4.1: DEMOGRAPHIC AND GENERAL INFORMATION

Among respondents, 37.89% ($n = 155$) were 60 years of age or older, representing the largest age group in the sample. Participants between the ages of 18-29, 30-39, and 40-49, each represented approximately 15–19% of the sample. The smallest proportion of respondents fell within the 50–59 age range, accounting for 9.77% ($n = 40$) of participants.

In terms of gender identity, 57.45% ($n = 235$) of respondents identified as women, representing the largest group in the sample. Participants identifying as men accounted for 34.71% ($n = 142$) of respondents. Participants identifying as non-binary/non-conforming represented 3.66% ($n = 15$) of the sample, while 0.48% ($n = 2$) identified as transgender. A small number of respondents selected “Another identity” or reported multiple gender identities (e.g., “Transgender & Non-binary/non-conforming”). These categories each represented fewer than 1% of respondents, typically accounting for one to three participants per category.

The vast majority of respondents indicated that they have played in an orchestra for more than eight years, representing 82.39% (n = 337) of the sample. Several respondents also included margin comments noting significantly longer musical experiences; for example, some indicated they had been performing for more than 50 years. This finding indicates that playing in an orchestra has been a continuous and recurrent component of participants' lives.

When asked about the length of time they had been performing with their current orchestra, 50.85% (n = 208) indicated that they had participated for more than four years, while 25.91% (n = 106) reported two to three years of participation. 22.73% (n = 93) indicated that they had been playing with their orchestra for one year or less. This information is relevant for later cross-tabulation analysis, as length of participation may influence variables such as comfort expressing accessibility needs or familiarity with organizational practices within the ensemble.

Regarding instrumentation, string players represented the largest group of respondents, accounting for 61.36% (n = 251) of the sample. Brass players comprised 18.09% (n = 74), followed by woodwind players at 15.64% (n = 64). As expected given the structure of the symphony orchestra, percussionists represented a smaller proportion of the sample, accounting for 3.17% (n = 13) of respondents. Participants who selected more than one instrument (for example, "Woodwinds and Other [harp, piano]") represented 1.46% (n = 6) of responses.

Lastly, the vast majority of respondents indicated that their affiliation with the orchestra was as unpaid community orchestra members, accounting for 94.86% of the sample. This finding reflects a defining characteristic of many community orchestras: participation is typically voluntary and motivated by personal interest rather than financial compensation. In some cases, community orchestras also require membership or participation

fees, meaning that individuals may contribute financially in order to participate. As such, the high percentage of unpaid participants may highlight the intrinsic motivation and personal value that many musicians associate with community orchestra participation.

4.2: MULTIPLE CHOICE SECTION

4.2.1: Value of community orchestras

Question No. 1 asked participants to list how many community orchestras or musical groups they rehearse with every week. 58.19% (n=238) participants indicated that they play with 1 group per week. 38.63% (n=158) indicated they play with 2-3 ensembles, and 2.68% (n=11) play with 4 or more ensembles. Two participants did not respond.

Questions No. 2, No. 3, and No. 4 in the multiple-choice section were designed to assess three related perceived dimensions of community orchestra participation: enjoyment, importance, and personal value. These questions are central to the purpose of the study, as they establish whether participation in community orchestras represents a meaningful component of respondents' lives. Understanding this perceived value is essential for contextualizing the broader focus of the dissertation on accessibility practices within community orchestra settings.

For Question No. 2, participants were asked to rate their level of agreement with the statement that they enjoy rehearsing and performing music with a community orchestra, using a five-point Likert scale ranging from "Strongly disagree" to "Strongly agree." The overwhelming majority of respondents (80.44%, n = 329) selected "Strongly agree," and 18.58% (n=76) selected "Agree." No respondents selected "Disagree" or "Strongly disagree."

Similarly, Question No. 3 asked respondents to rate how important rehearsing and playing in an orchestra is to them, using a scale ranging from "Extremely unimportant" to "Extremely important." A total of 64.05% (n = 262) selected "Extremely important," and

32.27% (n = 132) selected “Important.” No respondents selected “Unimportant” or “Extremely unimportant.”

Finally, Question No. 4 asked respondents to rate their level of agreement with the statement that playing in a community orchestra adds value to their lives, again using a five-point Likert scale ranging from “Strongly disagree” to “Strongly agree.” Most respondents (87.28%, n = 357) selected “Strongly agree,” while 12.22% (n = 50) selected “Agree.” No respondents selected “Disagree” or “Strongly disagree.”

Taken together, the results of these three questions indicate consistently high levels of enjoyment, importance, and personal value associated with participation in community orchestras among respondents.

4.2.2: Disability identity

Question No. 5 asked participants to indicate “Yes” or “No” in response to whether they consider themselves to have a disability, impairment, or long-term health condition. The question clarified that a medical diagnosis was not required; rather, lived experience and self-identification were sufficient to respond affirmatively. A total of 41.07% (n = 168) of respondents selected “Yes,” while 58.19% (n = 238) selected “No.” Three participants did not respond. This finding alone highlights that a substantial proportion of the study population identifies as having a disability.

To better understand how disability identification varied across age groups, responses were cross-tabulated by age category (see Table A). The table presents both the number and percentage of respondents within each age group who identified as having a disability.

Age Range	Total respondents	Respondents identifying as having a disability	Percentage within age group
18-29	73	26	35.61%
30-39	77	35	45.45%
40-49	63	23	36.50%
50-59	40	17	42.5 %
60+	155	66	42.58%
No response	1	1	100%
Total	409	168	

Table A

As shown in Table A, the highest proportion of respondents identifying as having a disability was observed among participants aged 30–39, with 45.45%. Respondents aged 50–59 and 60 and older reported similar proportions, with about 42.5% in each group. Among respondents aged 40–49, 36.5% indicated that they identify as having a disability, while the lowest proportion was observed among respondents aged 18–29, at 35.61%.

Gender identity was also examined in relation to disability identification (see Table B). Table B presents the distribution of respondents identifying as having a disability across gender identities, using both frequency counts and percentages. In an effort to ensure visibility and representation of all gender identities, percentages are included for all categories regardless of sample size.

The frequencies are as follows: among respondents identifying as women, 99 out of 235 reported having a disability. Among respondents identifying as men, 48 out of 142 reported having a disability. Fifteen respondents identified as non-binary or non-conforming, of whom 9 reported having a disability.

One of 2 participants identifying as transgender reported having a disability. All respondents who identified as another identity, or with multiple gender identities, except for one participant who identified as “Transgender/Man,” reported having a disability, impairment, or long-term health condition.

Gender identity	Total respondents	Respondents identifying as having a disability	%
Woman	235	99	42.10%
Man	142	48	33.80%
Non-binary/non-conforming	15	9	60%
Transgender	2	1	50%
Prefer not to respond	3	0	--
Another identity	1	1	100%
No response	1	1	100%
Woman, Non-binary/non-confirming	3	3	100%
Woman, Transgender	2	2	100%
Man, Another identity	1	1	100%
Man, Non-binary/non-confirming	1	1	100%
Non-binary/non-conforming, Two Spirit	1	1	100%
Transgender, Man	1	0	
Transgender, Non-binary/non-confirming	1	1	100%
Total	409	168	

Table B

4.2.3: Barriers and adaptability

A key component of this study was to assess whether participants felt that their disabilities had impacted their experiences while rehearsing or performing, as well as whether

they had adapted independently to compensate for unaddressed accessibility needs. Table C presents the results for these two measures.

	Question No. 6 - Has your disability impacted your experiences while rehearsing or performing?		Question No. 7 - Do you find yourself constantly adapting to make up for unaddressed accessibility needs?	
Response values	Frequencies	%	Frequencies	%
Strongly agree	34	20.23%	16	9.52%
Agree	84	50%	41	24.40%
Neutral	23	13.69%	55	32.73%
Disagree	22	13.09%	42	25%
Strongly disagree	4	2.38%	8	4.76%
No response	1	0.59%	6	3.57%
Total	n=168		n=168	

Table C

Table C indicates that the impact of disability on rehearsal and performance experiences is substantial. For Question No. 6, 50% (n=84) of respondents selected “Agree,” and 20.23% (n=34) selected “Strongly agree.”. This proportion is markedly higher than the 13.69% (n=23) who selected “Neutral,” the 13.09% (n=22) and 2.38% (n=4) who selected “Disagree” and “Strongly disagree” respectively.

Responses related to adaptability were more evenly distributed. The largest proportion selected was 32.73% (n=55) that selected “Neutral,” followed by the 25% (n=42) that selected “Disagree,” and the 24.40% (n=41) that selected “Agree.” When aggregating values, as will be further studied in Chapter 5, “Agree” and “Strongly agree” total 33.92%, matching the “Neutral” category, while “Disagree” and “Strongly disagree” total 29.76%. This

distribution indicates that respondents are relatively evenly divided among those who feel they actively adapt, those who do not, and those who feel neutral.

4.2.4: Requesting accommodations and comfort levels doing so

After establishing the proportion of participants who identify as having a disability, as well as the impact and adaptability associated with those experiences, the next phase of analysis examined the frequency of accommodation requests, the outcomes of those requests, and participants' comfort levels in expressing accessibility needs.

Question No. 8 asked participants whether they had ever requested accommodations to improve accessibility or enhance their experience. A large majority, 82.14% (n = 138), responded "No," while only 16.07% (n = 27) responded "Yes." Participants who responded "Yes" were then asked in Question No. 9 whether their request had been addressed. Of these respondents, 74.07% (n = 20) indicated that their request was addressed, while 22.22% (n = 6) reported that it was partially addressed. Only one participant indicated that their request was not addressed.

Questions Nos. 10 and 11 assessed participants' comfort levels in expressing accessibility needs in private and public contexts. As shown in Table D, For Question No. 10, which focused on general communication with organizational leadership, the combined percentage of participants who reported feeling "Very comfortable" or "Comfortable" exceeded those who reported feeling "Neutral" and "Uncomfortable" or "Very uncomfortable."

In contrast, Question No. 11 examined comfort levels in a public setting, specifically, it examined comfort levels of participants if they were asked during a rehearsal to state accessibility needs aloud. In this case, the aggregated percentage of respondents who reported feeling "Uncomfortable" or "Very uncomfortable" (44.64%, n = 75) exceeded both the

“Neutral” category (22.02%, n = 37) and the combined “Comfortable” and “Very comfortable” responses (30.95%, n = 52).

	Question No. 10: How comfortable do you feel expressing your accessibility needs to the leadership of the organization (music conductor, executive director, personnel manager, etc.)?			Question No. 11: If during rehearsal, someone announced to the whole orchestra, “Does anyone have accessibility needs?”, how comfortable would you feel saying that you do out loud?		
Response values	Frequencies	%	Aggregated values	Frequencies	%	Aggregated values
Very comfortable	49	29.16%	55.95%	17	10.11%	30.95%
Comfortable	45	26.78%		35	20.83%	
Neutral	36	21.42%	21.42%	37	22.02%	22.02%
Uncomfortable	28	16.66%	20.23%	47	27.97%	44.64%
Very uncomfortable	6	3.57%		28	16.66%	
No response	4	2.38%		4	2.38%	
Total	n=168			n=168		

Table D

A side-by-side comparison reveals a substantial decline in participants’ comfort levels when expressing their needs in a public setting. As shown in Table D, the aggregated comfort percentage for Question No. 10 is 55.95%, compared to 30.95% for Question No. 11. Conversely, aggregated responses indicating discomfort increase markedly, from 20.23% for Question No. 10 to 44.64% for Question No. 11. These findings suggest that levels of comfort in expressing needs decrease if/when musicians are asked in public, in front of the ensemble. Public requests for disclosure may unintentionally discourage a significant number of individuals from communicating their needs or seeking support.

It is important to note that comfort in expressing accessibility needs may be influenced by multiple factors, and caution should be exercised in attributing specific causes

to these responses. One participant, for example, selected “Uncomfortable” for Question No. 10 and added the comment: “Not because of the leadership though.” This observation suggests that discomfort may stem from a wide range of factors, including personal, relational, or situational influences.

4.2.5: Desire for more inclusive and proactive practices

Question No. 12 asked participants to select if they would agree that specific accessibility practices could make their rehearsal and performance experience more enjoyable. The highest percentages of responses were “Agree” and “Neutral,” both at 38.69% (n=65) each. Meanwhile, 10.11% (n=17) selected “Strongly agree” and 7.14% (n=12) selected “Disagree.” One participant selected “Strongly disagree.”

Question No. 13 asked participants if they think leadership should be more proactive in being aware and finding ways to ask about accessibility needs. Similar to Question No. 12, the highest percentages were split between “Agree” with 42.85% (n=72) and “Neutral” with 36.30% (n=61). “Strongly agree” received 14.28% (n=24) responses, and “Disagree” received 4.16% (n=7) responses. No participant responded “Strongly disagree.”

Lastly, Question No. 14 asked all participants (n = 409), regardless of disability identification, to select from three statements, reflecting on their perspectives within their orchestra. Participants could choose to mark or select all three statements, or just a few, or they could also leave the question blank if none of the statements resonated with them.

The first statement, “I have observed colleagues experiencing difficulties or barriers to full participation due to accessibility issues,” was selected by 28.11% (n = 115) of respondents. The second statement, “The leadership in my orchestra (music conductor/director, executive director, orchestra manager) is open to hearing about accessibility needs,” was selected by 73.59% (n = 301) of respondents, representing the

statement with the most check marks. The third statement, “I would like to see my orchestra’s leadership take action and proactively create environments that support accessible participation for all individuals,” was selected by 40.58% (n = 166) of respondents.

The complete survey results are available in Appendix F, where tables for all survey questions are presented.

4.3: QUALITATIVE SECTION

The last question of the survey (Question No. 15), was an open-ended narrative item that provided participants with three prompts, while also allowing them to share any additional comments. The prompts were:

- Can you describe a time when you experienced difficulties or barriers to participating in the orchestra?
- What would have improved that experience for you?
- Is there anything else you would like to share about your experience playing in the orchestra, including changes you believe could enhance the community’s overall enjoyment and participation?

More than two hundred participants provided narrative responses. These comments were invaluable in complementing the quantitative findings of this study.

To analyze the qualitative data, the author employed thematic analysis, which is “a method for identifying, analysing and reporting patterns (themes) within data” (Braun and Clarke, 2006, p. 79). This method, as explained by Braun and Clarke (2006), involves six phases: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

To generate initial codes, the author printed and read all responses, and then proceeded to group them according to semantic similarities. From this process, an initial fourteen sets of codes were identified. Following further review, seven sets of codes were thematically merged with others, finally resulting in seven themes. Table E presents the seven themes and their corresponding codes. The themes are not arranged in any sort of hierarchy or order or level of importance. Each theme will be discussed and analyzed in Chapter 5.

Codes	Themes
-Hesitation to request accommodations -Fear of inconveniencing others -Discomfort repeating requests -Silent withdrawal -Enduring discomfort to avoid attention -Not knowing what accommodations can be made	THEME 1 - Hesitation/unwillingness to disclose needs and request accommodations
-Self-managing barriers -Modifying materials or instruments -Switching roles or ensembles -Using personal accommodations -Persistence despite limitations -Adapting participation	THEME 2 - Self-adaptation and individual coping strategies
-Fear of stigma around disability -Fear of judgment -Feeling left out -Discomfort disclosing disability -Hidden disability -Being perceived as lazy -Difficulty explaining needs	THEME 3 - Stigma, fear of judgment, misunderstanding, and invisible disabilities
-Supportive leadership & culture -Helpful peers -Welcoming culture -Understanding accommodations -Celebration of differences -Positive group experiences -Desire for inclusive spaces	THEME 4 - Supportive, welcoming and inclusive environments
-Leadership awareness	

-Lack of leadership responsiveness -Leadership attitudes model -Importance of leadership communication -Normalizing accessibility	THEME 5 - Leadership modeling and awareness
-Emotional value of participation -Community support -Resilience through music -Belonging -Willingness to assist peers -Observing barriers in others	THEME 6 - Value of community orchestra and willingness to help others
-Physical space limitations -Equipment limitations -Financial limitations -Staffing limitations -Knowledge/training limitations	THEME 7 - Resource barriers to accommodation

Table E

CHAPTER 5: DISCUSION

The present study explores how the presence or absence of accessibility practices, viewed through a disability lens, shapes community orchestra musicians' experiences. Additionally, the study examines participants' comfort in expressing accessibility needs, their perceptions of leadership responsiveness, and their desire for more proactive inclusive practices within community orchestras.

Chapter 4 presented substantial and direct information regarding the main results of the study. The current chapter provides additional insights that emerged from the data and connects these findings to the four primary research questions guiding the study.

5.1: IMPACT

One of the central questions of this study concerns impact, specifically, how the presence or absence of accessible practices influences the experiences of community orchestra musicians.

To examine this impact, it was first necessary to establish a clear understanding of how disability itself affected participants' experiences. Accordingly, and as presented in Chapter 4, Question No. 6 asked participants whether their disability impacted their experiences while rehearsing or performing. Results were as following:

Question No. 6 - Has your disability impacted your experiences while rehearsing or performing?		
	Frequencies	%
Strongly agree	34	20.23%
Agree	84	50%
Neutral	23	13.69%
Disagree	22	13.09%
Strongly disagree	4	2.38%

No response	1	0.59%
Total	n=168	

Table F

Table F shows that the “Agree” and “Strongly agree” categories represent the largest number of responses, indicating that more participants than not felt that their disability impacts their experiences while rehearsing or performing. However, it is important to note that a portion of participants did not perceive their disability is affecting their rehearsal or performance experiences. As such, caution must be taken to not generalize impact as uniformly experienced across all musicians.

Furthermore, the author sought to determine whether perceived impact varied across age ranges. As shown in Table G, across all age ranges (18–29 through 60+), the percentages of agreement with this statement is higher than both neutral responses and disagreement responses.

6. Has your disability impacted your experiences while rehearsing or performing?							
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	No response	Totals
%	11.53%		3.84%	84.61%			
18-29		3	1	18	4		26
%	22.85%		8.57%	68.57%			
30-39	1	7	3	16	8		35
%	21.73%		17.39%	60.86%			
40-49	2	3	4	7	7		23
%	11.76%		17.64%	70.58%			
50-59		2	3	8	4		17
%	12.12%		18.18%	68.18%			
60+	1	7	12	34	11	1	66
No response				1			1
Totals	4	22	23	84	34	1	n=168

%	15.47%	13.69%	70.23%		
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Table G

It is worth noting that participants ages 18-29 reported the highest level of agreement (84.61%) with this statement. This suggests that proportionally speaking, a higher percentage of younger adults, reports feeling impacted by their disabilities in rehearsal, in comparison with other age groups.

Question No. 7, which concerns adaptability, is closely related to the impact of the presence or absence of accessible practices. This question asked participants whether they found themselves constantly adapting to compensate for unaddressed accessibility needs.

As shown in Table H, the combined “Agree” and “Strongly agree” responses were higher than both neutral and the combined disagreement responses. However, the difference was minimal, corresponding to an approximate margin of two participants between the agreement and neutral categories. Nevertheless, the relatively high proportion of agreement may suggest that the absence of accessible practices may impact some musicians’ experiences by requiring them to adapt to meet their needs.

Question No. 7 - Do you find yourself constantly adapting to make up for unaddressed accessibility needs?			
	Frequencies	%	Added values
Strongly agree	16	9.52%	33.92%
Agree	41	24.40%	
Neutral	55	32.73%	32.73%
Disagree	42	25%	29.76%
Strongly disagree	8	4.76%	
No response	6	3.57%	
Total	n=168		

Table H

To further examine impact, Question No. 12 asked participants whether specific accessibility practices could make their rehearsal and performance experiences more enjoyable. The results are presented in Table I.

No. 12 Would you agree that specific accessibility practices could make your rehearsal and performance experience more enjoyable?							
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	No response	Total
Frequencies	1	12	65	65	17	8	n=168
Percentages	0.59%	7.14%	38.69%	38.69%	10.11%	4.76%	
Added values %	7.73%		38.69%	48.80%			

Table I

As observed in Table I, more participants agreed than disagreed with this statement, indicating that specific accessibility practices could enhance rehearsal and performance experiences. Even more so, when the agreement categories are combined and compared with neutral and disagreement responses, agreement responses clearly outnumber the other two. As in analysis of previous questions, it is important to note that although percentage differences are present, the sample size is not large enough to support broad generalizations. Additional research with larger samples would be needed to draw more definitive conclusions.

Nevertheless, this finding is directly linked to the concept of impact. If more participants agreed that specific accessible practices could improve their rehearsal and performance experiences, this suggests that the presence, or absence of accessibility practices appears to have a tangible and direct impact on musicians' experiences in orchestra.

5.2: COMMUNICATION

Another question this study seeks to address is the extent to which members of community orchestras feel safe and supported in expressing their accessibility needs.

5.2.1: Requesting accommodations

Several survey questions were relevant to answer this research question. These included items related to the actual communication of needs, comfort in expressing needs both generally (assuming privately) and publicly, and participants' perceptions of whether orchestra leadership is open to hearing about accessibility needs.

An interesting pattern emerged when analyzing responses from participants who had requested accommodations. As reported in Chapter 4, only 27 of the 168 participants indicated that they had requested accommodations (Question No. 8). The author sought to analyse the data further, adding crosstabulation analysis with age, gender identity, and seniority within the ensemble. With this analysis, the author looked for any numerical data that would be indicative of patterns that could be used to further understand who is more likely to request accommodations and who isn't.

When analyzing the data based on age categories, it was noted that adults who are 50+, had the highest percentage of participants requesting accommodations.

When analyzing responses by gender identity, one observation stood out. As shown in Table J, participants who had requested accommodations identified primarily as women and men, with the exception of one participant who identified as transgender and non-binary/non-conforming. Participants who identified as non-binary/non-conforming, transgender, another identity, or multiple gender identities (with the exception noted above) had not requested accommodations. Although the sample size for these groups is small, these findings may suggest that individuals from gender minorities may be less likely to request accommodations.

Question No. 8 - Have you requested any accommodations to improve accessibility or enhance your experience?
--

	Yes	No	No response	Invalid	Totals
%	20.20%	77.77%			
Woman	20	77	2		99
%	12.50%	85.41%			
Man	6	41		1	48
%		100%			
Non-binary/non-conforming		9			9
%		100%			
Transgender		1			1
%		100%			
Another identity		1			1
%		100%			
No response		1			1
%		100%			
Woman, Non-binary/non-confirming		3			3
%		100%			
Woman, Transgender		2			2
%		100%			
Man, Another identity		1			1
%		100%			
Man, Non-binary/non-confirming		1			1
%		100%			
Non-binary/non-conforming, Two Spirit		1			1
%	100%				
Transgender, Non-binary/non-confirming	1				1
Total	27	138	2	1	n=168

Table J

A final variable examined was ensemble seniority. The author sought to determine whether there was a relationship between the length of time a participant had played in a particular ensemble and their likelihood of requesting accommodations. If such a relationship existed, it could provide insight into whether newer members may benefit from additional support, confidence-building measures, or clearer avenues for requesting accommodations.

The data indicates that participants with four or more years in their ensemble had the highest rate of requesting accommodations when percentages were calculated within each seniority category (see Table K). Although additional research with a larger sample would be necessary to confirm this pattern, these findings suggest a possible association between seniority within an ensemble and the likelihood of requesting accommodations.

Several factors may contribute to this relationship, including increased familiarity with leadership, greater confidence within the ensemble, stronger social relationships, improved understanding of procedures, and greater awareness of flexibility in accommodations observed over time.

In sum, the resulting data from all crosstabulation analysis of Question No. 8 suggests that the participants who are less likely to request accommodations are younger musicians, those who belong to gender minorities, and those who are newer to the ensemble.

This finding can help direct orchestras' attention toward groups within the community that may be more likely to be overlooked. It underscores the importance of intentionally creating outreach efforts that ensure these populations feel supported, and have clear avenues to request accommodations.

Question No. 8 - Have you requested any accommodations to improve accessibility or enhance your experience?			
Years playing with current ensemble	Participants that requested accommodations	Total sample of participants in each category	% of participants that requested accommodations within total sample
1 (or less than)	3	34	11.76%
2-3	5	42	11.90%
4+	19	91	20.97%%
No response		1	
Total	n=27	n=168	

Table K

5.2.2: Feeling comfortable communicating needs

In order to assess the extent to which members of community orchestras feel safe and supported in expressing their accessibility needs, it was important to examine participants' comfort levels in expressing those needs, regardless of whether they had previously communicated them.

Survey Question No. 10 asked participants how comfortable they felt expressing their accessibility needs to the leadership of the organization (music director, conductor, executive director, personnel manager, etc.). A total of 55.95% (n = 94) of respondents reported feeling either comfortable or very comfortable, while 21.42% (n = 36) reported feeling neutral and 20.23% (n = 34) reported feeling uncomfortable or very uncomfortable.

A notable pattern emerged when analyzing these results by age category. As shown in Table L, a majority of participants in most age ranges reported feeling comfortable expressing their needs. For all age groups except those aged 18–29, percentages of comfort level were considerably higher than neutral or uncomfortable responses. For participants aged 18–29, however, percentages for comfort and discomfort were nearly equal. Additionally,

this age group showed the highest rate of discomfort in expressing accessibility needs. These findings suggest that younger adults may be less comfortable expressing accommodation needs to leadership.

Question No. 10 - How comfortable do you feel expressing your accessibility needs to the leadership of the organization (music conductor, executive director, personnel manager, etc.)?							
	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very Comfortable	No response	Totals
%	34.61%		26.92%	38.46%			
18-29	1	8	7	5	5		26
%	17.14%		25.71%	57.14%			
30-39	2	4	9	10	10		35
%	13.04%		17.39%	69.56%			
40-49		3	4	6	10		23
%	17.64%		17.64%	64.70%			
50-59	1	2	3	7	4		17
%	18.18%		19.69%	56.06%			
60+	2	10	13	17	20	4	66
No response		1					1
Total	6	28	36	45	49	4	n=168

Table L

These findings could be explored further, particularly to better understand why differences in comfort levels exist across age groups, and especially among younger adults. Qualitative data and interviews could provide additional context for these responses and offer insights that may inform inclusive practices.

To extend this analysis, Question No. 11 was also examined by age range. Question No. 11 asked participants: “If during rehearsal someone announced to the whole orchestra, ‘Does anyone have accessibility needs?’, how comfortable would you feel saying that you do

out loud?” The results, as shown in Table M, indicate that when aggregating comfort and discomfort responses, the lowest level of comfort was reported by participants aged 18–29, at 7.69% (n = 2). Simultaneously, this age group reported the highest rate of discomfort, at 65.38%.

Taken together with the analysis of Question No. 10, these findings suggest a relationship between age and comfort in expressing accessibility needs both generally and publicly. The data indicates that participants aged 18–29 might be substantially less comfortable expressing needs out loud during rehearsals, in front of the ensemble.

Question No. 11 - If during rehearsal, someone announced to the whole orchestra, “Does anyone have accessibility needs?”, how comfortable would you feel saying that you do out loud?							
	Very uncomfortable	Uncomfortable	Neutral	Comfortable	Very Comfortable	No response	Totals
%	65.38%		23.07%	7.69%			
18-29	5	12	6	1	1	1	26
%	42.85%		28.57%	28.57%			
30-39	5	10	10	7	3		35
%	43.47%		21.73%	34.78%			
40-49	3	7	5	6	2		23
%	52.94%		5.88%	41.17%			
50-59	4	5	1	3	4		17
%	34.84%		22.72%	37.87%			
60+	10	13	15	18	7	3	66
No response	1						1
Total	28	47	37	35	17	4	n=168

Table M

One last additional question was useful in addressing the research question regarding feeling safe and supported regarding communicating needs. Question No. 14 asked all

participants (n = 409) to review three prompts and select the one(s) that resonated with them. One of the prompts stated, “The leadership in my orchestra (music conductor/director, executive director, orchestra manager) is open to hearing about accessibility needs.” Of the 409 participants, 73.59% (n = 301) selected this option, indicating that a substantial proportion perceived their leadership as open to hearing about accessibility needs. It is important to consider that the remaining 108 participants did not select this statement, which may suggest that they do not perceive their leadership as open to such conversations. This finding underscores the importance of consistent and clear communication from leadership to model inclusive practices.

In sum, the findings reported in this study suggest that individuals from gender minorities may be less likely to request accommodations, and that younger adults (ages 18–29) may feel less comfortable expressing accessibility needs. In contrast, older adults, may feel more comfortable expressing their accessibility needs, both in general and in public settings. Seniority within an ensemble also appears to influence comfort in making such requests. These findings warrant attention and further research in order to support more inclusive practices.

5.3: CALLING FOR PROACTIVE ACCESSIBILITY

Another research question guiding this study seek to determine whether there is a shared desire among community orchestra members for leadership to take a more proactive role in researching and implementing accessible practices. Question No. 13, which was still addressed only for participants who identify with having a disability (n=168), addressed this issue directly. Results indicated that 57.14% of participants (n = 96) responded either “Agree” or “Strongly Agree”, 36.30% (n = 61) selected “Neutral”, and 4.16% (n = 7) responded “Disagree.” These findings suggest that a notable portion of participants express a

desire for leadership to be more proactive regarding accessibility, while a substantial number remained neutral.

Additional insight is provided by Question No. 14, which included the prompt: “I would like to see my orchestra’s leadership take action and proactively create environments that support accessible participation for all individuals.” All 409 participants had the opportunity to select this option, and 40.58% (n = 166) did so. Together, these findings indicate that a considerable segment of participants would welcome more proactive efforts from leadership to foster inclusive and accessible environments.

5.4: THEMATIC ANALYSIS: CODES AND THEMES

As stated in Chapter 4, seven themes emerged from the aggregation of multiple codes. These codes were derived directly from the qualitative data, which consisted of participants’ open-ended responses to survey Question No. 15. The seven themes were subsequently analyzed for their content and for their relationship to accessibility and its impact on participants’ experiences and for opportunities of improved inclusion.

5.4.1 Theme 1: Hesitation/unwillingness to disclose needs and request accommodations

One of the most recurrent themes among participants was their own expectations that they would manage their challenges independently, rather than seeking assistance. In other words, participants often did not anticipate receiving support and instead assumed responsibility for addressing difficulties on their own. For example, one participant wrote, “Eyesight is [the] biggest difficulty. I have always looked on this as my issue to deal w/, not the orchestra’s issue.” While it is true that participants may seek solutions independently, as will be further discussed in Theme 2, it is also possible that certain needs could be addressed if organizations or leadership were aware of them.

The data also suggests that uncertainty about available accommodations contributed to participants' reluctance to request support. For instance, one participant wrote, "My only discomfort in asking for help is that I don't see what kind of accommodations can be made." This may indicate that increased dialogue around accessibility, as well as normalization of fluctuating lived experiences, could help reduce uncertainty and encourage participants to communicate their needs.

Other participants expressed general discomfort with disclosure, such as one individual who noted, "...it's up to me to be proactive re: accommodations, and I am not willing to be 'out of the closet' to people I am not close with." This narrative highlights two related dynamics: recognition that participant proactivity is necessary for others to become aware of needs, and an unwillingness to disclose personal information. Together, these factors may create a barrier in which needs remain uncommunicated despite acknowledgment that disclosure could lead to support. This also raises questions about what elements or factors may be in place that directly impact participants' comfort levels in disclosing accessibility needs.

Enduring discomfort to avoid drawing attention was mentioned multiple times. For example, one participant wrote, "...I was always terrified to leave rehearsals for the restroom & how unprofessional it would look, so I ended up on stage doing my best to manage my symptoms." This pattern suggests that concerns about visibility, embarrassment, or protecting personal information may discourage individuals from communicating their needs and from doing what they need to do to be physically, mentally and emotionally well. This also reflects perceived standards of professionalism within the orchestral setting and suggests that dialogue about what constitutes rehearsal professionalism could help participants feel more at ease when addressing their own needs.

Lastly, this comment brings to light expectations that have long been embedded within orchestral culture, many of which are rooted in Eurocentric orchestral practices characterized by hierarchical structures and established norms of behavior for musicians. While this dissertation does not examine orchestral hierarchies directly or assess their current function and impact, it highlights an opportunity for future research to explore whether these structures continue to operate as they have historically or have evolved in response to broader societal changes.

Nevertheless, the findings of this dissertation and of this theme in particular, point to the need for orchestral practices that are responsive to the realities of contemporary society. In this context, critically examining and clearly communicating expectations related to professionalism, conduct, organizational culture, and ensemble norms may now be more important than ever. Such efforts will help orchestras remain relevant and accessible to all participants.

5.4.2 Theme 2: Self-adaptation and individual coping strategies

Participants shared a multitude of examples of ways in which they manage their own accommodations. For example, one participant wrote, “I need to sit at a very specific distance from the stand (31”) and use prescription eye glasses for that distance. I often need to make copies of the parts and enlarge them for legibility.” Some of these adaptation techniques involved switching instruments. For example, one participant wrote, “I had a broken rib and couldn’t play clarinet. I played percussion instead.” Another participant summarized this proactive approach by stating, “I am trying everything that I can think of to make it so I can continue to play.”

These examples underscore the adaptability and resilience inherent to fluctuating lived experiences. Participants demonstrated a willingness to problem-solve and implement

individualized strategies in order to continue participating. Such self-adaptation reflects strong motivation to remain engaged in musical activities, even when challenges arise.

Although there is nothing inherently problematic about self-advocacy or participants independently identifying solutions that support their participation, these individual coping strategies may potentially inadvertently reinforce the perception that accommodations are solely the responsibility of the participant. When individuals independently modify their participation without communicating their needs, opportunities for organizational learning and systemic accessibility improvements may be limited.

Additionally, reliance on individual coping mechanisms may not always be sustainable. Participants may spend significant time and effort developing personal solutions, which could otherwise be supported through collective or organizational approaches. The danger of this is that if individual solutions fail, participants may feel inclined to simply leave the group, thinking that the space is simply not for them. As one participant noted, “...but I honestly think that if people have accessibility needs, they either handle them on their own or quietly leave the orchestra.”

This dynamic highlights a tension between resilience and accessibility: while participants demonstrate adaptability, their efforts may also signal unmet needs that could be addressed more effectively through dialogue and structured accommodations.

5.4.3 Theme 3: Stigma, fear of judgment, misunderstanding, and invisible disabilities

Theme 3 encompasses reflections on stigma, particularly fear of being stigmatized, challenges associated with invisible disabilities, and the resulting difficulty in explaining needs. Participants described concerns about being judged by others and, in some cases, feelings of exclusion stemming from misunderstandings about their experiences. For example, one participant wrote, “...but I look fine, and it’s embarrassing to say ‘I can’t help

move stands and set up.’ I just look lazy.” Another participant noted, “I have an invisible illness and people rarely assume I would need accommodation.”

One participant explained that they had requested an accommodation that was addressed temporarily but later forgotten, and the participant expressed discomfort in repeating the request. They wrote, “I feel a certain amount of discomfort or stigma at being a musician who is hard of hearing.” These narratives suggest that participants with invisible disabilities may face additional barriers when navigating their experiences, particularly because their needs are not readily apparent to others and because of the tension surrounding whether or not to disclose their condition. As a result, individuals must weigh the decision to reveal their needs or manage them privately. Consequently, participants may avoid requesting support, even when accommodations could improve their participation satisfaction.

These findings highlight the importance of fostering environments that encourage understanding and reduce assumptions about visible and invisible needs. Increased awareness, open communication, and the normalization of accommodation requests may help mitigate stigma and support participants in expressing their needs without fear of judgment. In this way, accessibility efforts may benefit not only from structural accommodations but also from cultural shifts toward empathy and reduced reliance on assumptions.

5.4.4: Theme 4: Supportive, welcoming and inclusive environments

An abundance of participants described their current orchestral experiences as welcoming, understanding, and supportive. Several reflected on past environments and emphasized how refreshing it was to now be part of groups in which individuals felt valued and celebrated for their differences. For example, one participant noted, “...being in a group now that actually cares about our differences and disabilities, it’s been a huge wonderful change. I’ve never been in such a group that celebrates its members & their differences and I

love it.” Others acknowledged that their accessibility needs and requests were met. One participant wrote, “My orchestra has been consistently excellent regarding my needs. If I need to leave early or skip rehearsal they are always understanding.”

These comments sometimes directly referenced the role of leadership in fostering inclusive environments, which is further explored in Theme 5. For instance, one participant shared that their current ensemble was “...one of the most enjoyable because of the accepting nature of the conductor and the players.” Such reflections highlight how leadership and group culture regarding accessibility can impact participants’ experiences of enjoyment.

Several participants also expressed a desire for more visible and explicitly communicated accessibility practices. For example, one participant suggested, “It would be awesome to see even more proactive mention of what the orchestra might do & increase accessibility and make someone with disabilities feel welcome from the get-go.” This comment indicates that, beyond supportive interactions experienced once musicians are already part of the group, accessibility also depends on how visibly inclusive the ensemble appears to those outside of it. In other words, the visibility of accessibility practices may shape first impressions for prospective members. From this external perspective, such signals have the potential to communicate whether an orchestra is welcoming and inclusive even before participation begins.

Taken together, these reflections indicate that welcoming and understanding environments have direct implications for participants’ experiences of enjoyment and satisfaction within their ensembles. They also suggest that visible communication about how an orchestra positions itself in terms of accessibility has the potential to foster inclusive environments even before musicians become part of the group.

5.4.5 Theme 5: Leadership modeling and awareness

Some participants frequently perceived leadership attitudes and behaviors as central to shaping the culture of the orchestra. In the qualitative responses, leadership was most often represented by the music director or conductor. For example, one participant noted, “My experience is that so much of the tone of a group is set by the conductor.” Another participant similarly wrote, “I think for me, just having an understanding leader is good enough.” These reflections suggest that leadership plays a key role in establishing expectations around inclusion, communication, and support within the ensemble.

Some examples illustrated situations in which leadership, represented by conductors or music directors, did not demonstrate awareness or understanding regarding participants’ lived experiences. One participant wrote, “Once a conductor scolded me because I rested the bell of my instrument on my knee while playing. I had severe hard pain from arthritis.” Another participant, sharing their experience with anxiety and heightened impostor syndrome, expressed, “It would have helped... that they [the conductor] considered [the] emotional needs of players.” These accounts suggest that limited awareness of physical, mental and emotional needs can negatively affect participants’ experiences.

Perceptions of awareness, or the lack thereof, were not limited to leadership alone. One participant observed, “In more rigid groups, lack of awareness has led to interpersonal dynamics with musicians that were not dealt with well by orchestra leadership.” This comment suggests that awareness operates at multiple levels, including musician-to-musician interactions as well as musician-to-leadership relationships. Increased awareness across the ensemble may therefore contribute to greater understanding and more informed responses from leadership when challenges arise.

Some participants perceived that conductors may prioritize musical outcomes over personal or interpersonal needs. As one participant stated, “classical music environments,

which may include community orchestras, are not the most friendly to neurodivergents, *[sic]*” and suggesting that “a good start to addressing these issues would be putting musician wellbeing before performance quality.” This perspective was echoed in another response noting that “Music is important (quality), but so is the experience.”

Bérubé et al., (2024) address the intersection of access and perceived quality, noting that “too often, pursuit of accessibility, diversity, equity and inclusion (ADEI) involves an inherent assumption that quality will decrease without careful consideration of how it can increase excellence and quality” (p. 21). This observation invites a re-examination of the relationship between access and quality within the orchestral context and raises important questions: Can orchestras that place accessibility and inclusion at the forefront of their practices, enhance the quality of the artistic experience? And in turn, how does this look like in practical terms?

While this dissertation does not pursue the answers to those two questions, the resulting data from the present study demonstrates a clear need for orchestras to view accessibility and inclusion not as peripheral concerns, but rather as essential components of organizational and artistic development. A dedicated research study of contemporary orchestras that operate primarily from a ADEI lens, could bring to light the many ways in which access and inclusion may serve not only as mechanisms for opening participation for more musicians, but also as catalysts for artistic growth and quality. Rather than existing in tension with artistic quality, accessibility and inclusion can represent important pathways toward achieving it.

5.4.6 Theme 6: Value of community orchestra and willingness to help others

One of the most uplifting and empowering recurring themes in this research was participants’ narratives describing the value that community orchestras play in their lives, as

well as their willingness to support others. Many participants shared stories of resilience and described the orchestra as an anchor during challenging periods. Comments such as “It is a blessing to play with an orchestra” and “My favorite day of the week” illustrate the positive emotional connection participants feel toward their ensembles.

Several narratives highlighted the role of music and community in sustaining individuals through personal hardship. For example, one participant shared, “Music used to hurt when I lost a loved one who supported me. It took me years to come back... The community & support of other musicians have been my reliable source of resilience.” Another participant wrote, “I have [also experienced] periods of depression in life when music was the only light.”² Similarly, one musician described returning to playing after a stroke and a four-to-five-year period of rehabilitation and lessons; upon their first rehearsal back, the orchestra applauded their return. Another participant succinctly stated, “Orchestra has saved me my whole life.”

These narratives speak to the intrinsic capacity of community orchestras to uplift and empower individuals. They portray ensembles as spaces of belonging, nurturing, healing and growth; environments in which participants bond, support one another, and draw strength from shared musical experiences. Collectively, these accounts suggest that community orchestras play a meaningful social role and underscore the importance of continuously striving to foster inclusivity, belonging, and welcoming environments for all musicians.

Participants also described a strong willingness to help others within their ensembles. For instance, one participant noted, “I’m glad to now be one of the people who help others w/moving equipment or other physical needs, as long as I am able.” Another participant explained that the musician seated next to them is hard of hearing and added, “I’ve adjusted

² These brackets indicate corrected word order. The original quote had the words reversed.

my behavior to ensure they know where the conductor is starting generally every time we play.”

Taken together, these narrations illustrate an already existing culture of mutual support, empathy, and empowerment. These narrations are particularly meaningful because they highlight an element that is crucial in the creation and expansion of inclusive spaces: allyship. In this context, allyship refers to the idea that advocacy and support should not rest solely on individuals with disabilities advocating for themselves or for others with disabilities. Rather, it highlights the importance of true partnership within the ensemble, including support from individuals who may not personally experience disabilities themselves. This in turn will continue to foster empowerment for all members of the orchestra.

5.4.7 Theme 7: Resource barriers to accommodation

Lastly, theme 7 highlights participants’ experiences with limited resources, whether material, structural or informational, and how these constraints impact the implementation of accommodations. Several participants described structural and environmental factors that contributed to physical discomfort or barriers to participation. For example, multiple respondents noted the relationship between chronic pain and the rehearsal chairs provided, explaining how seating arrangements exacerbated their symptoms. Others mentioned room conditions, such as spaces being too hot or too cold, as well as accessibility concerns including the absence of handrails on stairs.

Additional comments pointed to barriers related to knowledge and expertise. For instance, one participant described their orchestra’s previous challenges in including members with autism, noting that, as a volunteer group, the orchestra did not have the necessary knowledge or resources to provide appropriate support.

This observation underscores the importance of access to information, training, and guidance related to accessibility and disability. The lack of such knowledge may unintentionally limit participation, even in environments that are otherwise supportive. Collectively, these responses suggest that structural limitations and resource constraints, both tangible and informational, can be a factor that presents meaningful barriers to accommodation in community orchestras.

5.5: IDENTIFYING OPPORTUNITIES FOR IMPROVED INCLUSION

To address one of the main research questions of this dissertation, namely, what improvements or changes could enhance accessibility and, in turn, improve the overall experience of community orchestra members by reducing barriers to participation, a comprehensive list of opportunities for improved inclusion was drawn directly from the qualitative data of this study.

The list presented here is not intended to be exhaustive. Rather, it is offered as a starting point, with the expectation that future research and practice may build upon these recommendations. The suggestions below reflect practices that participants identified as effective within their current orchestras, as well as areas where they expressed a desire for improvement.

Community orchestras provide valuable spaces for individual growth and enrichment, often doing so with limited resources, both in terms of human capacity and materials. The work of these groups is invaluable, and many organizations rely heavily on the efforts of volunteers. As such, limitations in budget and capacity are recognized. The recommendations below are intended to spark ideas and initiate conversation. When resource constraints arise, organizations may consider drawing on alternative forms of resourcefulness and connecting with their communities to actively engage in identifying collaborative solutions.

These recommendations were analyzed and grouped into six categories. It is the author's hope that this practical list may serve as a resource for community orchestra leaders, board members, music directors, conductors, volunteers and musicians alike, and that it may spark further conversation and exploration of inclusive practices.

1. Awareness and Communication Practices

- Be flexible with standing up and sitting down concert protocols when the conductor enters the room. Some musicians may experience increased difficulty in doing this in a fast manner.
- Mindfulness of voice projection, including volume and articulation, when giving instructions.
- Consider musicians' instrument size when navigating buildings and rehearsal spaces.
- Consider the length of pieces and the level of endurance required; adjust rehearsal and concert accordingly, including additional breaks.
- When in rehearsal, use clear techniques for bringing a section's attention back when addressing another section for a long time.
- Multiple participants experience heightened difficulty hearing and understanding while side conversations and background noise is happening. Address expectations around minimizing side conversations or noises when giving instructions.
- Encourage awareness of noise sensitivity and offer seating accommodations when possible.
- If an intended solution does not work, continue exploring alternative approaches rather than abandoning the effort.

2. Materials, Tools and Resources

- If possible, provide large-print or large-font music when needed, and communicate this as an option.
- Make both digital PDF and printed copies of music available.
- Ensure parts are readable and consider factors such as transposition.
- Provide captions (subtitles) and visual support for instructional or informational content during rehearsals and concerts.
- Provide earplugs onsite.
- Use microphones or voice amplifiers.
- Consider providing stand lights when possible.
- Develop a carpool list for participants who would like transportation support or companionship.

3. Physical and Environmental Accessibility

- Address lighting concerns; if rehearsal room lighting cannot be modified, provide or suggest to musicians to bring stand lights.
- Allow players to use their own music stands when space permits. This was one of the most common needs expressed for a variety of reasons.
- Provide maps of facilities, including accessible entrances, ramps, elevators, and parking locations.
- Ensure general ADA compliance as a minimum standard.
- Consider the size of the rehearsal space in relation to ensemble needs. If a bigger space cannot be acquired, communicate with members that space is limited. Proactively setting that expectation would be helpful.

- Upgrade chairs when possible, or have a handful of ergonomic chairs on site that musicians with chronic pain or similar difficulties can use; alternatively provide or suggest cushions for extended periods of sitting.
- Provide sound barriers when feasible.

4. Rehearsal Structure and Participation Flexibility

- Do not make setup and teardown of chairs and stands mandatory for all members; designate volunteers or assigned individuals.
- Allow reasonable time for rehearsal setup and check whether the allotted time is sufficient.
- Consider programming additional short breaks or adjust break distribution throughout rehearsal.
- Allow participants to take individual breaks as needed, even outside scheduled break times, and clearly communicate this as an option.
- Encourage optional stretching or breathing exercises during rehearsal.
- Provide flexible attendance policies, allowing members to take leave and return when needed.
- Allow participants experiencing temporary challenges to attend rehearsal to listen, follow along, or observe without playing, in order to remain engaged. Communicate this as an option.

5. Organizational Policies and Systems

- Create and maintain a clear system for requesting accommodations (e.g., online form, printed form, or designated contact email), and communicate this clearly.
- Regularly communicate the availability of accommodation requests.

- Seek feedback from participants to evaluate whether accommodations efforts are effective and consistent.

6. Professional Development and Partnerships

- Seek and establish partnerships with organizations or businesses that can provide knowledge, training, or accessibility tools.
- Provide and engage in ongoing professional development focused on accessibility, inclusion, and disability awareness. As Bérubé (2024) notes, “Training and awareness-raising therefore appear to be a prerequisite for broader organizational action to promote accessibility policies” (p. 21).
- Continuously learn from experts and community members to improve inclusive practices.

After examining the tangible practices that emerged from the data, additional sources and potential solutions warrant consideration. For example, Figure A presents Dattilo’s (2025) “Model for Inclusive Leisure Services for People with Disabilities.” In this graphic, Dattilo outlines six recommendations for leisure service providers aimed at ensuring the inclusion of people with disabilities.



Figure A - (Dattilo, 2025)

Developing a similar chart within community orchestras, one that identifies key elements of inclusion alongside corresponding implementation actions, could be highly beneficial. Such a framework would not only facilitate concrete action but also support the development of reasonable, measurable outcomes that could be used to assess progress over time.

Community orchestras can strengthen accessibility and inclusion efforts by creating Musician Handbooks or revising existing ones to incorporate inclusive language and dedicated accessibility policies throughout. Several publicly available handbooks on the creation, development, and management of community orchestras already exist, including those by Thompson (1952), Van Horn (1979), and Dickie (1920). A handbook written within a 21st-century context should position accessibility and inclusion as core components of community ensemble practice.

Furthermore, many community orchestras maintain internal musician handbooks that outline policies and expectations related to participation. These documents are not often published, and are mostly shared only for internal use; as such, these were not examined for the purposes of this dissertation. Nevertheless, it is recommended that orchestras develop such handbooks where they do not already exist, and that these include explicit policies on accessibility and inclusion, along with clear procedures for musicians to follow when requesting accommodations or addressing accessibility needs.

Another recommendation is for community orchestras to actively connect with and seek guidance from Disability Rights Organizations (DROs). These organizations can often be identified through state, municipal and federal government websites as well as independent websites. Establishing relationships with DROs, or even reviewing their content,

may provide valuable tools, resources, and expertise related to accessibility, inclusivity, and disability awareness.

5.6: SHARED UNDERSTANDING AND CELEBRATING DIVERSITY

In their qualitative responses, a multitude of musicians shared their experiences of disability, barriers and the struggles they face when participating in orchestra. These disclosures illustrate the wide range and commonality of disability experiences present within community orchestras and highlight the importance of cultivating shared understanding among members. Additionally, this data provides an avenue for individual and communal empowerment through recognizing and celebrating participants' diversity.

In connection with Question No. 14, which asked participants whether they had observed colleagues experiencing difficulties with participation, only 28.11% (n = 115) of respondents selected this option. This relatively low percentage may reflect several factors. First, it reinforces the apparent and non-apparent nature of disability as discussed previously, as many challenges are not readily apparent to others. Second, it suggests that a significant portion of these experiences may be internalized and navigated individually, often in silence. Together, these findings underscore the need for more open communication and increased awareness. They call for intentional empathy, flexibility, and shared understanding, as well as for the inclusion, celebration and empowerment of the diversity of all members.

To illustrate this diversity, Table N presents a list of disabilities, impairments, and long-term health conditions currently impacting the sample of musicians in community orchestras included in this study. This list was compiled directly from participant responses. It is not intended to be exhaustive, but rather to highlight the commonality and breadth of disability experiences within the population studied, and to bring to the forefront the need for

visibility, inclusion, empowerment, and a normalization of accessible practices within the orchestra settings.

*All terms presented in Table N represent participants' self-described disability identities or conditions, as well as summaries of narrations of participants' lived experiences. They are reported as provided by participants and may or may not indicate terms that are medically or clinically diagnosed conditions.

Dyslexia, ADHD, visual impairment, arthritis, chronic pain, numbness, OCD, hearing loss, post-surgery recovery, dexterity problems, mobility issues, joint conditions, performance anxiety, bad disc/back injury, depression, tendonitis, migraines, autism spectrum, anxiety, post-chemotherapy effects, vertigo, bipolar disorder, Deaf identity, Tourette syndrome, limb amputation, panic attacks, neurodiversity, TMJ, neuropathy, celiac disease, autoimmune diseases, carpal tunnel syndrome, traumatic brain injury, impostor syndrome, broken bones, Raynaud's syndrome, eating disorders, ADD, Dupuytren's contracture.

Table N

5.7: LIMITATIONS

This study presents several limitations that should be considered when interpreting the findings. First, the sample was limited to community orchestras located in Washington, which may restrict the generalization of the results to ensembles in other geographic regions with different organizational structures, demographics, or cultural contexts. Additionally, the study focused exclusively on adult participants, leaving out the perspectives of youth musicians, whose experiences and accessibility needs may differ. Another limitation relates to the structure of the survey itself. Because the survey was designed to be completed in approximately ten minutes, the instrument relied primarily on quantitative questions, allowing only limited space for qualitative responses. As a result, the depth and nuance of participants' experiences may not have been fully captured.

Furthermore, the context in which surveys were distributed may have influenced participants' responses. For example, in orchestras where surveys were administered during rehearsal breaks, musicians' need for rest or varying energy levels may have affected their engagement. Similarly, when surveys were distributed at the beginning of rehearsals, some participants may have felt pressure to complete them quickly in order to begin rehearsal on time. These situational factors introduce variability in response quality and completeness.

Uneven representation across ensembles also represents a limitation. Because response rates could not be systematically gathered (an issue discussed in Chapter 3) it is unclear how participation varied between orchestras. Some ensembles may therefore be overrepresented in the dataset, while others may be underrepresented, which could influence the overall patterns observed. Additionally, individual understandings of accessibility and disability may have varied among participants, potentially shaping how questions were interpreted and how responses were provided.

Finally, the data was completed on paper and manually entered by the author into a digital format. Although this process was conducted with the utmost care and attention to accuracy, manual data entry introduces the possibility of minor transcription errors. A fully digital survey administered directly to participants could help minimize this potential margin of error in future research.

5.8: CALL FOR FUTURE RESEARCH

This study focused on active participants in community orchestras, but future research could expand to include musicians who no longer participate or who wish to participate but face barriers that prevent their involvement. Such research would provide critical insight into how a lack of access actively impedes participation. Qualitative interviews could be particularly useful for exploring the specific barriers that have prevented individuals from engaging with orchestras altogether.

In addition, incorporating the perspectives of orchestra leadership would deepen understanding of accessibility and inclusion. Engaging conductors, music directors, and other leadership personnel could illuminate their perceptions of accessibility, their role in fostering inclusive practices, and their own lived experiences with disability or barriers within their profession.

Further research could also investigate why participants choose not to request accommodations and examine factors influencing comfort levels among gender minorities and younger adults when expressing accessibility needs.

Finally, while this study focused primarily on accessibility through a disability lens, the findings revealed participant interest in broader aspects of access, including transportation, financial support, and knowledge resources. Future research that explores these additional dimensions of accessibility in community orchestra settings would provide a more comprehensive understanding of all-encompassing barriers, and in turn, support wider inclusive practices.

CHAPTER 6: CONCLUSION

Through a research survey study with community orchestras in Washington, this work studied the lived experiences relating to accessibility, through a disability lens, among musicians who play in such community orchestras. By studying and portraying these lived experiences as fully and transparently as possible, this study sought to understand how the presence or absence of accessible practices impacted musicians' experiences. This study also sought to understand the level of safety and comfort that musicians feel in expressing their needs, as well as to gain insight into whether or not there is a shared desire among community orchestra members for leadership to be more proactive in researching and implementing accessible practices. Lastly, this study sought to serve as a tool for readers to gather ideas for improvements that could foster accessibility and inclusion, and improve the overall experience of community orchestra members.

In this study, participants clearly narrated the impact of both accessible practices and the lack thereof. Through qualitative responses, participants offered accounts that described both their struggles with the lack of accessibility, as well as their satisfaction with its presence. Furthermore, a significant number of participants reported that specific accessibility practices could make their rehearsal and performance experiences more enjoyable.

Adaptability was a prominent theme among participants' responses. Multiple participants described the various ways in which they have adapted their rehearsals and performances to accommodate accessibility needs, providing a clear picture of the multitude of solutions that could be implemented as accessible practices, and simultaneously, highlighting gaps in communication between orchestra members and leadership that could be further explored.

Advocacy, openness and willingness to help others was a very common theme amongst participants' qualitative responses, indicating that community orchestras might already have in place an intrinsic culture of support, connectedness and allyship, from which orchestra leaders can continue to build upon and reinforce mutual support, and in turn, foster inclusivity for all.

Within the sample studied, this research found that a significant number of participants feel comfortable expressing their accessibility needs to leadership (music director/conductor, board, etc.). It was noted, however, that comfort levels were considerably lower when participants were asked in public, in front of the ensemble, to request their accommodations. As such, the data suggests that finding different, more private avenues for participants to request accommodations is recommended.

This study also found that the younger adult population is considerably less inclined and less comfortable expressing their accessibility needs in comparison with older adults. This is particularly relevant, as the data highlighted that the younger population (18–29 years old) reported a significantly higher perceived impact of their disabilities in rehearsal and concert context. In other words, the younger population in this study demonstrated the highest perceived impact while simultaneously reporting the lowest comfort levels in requesting accommodations, indicating that more work is needed to understand how to bridge this gap.

The data in this study also suggests that musicians who belong to gender minorities, and musicians with less seniority in the group, may be less likely to request accommodations for their accessibility needs. The results of this study do not suggest or recommend broad generalizations, but rather offer a platform for further research, both with larger samples and with more extensive qualitative work.

Additionally, this study found that the sample of participants was almost evenly divided between those who expressed a desire for leadership to be more proactive regarding accessibility and those who remained neutral. The number of participants who disagreed with this statement was considerably small, and further research could be conducted to better understand the reasons why some participants may not feel that increased proactivity and visible action from leadership is needed. As such, this study suggests that there is openness and desire among a substantial proportion of participants for more proactive and tangible actions from community orchestra leadership.

This study offered a list of recommended actions drawn directly from the data (participants' survey responses), presenting suggestions that could improve inclusion and accessibility. Furthermore, the author added a few additional recommendations that may also be considered.

Lastly, it is important to note that although this study was conducted exclusively with community orchestras and did not include other types of ensembles, such as professional or youth orchestras, wind bands, or other musical groups, the findings may have broader applicability and may be transferable to other large ensembles as mentioned above.

Overall, it is the author's hope that this study serves to present a clear picture of the importance of inclusion and accessibility at the forefront of community orchestras, and that it serves as a platform for further research and continued work in the field.

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Appendix A - University of Washington – Human Subjects Division Letter



DETERMINATION OF EXEMPT STATUS

December 23, 2025

Dear Gabriela Garza Canales:

On 12/23/2025, the University of Washington Human Subjects Division (HSD) reviewed the following application:

Type of Review:	Initial Study
Title of Study:	Accessibility Practices in Community Orchestra Settings
Investigator:	Gabriela Garza Canales
IRB ID:	STUDY00024623
Funding:	None

Exempt Status

HSD determined that your proposed activity is human subjects research that qualifies for exempt status (Category 2). This determination may or may not be based on the Limited IRB Review process.

- This determination is valid for the duration of your research.
- This means that your research is exempt from the federal human subjects regulations, including the requirement for IRB approval and continuing review.
- **Depending on the nature of your study, you may need to obtain other approvals or permissions to conduct your research. For example, you might need to apply for access to data or specimens (e.g., to obtain UW student data). Or you might need to obtain permission from facilities managers to approach possible subjects or conduct research procedures in the facilities (e.g., Seattle School District; the Harborview Emergency Department).**
- HSD does not make determinations on behalf of other institutions. If other institutions are involved in the research, they may need to make their own determination or they may decide to be guided by our determination.

Only certain types of changes to exempt research require that you submit a modification in Zipline. For information about what changes require a Modification, refer to the guidance on [Exempt Research](#). If you are unsure if your proposed changes require a modification, contact your [HSD team](#) before preparing the modification.

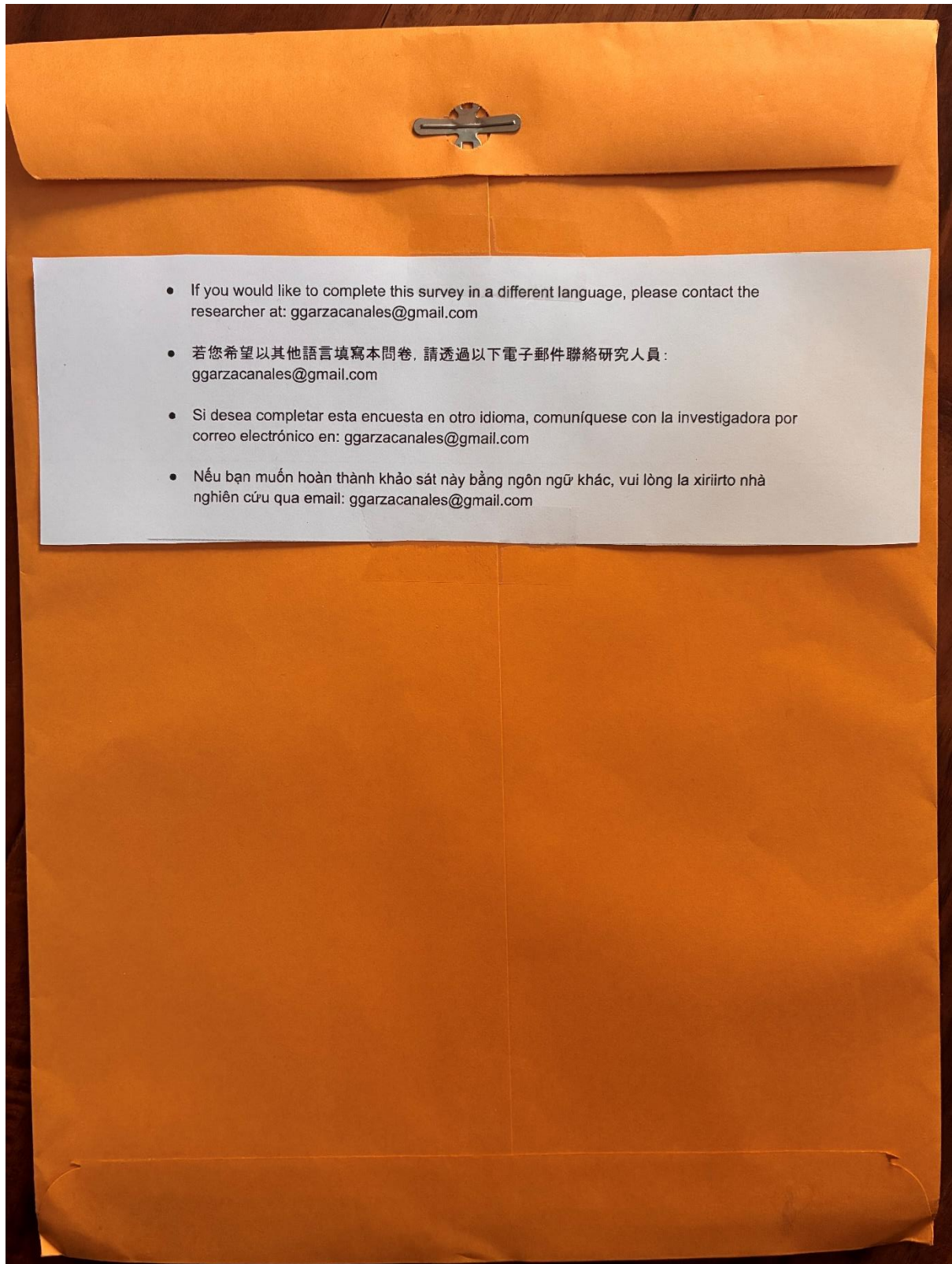
HSD does not review or approve consent plans and consent materials for exempt research. Researchers are still responsible for providing subjects with information about the research prior to their agreement to participate. Refer to the guidance on [Exempt Research](#) for details about what information should be provided. You may wish to use the optional [Exempt Consent Template](#) as a guide.

4333 Brooklyn Ave. NE, Box 359470 Seattle, WA 98195-9470
main 206.543.0098 fax 206.543.9218 hsdinfo@uw.edu www.washington.edu/research/hsd
Implemented 07/27/2023– Version 1.5 - Page 1 of 2

Sincerely,

Paige Bacon-Abdelmoteleb
Senior IRB Administrator – Committee A
(206) 685-8341 | pba41@uw.edu

Appendix B - Survey Envelop Sample



Appendix C - Invitation Letter *(Minimal modifications were made to the opening line)*

Subject: [Orchestra's Name] - Research Inquiry

Dear [Name],

I hope this email finds you well!

I am writing to share that I am currently conducting a research study with community orchestras in Washington State, as part of my Doctoral dissertation at the University of Washington, and I wanted to inquire whether the [Orchestra Name] might be willing to participate.

The purpose of this study is to explore how the presence or absence of accessibility practices (through a lens of disability) shapes community orchestra musicians' experiences, and to identify opportunities for more inclusive and supportive practices within community ensemble settings.

Participation would involve a short (5–10 minute), voluntary, anonymous printed survey that, with your permission, I would distribute to orchestra musicians (adults 18+ only) during a rehearsal. Participation is entirely optional for each musician.

My hope is that this study serves as a starting point for deeper reflection around accessibility and inclusion, and ultimately helps uplift and empower community musicians through more thoughtful, inclusive practices.

For clarification, the names of participating orchestras will not be collected in the survey nor included in the dissertation. Orchestras will be referenced only in general terms (e.g., “community orchestras” “orchestras”, etc), and no identifying information such as names, emails, phone numbers, or signatures, will be collected from participants.

With that in mind, I would be grateful for your permission to distribute the survey to musicians in the [Orchestra Name]. I have attached the full survey (+ consent form) as a PDF for your review.

I am hoping to gather data between January and February. If you are open to participating, would you please let me know which rehearsal date(s) might be feasible for me to briefly attend and distribute the survey? I anticipate this would take no more than 10 minutes of rehearsal time.

Thank you very much for considering this request. Your and [Orchestra Name] support would add tremendous value to this research and to ongoing conversations about accessibility and inclusion in our community music spaces. I would be happy to answer any questions you may have.

Kind regards,
Gabriela Garza Canales

Appendix D - Survey

– By completing this survey, you confirm that you are at least 18 years of age –

INSTRUCTIONS: Circle or check the response that best applies to you

PARTICIPANTS DEMOGRAPHIC & GENERAL INFORMATION

What is your age group?

- a) 18-29
- b) 30-39
- c) 40-49
- d) 50-59
- e) 60+

Gender Identity:

- a) Woman
- b) Man
- c) Transgender
- d) Non-binary/non-conforming
- e) Two-Spirit
- f) Another identity
- g) Prefer not to respond

Over the course of your life, how many years in total have you performed in an orchestra?

- a) 1-3
- b) 4-7
- c) 8+

How many years have you been playing with this particular orchestra?

- a) 1 (or less than 1)
- b) 2-3
- c) 4+

In what section of the orchestra do you play?

- a) Brass
- b) Strings
- c) Percussion
- d) Woodwinds
- e) Other (harp, piano)

Select the option that best describes your affiliation with this orchestra:

- a) Community orchestra member (not paid—I don't get paid to play with this orchestra)
- b) Community orchestra member (paid—I get paid to play with this orchestra)

SURVEY – MULTIPLE CHOICE QUESTIONS

1. With how many community orchestras or musical groups do you rehearse every week?

- a) 1
- b) 2–3
- c) 4+

2. Do you enjoy rehearsing and performing music with community orchestra(s)?

- a) Strongly agree
- b) Agree
- c) Neutral
- d) Disagree
- e) Strongly disagree

3. How important is rehearsing and playing in an orchestra to you?

- a) Extremely important
- b) Important
- c) Neutral
- d) Unimportant
- e) Extremely unimportant

4. Does playing in a community orchestra add value to your life?

- a) Strongly agree
- b) Agree
- c) Neutral
- d) Disagree
- e) Strongly disagree

5. Do you consider yourself to have any disability, impairment, or long-term health condition?

****Please answer based on your own understanding or lived experience — a medical diagnosis is not required to answer “yes” to this question****

Some examples include: arthritis; hearing or vision loss; chronic pain; mobility difficulties; memory or thinking challenges; autism; ADHD; or any other experience that you personally consider a disability.

- a) Yes
- b) No

--- IF YOU ANSWERED NO: Skip to Question No. 14 ---

--- IF YOU ANSWERED YES: Please keep going with the following questions ---

6. Has your disability impacted your experiences while rehearsing or performing?

- a) Strongly agree
- b) Agree
- c) Neutral
- d) Disagree
- e) Strongly Disagree

7. Do you find yourself constantly adapting to make up for unaddressed accessibility needs?

- a) Strongly agree
- b) Agree
- c) Neutral
- d) Disagree
- e) Strongly Disagree

8. Have you requested any accommodations to improve accessibility or enhance your experience?

- a) Yes
- b) No

9. If yes, were your requests addressed?

- a) Yes
- b) No
- c) They were somewhat addressed, but not fully
- d) I have not requested accommodations

10. How comfortable do you feel expressing your accessibility needs to the leadership of the organization (music conductor, executive director, personnel manager, etc.)?

- a) Very comfortable
- b) Comfortable
- c) Neutral
- d) Uncomfortable

e) Very uncomfortable

11. If during rehearsal, someone announced to the whole orchestra, “Does anyone have accessibility needs?”, how comfortable would you feel saying that you do out loud?

- a) Very comfortable
- b) Comfortable
- c) Neutral
- d) Uncomfortable
- e) Very uncomfortable

12. Would you agree that specific accessibility practices could make your rehearsal and performance experience more enjoyable?

- a) Strongly agree
- b) Agree
- c) Neutral
- d) Disagree
- e) Strongly disagree

13. Should leadership be more proactive in being aware and finding ways to ask about accessibility needs?

- a) Strongly agree
- b) Agree
- c) Neutral
- d) Disagree
- e) Strongly disagree

14. Check all statements that resonate with you

If no statements resonate with you, simply leave blank

___ I have observed colleagues experiencing difficulties or barriers to full participation due to accessibility issues.

___ The leadership in my orchestra (music conductor/director, executive director, orchestra manager) is open to hearing about accessibility needs.

___ I would like to see my orchestra’s leadership take action and proactively create environments that support accessible participation for all individuals.

Last question on the next page →

SURVEY – NARRATIVE QUESTION

15. This is an open space for you to respond to any or all of the following prompts:

- Can you describe a time when you experienced difficulties or barriers to participating in the orchestra?
- What would have improved that experience for you?
- Is there anything else you would like to share about your experience playing in the orchestra, including changes you believe could enhance the community's overall enjoyment and participation?

**Written responses may be quoted directly (anonymously) in the dissertation or referenced in summary to help illustrate broader themes. Participants are advised not to include any identifying information in their responses.*

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!

Appendix E – Survey consent/information form

Accessibility Practices in Community Orchestra Settings

Consent Form

What is this study about?

You are invited to participate in a research study for a Doctor of Musical Arts dissertation examining how the presence or absence of accessibility practices shapes community orchestra musicians' experiences and identifying opportunities for improved inclusion.

Participation is completely voluntary. If you choose to participate, you will complete an anonymous printed survey. You may answer as many or as few questions as you wish and may skip any question at any time.

The survey is anonymous. No names, email addresses, phone numbers, or signatures will be collected.

The survey includes optional demographic questions (such as age range, gender identity, and disability status) that are used to better understand accessibility needs and experiences across different groups. You may choose not to answer any of these questions.

Most survey questions are multiple choice. The final question is open-ended. Written responses may be quoted anonymously or summarized in the dissertation to illustrate broader themes. Please do not include identifying information in your responses.

You are eligible to participate if you are 18 years of age or older and currently participate in a community orchestra as a musician.

What will you be asked to do?

If you agree to participate in this study, you will be asked to complete an anonymous printed survey. The survey should take approximately 5–10 minutes to complete.

What will happen to the information you provide?

The information you provide will be anonymous. The principal investigator will analyze the data collected from all participants to identify trends and themes and to draw conclusions in support of the dissertation research. The completed dissertation will be published upon completion of the study.

What can you do if you want more information?

Talk to the study team

Gabriela Garza Canales is the lead researcher at the University of Washington for this study and can be contacted at [\[author's email was added here\]](#)

Talk to someone else

If you want to talk with someone who is not part of the study team about the study, your rights as a research subject, or to report problems or complaints about the study, contact the UW Human Subjects Division at hsdinfo@uw.edu or 206-543-0098.

Appendix F – Survey quantitative results

PARTICIPANTS DEMOGRAPHIC & GENERAL INFORMATION

What is your age group?

18-29	73	17.84%
30-39	77	18.82%
40-49	63	15.40%
50-59	40	9.77%
60+	155	37.89%
No response	1	0.24%
Total	409	

Gender Identity:

Woman	235	57.45%
Man	142	34.71%
Non-binary/non-conforming	15	3.66%
Transgender	2	0.48%
Prefer not to respond	3	0.73%
Another identity	1	0.24%
No response	1	0.24%
Woman, Non-binary/non-confirming	3	0.73%
Woman, Transgender	2	0.48%
Man, Another identity	1	0.24%
Man, Non-binary/non-confirming	1	0.24%
Non-binary/non-conforming, Two Spirit	1	0.24%
Transgender, Man	1	0.24%
Transgender, Non-binary/non-conforming	1	0.24%
Total	409	

Over the course of your life, how many years in total have you performed in an orchestra?

1-3	26	6.35%
4-7	45	11%
8+	337	82.39%

No response	1	0.24%
Total	409	

How many years have you been playing with this particular orchestra?

1 (or less than 1)	93	22.73%
2-3	106	25.91%
4+	208	50.85%
No response	2	0.48%
Total	409	

In what section of the orchestra do you play?

Strings	251	61.36%
Woodwinds	64	15.64%
Brass	74	18.09%
Percussion	13	3.17%
Other (piano/harp)		
Multiple sections	6	1.46%
No response	1	0.24%
Total	409	

Select the option that best describes your affiliation with this orchestra:

Paid	19	4.64%
Not paid	388	94.86%
No response	2	0.48%
Total	409	

SURVEY – MULTIPLE CHOICE QUESTIONS

1. With how many community orchestras or musical groups do you rehearse every week?

1	238	58.19%
2-3	158	38.63%
4+	11	2.68%
No response	2	0.48%
Total	409	

2. Do you enjoy rehearsing and performing music with community orchestra(s)?

Strongly agree	329	80.44%
Agree	76	18.58%
Neutral	2	0.48%
Disagree		
Strongly disagree		
No response	2	0.48%
Total	409	

3. How important is rehearsing and playing in an orchestra to you?

Extremely important	262	64.05%
Important	132	32.27%
Neutral	13	3.17%
Unimportant		
Extremely unimportant		
No response	2	0.48%
Total	409	

4. Does playing in a community orchestra add value to your life?

Strongly agree	357	87.28%
Agree	50	12.22%
Neutral		
Disagree		
Strongly disagree		
No response	2	0.48%
Total	409	

5. Do you consider yourself to have any disability, impairment, or long-term health condition?

Yes	168	41.07%
No	238	58.19%
No response	3	0.73%
Total	409	

6. Has your disability impacted your experiences while rehearsing or performing?

Strongly agree	34	20.23%
Agree	84	50%
Neutral	23	13.69%
Disagree	22	13.09%
Strongly disagree	4	2.38%
No response	1	0.59%
Total	n=168	

7. Do you find yourself constantly adapting to make up for unaddressed accessibility needs?

Strongly agree	16	9.52%
Agree	41	24.40%
Neutral	55	32.73%
Disagree	42	25%
Strongly disagree	8	4.76%
No response	6	3.57%
Total	n=168	

8. Have you requested any accommodations to improve accessibility or enhance your experience?

Yes	27	16.07%
No	138	82.14%
No response	2	1.19%
Total	n=168	

9. If yes, were your requests addressed?

Yes	20	74.07%
No	1	4%
They were somewhat addressed, but not fully	6	22.22%
Total	n=27	

10. How comfortable do you feel expressing your accessibility needs to the leadership of the organization (music conductor, executive director, personnel manager, etc.)?

Very comfortable	49	29.16%
Comfortable	45	26.78%
Neutral	36	21.42%
Uncomfortable	28	16.66%
Very uncomfortable	6	3.57%
No response	4	2.38%
Total	n=168	

11. If during rehearsal, someone announced to the whole orchestra, “Does anyone have accessibility needs?”, how comfortable would you feel saying that you do out loud?

Very comfortable	17	10.11%
Comfortable	35	20.83%
Neutral	37	22.02%
Uncomfortable	47	27.97%
Very uncomfortable	28	16.66%
No response	4	2.38%
Total	n=168	

12. Would you agree that specific accessibility practices could make your rehearsal and performance experience more enjoyable?

Strongly agree	17	10.11%
Agree	65	38.69%
Neutral	65	38.69%
Disagree	12	7.14%
Strongly disagree	1	0.59%
No response	8	4.76%
Total	n=168	

13. Should leadership be more proactive in being aware and finding ways to ask about accessibility needs?

Strongly agree	24	14.28%
Agree	72	42.85%
Neutral	61	36.30%
Disagree	7	4.16%
Strongly disagree		
No response	4	2.38%
Total	n=168	

14. Check all statements that resonate with you

Statement	Frequencies	% out of 409
I have observed colleagues experiencing difficulties or barriers to full participation due to accessibility issues.	115	28.11%
The leadership in my orchestra (music conductor/director, executive director, orchestra manager) is open to hearing about accessibility needs.	301	73.59%
I would like to see my orchestra's leadership take action and proactively create environments that support accessible participation for all individuals.	166	40.58%