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## The Effect of a Training Program to Improve Abilities in the Accurate Perception of Emotion and Facilitative Skills in Undergraduate Music Therapy Students

Susan M. Higgins

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THE EFFECT OF A TRAINING PROGRAM  
TO IMPROVE ABILITIES IN THE ACCURATE  
PERCEPTION OF EMOTION AND FACILITATIVE  
SKILLS IN UNDERGRADUATE MUSIC THERAPY STUDENTS

by

Susan M. Higgins

A Thesis  
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Faculty of The Graduate College  
in partial fulfillment  
of the  
Degree of Master of Music

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Susan M. Higgins

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## INTRODUCTION

An area of prime concern in the education of individuals who will work in the "helping professions" is what attributes or skills are necessary for one to be an effective therapist or helper. Empathy is one personality attribute that has been found to be a prime ingredient in the processes of counseling and psychotherapy (Werner, 1977). It has also been found to be of vital importance in nearly all interpersonal interactions. Sharp (1974) stated that "empathy is nearly universally regarded as an asset, a social skill necessary for success, an attribute that one cannot have too much of." (p. 5)

Carkhuff and Berenson (1967) conducted research which showed that, generally, in psychotherapy, client improvement was related significantly and positively to the therapist's level of empathic understanding. Furthermore, they felt that this was true for all interpersonal relationships.

Rogers (1957) stressed the importance of empathy as one of the necessary and sufficient conditions for therapeutic personality change. Fromm-Reichmann (1950) stated that "we know that the success or failure (of therapy) is greatly dependent upon the question of whether or not there is an empathic quality between therapist and patient." (Natale, 1972, p. 37)

It would appear that a significant improvement could be realized if one could define and measure this attribute

of empathy, and then develop a method of teaching it to students.

Attempts to define and measure empathy have been numerous and varied. Kagan, et al, (1967) stated that:

Even though the concept of empathy has been stressed and studied in numerous fields, there neither exists any one commonly accepted definition of empathy nor any definite answers to the critical question concerning the importance of empathic ability in various areas of human relations. (p. 460)

However, Kagan, et al, (1967) recognized some common threads of meaning that could be found in most definitions of empathy, especially those definitions which were related to counseling or interpersonal relations. They found that most of these definitions required that "a person be able to detect and identify the immediate affective state of another" (p. 463), that is to say, that they must be able to accurately perceive the emotions of another.

This concept led to the use of a term that is less global than empathy: affective sensitivity. Werner (1977) defined affective sensitivity as "the ability to accurately perceive and identify the feeling communication of another person". (p. 1) By limiting the scope of the concept, Kagan, et al, (1967) found that a test could be developed to measure it. This test is called The Affective Sensitivity Scale (A.S.S.) and has been revised several times since

1965 (see Appendix A).

Bullmer (1975) explained further the narrowing scope of empathy. He stated that:

Empathy means many things to many people, but most properly it is defined as a process whereby one person perceives accurately another person's feelings and the meaning of these feelings and then communicates with sensitivity this understanding to the other person. This definition makes clear the important role played by accurate interpersonal perception in the empathic process. People who are considered to be highly empathic are both empathic perceivers and empathic responders. (p. vi)

Kagan (1976) has developed a media-based training program, entitled Interpersonal Process Recall (I.P.R.), which is directed in part at developing these two components of empathy: (1) the ability to accurately perceive emotions and (2) facilitative skills which one may use to effectively communicate this perception. This training program is a very thorough and well-researched (see Appendix B) method for learning about communication between people. The total program requires 50-60 hours of training time and has been used successfully with such diverse groups as psychiatrists, clergymen, policemen, teachers, medical doctors, nurses, college students and laborers.

In addition to the use of the total I.P.R. training, various parts of the training have been used successfully. The scope of this study entailed the use of just one unit

of this training: "The Elements of Facilitating Communication."

### Summary

In summary, it has been shown that empathy is recognized as a vital attribute for an effective therapist or helper. It has also been shown, that despite its wide recognition, empathy has proven to be difficult, if not impossible, to define and measure. Therefore, the concept of "affective sensitivity" emerged, which is both definable and measurable. I.P.R. has been developed, in part, to teach the two main concepts of affective sensitivity: (1) the ability to accurately perceive emotion and (2) facilitative skills to communicate that perception to others. Tests to measure the effectiveness of this training have also been developed and will be explained in detail later in this paper.

The scope of this project was to use a part of the I.P.R. model within the training of music therapy students. Music therapy is widely recognized as one of the disciplines of the helping professions. Therefore, it seems likely that music therapy students could benefit from training in the ability to accurately perceive emotions in others and facilitative skills to communicate that perception to others. McQuiston (1978) identified these components of empathy as measurable contributors to students' clinical capabilities in the field of music therapy.

Furthermore, this author recognized a desire, on the part of music therapy students, for training of this kind from discussions with students who were doing field experience under her supervision as a graduate assistant. Students frequently expressed feelings of inadequacy or uncertainty in the area of interpersonal communication with clients. Although many aspects of becoming an effective music therapist are dealt with very thoroughly in their professional classes, the specific concepts of the components of affective sensitivity are not covered.

The purpose of this project, then, was to attempt to determine if a training program consisting of one unit of Interpersonal Process Recall ("The Elements of Facilitating Communication") would improve abilities to accurately perceive emotions and facilitative skills to communicate those perceptions among undergraduate music therapy students at Western Michigan University, Kalamazoo, Michigan.

## THE PROBLEM AND ITS SETTING

### The Statement of the Problem

This study attempted to determine if an introductory training program consisting of one unit of Interpersonal Process Recall ("The Elements of Facilitating Communication") would significantly improve certain abilities of undergraduate music therapy students at Western Michigan University. These abilities included: (1) the accurate perception of emotions in others and (2) facilitative skills to communicate that perception. It should be noted here that this was an introduction to the I.P.R. training and it was not expected that the students would become as proficient in these two aspects of affective sensitivity than if they had received the entire I.P.R. training.

### The Subproblems

#### The first subproblem

The first subproblem was to compare the total scores of the Affective Sensitivity Scale, Form E-A-2, between Experimental and Control groups. This test measures the ability to accurately perceive emotion in others and was administered posttest only.

### The second subproblem

The second subproblem was to compare the sub-category scores of the A.S.S. between Experimental and Control groups. The sub-category scores designate the areas of relating ability. The areas include: (1) inter, (2) intra, (3) adult, (4) child, (5) male, (6) female, and (7) total.

### The third subproblem

The third subproblem was to compare gain scores obtained from a pre and posttest administration of the Counselor Verbal Response Scale (C.V.R.S.) for the Experimental and Control groups. This test measures the subjects' abilities to identify types of facilitative responses made by an interviewer in an interpersonal interaction. It also includes a global rating of each response as to its effectiveness.

### The fourth subproblem

The fourth subproblem was to determine if subjects' level in school (i.e., freshmen, sophomore, junior, senior) would be related to the scores of the A.S.S.

### The fifth subproblem

The fifth subproblem was to determine if subjects' level in school (i.e., freshmen, sophomore, junior, senior)

would be related to the scores of the C.V.R.S.

The sixth subproblem

The sixth subproblem was to determine if a correlation exists between the number of supervised field experiences the subjects have participated in and the scores of the A.S.S.

The seventh subproblem

The seventh subproblem was to determine if a correlation exists between the number of supervised observational experiences in which subjects have participated and the scores of the A.S.S.

The eighth subproblem

The eighth subproblem was to determine if a correlation exists between a supervisor rating of subjects' interpersonal effectiveness with scores on the A.S.S. This supervisor rating of subjects' interpersonal effectiveness was based on criteria set by Truax and Carkhuff (1972). (See Appendix C)

The ninth subproblem

The ninth subproblem was to determine if a correlation exists between subjects' abilities to accurately perceive emotion and their ability to identify appropriate facilitative



responses that could be used to communicate such a perception. The total scores on the A.S.S. and the scores on the C.V.R.S. will be used for this purpose.

### The Hypotheses

#### The first hypothesis

It was hypothesized that there would be no significant differences in total scores of the A.S.S. between Experimental and Control groups.

#### The second hypothesis

It was hypothesized that there would be no significant differences in sub-category scores of the A.S.S. between Experimental and Control groups.

#### The third hypothesis

It was hypothesized that there would be no significant differences between gain scores on the C.V.R.S. for the Experimental and Control groups.

#### The fourth hypothesis

It was hypothesized that subjects' level in school (i.e., freshmen - senior) would not be related to their scores on the A.S.S.

The fifth hypothesis

It was hypothesized that subjects' level in school (i.e., freshmen - senior) would not be related to their scores on the C.V.R.S.

The sixth hypothesis

It was hypothesized that there would be no significant correlation between the number of field experiences of subjects and their scores on the A.S.S.

The seventh hypothesis

It was hypothesized that there would be no significant correlation between number of supervised observational experiences of subjects and their scores on the A.S.S.

The eighth hypothesis

It was hypothesized that there would be no significant correlation between a supervisor rating of interpersonal effectiveness for subjects with their scores on the A.S.S.

The ninth hypothesis

It was hypothesized that there would be no significant correlation between the total scores of the A.S.S. and the scores of the C.V.R.S.

### The Delimitations

The subjects in this study were limited to undergraduate music therapy majors at Western Michigan University during Winter Semester 1979.

The intent of this project was to provide an introduction to the concepts of accurately perceiving emotions and facilitative skills to communicate that perception. It must definitely be realized that in such a short-term project as this, it was not expected that these skills would be perfected or internalized to the extent that they would in a long-term and more intense treatment of this material. It was expected, however, that the subjects might benefit from this training and might use these skills effectively both in their undergraduate field work and, later, in their professional work.

It must also be noted that this training was not scheduled into regular classroom work, but did require subjects to utilize their own free time. Although the possible personal and professional benefits of this training were stressed to the subjects, the scheduling problems might have affected their motivation.

The determination of which personality attributes contribute to therapeutic effectiveness is, by no means, a new area of concern for researchers. Although the

training and tests involved in this project are recognized for their thoroughness and applicability for dealing with a component of a personality attribute of therapeutic effectiveness, it must be realized that the very essence of human nature imposes problems of ambiguity present in all research of the social sciences.

### The Definition of Terms

#### Affective sensitivity

Affective sensitivity is defined as "the ability to detect and identify the immediate affective state of another" (Campbell, 1967, p. 3).

#### Empathy

Although definitions of empathy will be discussed in this study, the purpose of including these definitions will be to help the reader understand the work already done in this area. No new definitions of empathy will be given; rather, the concept of affective sensitivity, which is a component of empathy, and a more limited construct, will be used.

#### Interpersonal Process Recall ("Elements of Facilitating Communication")

Interpersonal Process Recall is a training program

which includes a training manual and a series of films involving a total of 50-60 hours of training time for people who wish to improve their ability to interact with others. The unit entitled "Elements of Facilitating Communication" addresses itself to improving the specific abilities of accurately perceiving emotion in others and facilitating skills to communicate that perception.

#### Accurate perception of emotion

This involves the ability to describe the affective states that someone else may be experiencing; the feelings, which may be in direct opposition to the actual words spoken.

#### Facilitative skills to communicate this perception

The specific facilitative skills that were involved in this project included:

1. Exploratory responses -- Those which encourage a person to stay deeply involved in communicating and at the same time give the person freedom in what her/his next response will be.
2. Listening responses -- Those which actively and deliberately communicate to the person that you are listening and trying to understand.
3. Affective responses -- Those which identify the feeling tone of what the other person is saying and which focus on underlying attitudes, values and bodily reactions.

4. Honest labeling responses -- Those which communicate to the other person that you are willing to deal directly and frankly, but not brutally, with what you have seen and heard.

#### Abbreviations

I.P.R. - Interpersonal Process Recall

A.S.S. - Affective Sensitivity Scale, Form E-A-2

C.V.R.S. - Counselor Verbal Response Scale

#### Assumptions

The literature, supports the contention that affective sensitivity, a component of empathy, is a vital ingredient in an effective relationship in many disciplines. It was assumed, therefore, mainly from the overwhelming support for training of this type in other disciplines, that it would be valuable in the field of music therapy as well.

#### The Importance of the Study

Based on discussions with undergraduate music therapy students at Western Michigan University and observations of these same students participating in field experience, it was discovered that a need existed for training in interpersonal communication or affective sensitivity skills. McQuiston (1978) found that such skills were a contributing factor in undergraduate music therapy students' clinical

capabilities at Michigan State University.

I.P.R. has been shown to be an effective instrument to teach affective sensitivity or interpersonal communication skills to people from many different backgrounds.

Therefore, it seemed reasonable to assume that a unit of the I.P.R. training, which has been used successfully in the past as both a self-contained seminar and an introduction to the total I.P.R. training, would help to begin to fill the need for training in affective sensitivity or interpersonal communications.

## REVIEW OF RELATED LITERATURE

### Empathy An Historical Background

As long as 2,000 years ago, Plato, Aristotle, St. John, Plontinus, St. Augustine and St. Thomas Aquinas recognized the psychological processes now usually categorized under the broad term "empathy" (Gompertz, 1960). At the beginning of the twentieth century, Lipps (1909) coined the term "Einfuhlung" which was later translated into English as the term "empathy" (Buchheimer, 1963). Lipps used the term to refer to an aesthetic process in which a person took in a stimulus (some work of art) and reintegrated the stimulus, thereby causing a "feeling of oneness" or a "feeling together with" to occur (Kagan, et al, 1967). Later definitions were considered more acceptable because they made human beings rather than inanimate things the objects of empathic feeling (Kerr and Speroff, 1961). This process, when applied to interpersonal situations, becomes the common sense idea of "putting yourself in the other fellow's place" which Allport (1937) found to be common to a number of definitions of empathy.

### Empathy The Psychoanalytic Theory

Sigmund Freud is credited with establishing empathy



or emotional understanding as an essential element in all intensive psychotherapy. Clearly, the psychoanalytic school has provided the most comprehensive discussion of empathy but has not been able to provide a means of reliably measuring it -- a limit inherent in the psychoanalytic method generally (Natale, 1972).

Several psychoanalysts have expanded the notion of empathy including Cameron (1963) who suggested that it is an intellectual understanding of what is inherently foreign to our own ego in other people.

Theodore Reik (1948) has been cited for his work in empathy and suggested the following four phases of empathy. He stated that these four phases should all be present, but not necessarily occur in this sequence:

Identification, which is designated as an act of fantasy by which we become involved in an experience of others partly as a result of our own instinctive and imitative power and also by a relocation of our conscious controls. This process is, however, spontaneous and undisciplined and not conscious role taking.

Incorporation, which is the act of taking the experience of another into ourselves and is, in effect, another mode of identification. In identifying, we experience what others feel and by incorporating we take in and feel the others' experience as if they were our own.

Reverberation, the process by which the incorporated feelings strike a similar experience in ourselves.

Detachment, the process by which we withdraw from subjective involvement and use methods of reason and scrutiny (Natale, 1972, p. 35).

Fenichel (1945) stressed that empathy consists of two acts involving the feelings of both the therapist and the client: (1) an identification with the other person, and (2) an awareness of one's own feelings after the identification, and in this way an awareness of the object's feelings.

Fromm-Reichmann (1950) equated the success of therapy with the presence of empathy:

We know that the success or failure (of therapy) is greatly dependent upon the question of whether or not there is an empathic quality between therapist and patient (Natale, 1972, p. 37).

David Stewart (1956) has spent a great deal of time on investigations and processes of empathy and he argued that "empathy is the most important act in the life of one who is struggling to become a person" (Natale, 1972, p. 36).

Natale (1972) summarized the findings of the psychoanalysts by stating that although there are differing emphases on the nature and scope of the empathic process, one point emerges clearly:

What is shared in empathy consists of a hierarchy of desires, feelings, thoughts, defenses, controls, superego, pressures, capacities, self-representation and representation of real and fantasied personal relationships (p. 36).

## Empathy The Client-Centered Theory

It was with the development of client-centered therapy that the notion of empathy was operationalized (Natale, 1972). Carl Rogers (1957), who is considered the leader in client-centered therapy, stated that empathy is one of the primary factors in the necessary and sufficient conditions for psychotherapeutic personality change.

In total, he listed six psychological conditions which are both necessary and sufficient to bring about constructive personality change. They are:

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.
3. The second person, therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved (p. 96).

Rogers (1967) further explained the need for empathy:

The third condition we may call empathic understanding. When the therapist is sensing the feeling and personal meaning which the client is experiencing in each moment, when he can perceive these from "inside", as they seem

to the client, and when he can successfully communicate something of that understanding to his client, then this third condition is being fulfilled (Aspy, 1975, p. 57).

Truax and Carkhuff have, both together and independently, done a great deal of research in the area of empathy. They stated that:

The central ingredient of the psychotherapeutic process appears to be the therapist's ability to perceive and communicate accurately and with sensitivity the feelings of the patient and the meanings of these feelings (Truax and Carkhuff, 1967, p. 25).

Carkhuff and Berenson (1967) found support for the contention that generally, in psychotherapy, client improvement is related significantly and positively to the therapist's level of empathic understanding.

#### Empathy Eclectic Theory

Rogers, Carkhuff and Berenson all stated that empathy is important to all therapy situations regardless of therapeutic approaches. Rogers (1957) stated that the conditions do not differ for different types of clients (neurotic, psychotic, etc.) and/or different therapeutic approaches (i.e., psychoanalytic). Carkhuff and Berenson (1967) stated that the fact that empathic understanding is significantly related to client improvement is pertinent to all inter-

personal relationships.

Fiedler (1950) suggested that an empathic understanding of a client is more important than an intellectual one and, further, that the importance of empathic understanding appears to be equally true for therapists from different schools (i.e., psychoanalytic, non-directive or Adlerian).

Sharp (1974) was even more emphatic in his support of the value of empathy when he stated that:

Empathy, as a central ingredient in counseling, is generally accepted by practitioners in the helping sciences regardless of their point of view (p. 4).

He also said that empathy is almost universally regarded as an asset, a social skill that is necessary for success, and an attribute that one cannot have too much of.

#### Measurement of Empathy

It is evident that, in spite of abundant defining and theorizing, the concept of empathy remains an ambiguous conglomeration of meanings and shades of meaning.

The theory of empathy is a peculiar blend, and must in fact be regarded both as a theory of inference, and as a theory of intuition, depending somewhat on the coloring given it by different authors" (Allport, 1937, as cited in Kagan, et al, 1967, p. 463).

It is very easy to understand, then, that because of its very nature, empathy has been difficult to isolate and measure.

Gordon (1934) made one of the first attempts to demonstrate a person's ability to respond empathically. She used four photographs of a Mexican image which had one arm raised. The negatives of the four images were reversed and printed so that a total of eight photographs were shown to subjects. Subjects were asked to indicate which arm, right or left, was raised. They were then observed in order to detect whether they made any overt physical responses in an attempt to mimic the images in the photographs. These overt mimicking responses were taken to mean that the subjects were attempting to feel with the photographed images. This procedure attempted to operationalize Lipps' concept of aesthetic empathy and was more a demonstration of such empathy than an actual attempt to measure it (Kagan, et al, 1967).

More recently, despite the fact that empathy has not been consistently defined nor operationalized, a number of tests have been developed to attempt to measure it. Astin (1957) determined that tests to measure empathy are usually divided into two types: (1) predictive and (2) situational.

Predictive instruments determine the degree which a subject is able to predict the self-ratings or preferences of either other individuals or groups. Situational measures assess variously the ability to identify either another's affect, the similarity of feeling of subject and object, or the appropriateness of a helping response which reflects understanding. In addition, there are instruments which depend either on self-description or which objectively measure qualities which are related to empathy (Werner, 1977, p. 28).

### Predictive measures of empathy

Dymond (1949) is noted as having developed the concept of predictive measures of empathy. It requires that the subject be part of an existent group or that an experience be shared with the group so that the subject will have some knowledge about the others in the group. Each subject then rates himself and all the others in the group according to some pre-described dimensions. Each subject then rates others as he believes they would rate themselves, and as he thinks the others would rate him. Scores are then combined in an attempt to determine the degree to which each person is empathic.

The problems of this type of test are that it says nothing about the affective experience of any of the subjects nor does it distinguish between empathy and projection.

Kerr and Speroff (1954) developed another predictive measure of empathy: The Empathy Test. The authors defined empathy as "the ability to put yourself in the other person's

position, establish rapport, anticipate his feelings, reactions, and behavior" (Werner, 1977, p. 31). The test required subjects to rank three dimensions as they thought a certain type of worker might rank them. These dimensions included: (1) the likely popularity of certain types of music, (2) the likely popularity of certain periodicals, and (3) the annoyance value of different behaviors. Although there are problems with this test also, one being that the types of music and the periodicals that are listed are no longer current, this test has been cited as being successfully used in the past. Van Zeist (1952) related it to union business agents and their leadership rank and Tobolski and Kerr (1952) found it showed a relationship between automobile salesmen and their sales success. It is very questionable, however, if these measures actually related to empathy or to some other attribute that might be similar to it.

Other attempts at creating predictive empathy measures included Mahoney's (1960) Literature Test of Empathy and The Empathy Inventory by Brunclik, Thurston and Feldhusen (1967).

In general, the response of most reviewers to predictive tests of empathy has been negative. The main criticisms have been concerned with the degree of confounding with identification and projection as well as the failure to adequately measure what they purport to measure (Werner, 1977).



### Situational measures of empathy

In situational measures of empathy, subjects are asked to respond directly to some specific stimulus. The response is either in the form of an identification of the emotions or feelings involved in the situation or of choosing or phrasing an appropriate response to the situation. The stimulus may range from pictures, written statements, audio recordings, video recordings, to live situations. The advantage of this type of test is that it more nearly approximates the actual life situation in both stimulus and response. The disadvantage, however, is that the more the instrument makes the approximation, the more costly and time consuming it is to administer and to score (Werner, 1977).

### Instruments using pictures

Many measures were developed that used pictures or photographs as stimulus in an attempt to measure empathy. These included: Gatles, 1923; Gorden, 1934; Walton, 1936; Feshback and Roe, 1968; Borke, 1971; Paetyka, 1974; and Deutsch, 1975. The main problem with these tests is that they were mainly limited to use with children and they encountered the same basic problems of projection, identification and stereotyping as the predictive tests.

### Measures using written client statements

The Helping Relationship Inventory (Pfeiffer and Jones, 1973) was based on earlier work by Porter and consisted of short problem statements that might be presented by a client. Five written responses were used, and they were intended to represent (1) understanding or empathic, (2) probing, (3) interpretative, (4) supportive, or (5) evaluative statements. Each subject was asked to choose which response he would prefer to use. The problem with this measure was simply that it did not measure the degree of empathy that the subject was capable of displaying, but rather whether the therapist was more likely to prefer an empathic response over some other type of response (Werner, 1977).

### Measures using audio recordings

Several tests for empathy have been developed which use audio recordings of either real or role-played situations as the stimulus. These include Reid and Saydoes (1947), Astin (1957), O'Hern and Arbuckle (1964), Chournos (1970), and Gray, Nida and Coonfield (1976). Most of these tests relied on a panel of experts to rate the responses as to level of empathy. The test was then administered to subjects (usually counseling trainees) to determine how they scored the level of empathy. The problem with these tests was still the various opinions of the definition of empathy.

### Measures using video media

The development of the use of film and television videotape in the classroom enabled educators to present material more closely representative of a real-life situation. Buchheimer, Goodman and Sircus (1965) are cited for their three-part situation test of empathy which used motion picture film. Part One showed sequences of actual therapy sessions, but no sound was used. Subjects were asked to respond by writing what they thought was occurring during the session. Part Two was similar to Part One but sound was added. However, the therapists' responses were still silent and subjects were asked to respond as if they were the counselor. Part Three was a repeat of Part Two but this time subjects were asked to respond by choosing from a set of five responses. Judges then rated the responses to the three parts of the test. Part One indicated the subjects' ability to decode non-verbal behavior. Part Two measured the response ability of the subjects and their ability to accurately identify the feelings involved in the situation. There was difficulty, however, in inter-rater reliability with these two parts of the test. Part Three was deemed the most usable part of the test and was correlated 0.58 with empathy ratings for 24 subjects (Werner, 1977).

Rank (1966) developed a test entitled The Film Test of Counselor Perception which was similar to Part Three of the measure developed by Buchheimer, Goodman and Sircus (1965). This measure was also a motion picture situational test of empathy which showed short segments of counseling sessions. Subjects were asked to respond as to their level of agreement with statements about the segments. The test was administered at the beginning and at the end of a counseling practicum to measure the changes in perception of the trainees during their practicum. It was also used to determine the relationship between the trainee's perception and their effectiveness as counselors.

This test was found to be successful in identifying subjects who rated lowest in counseling competence, but was not effective in identifying those that ranked high (Werner, 1977).

Kagan, Krathwohl and Farquhar (1964) devised a test entitled The Affective Sensitivity Scale, Form A, which also used filmed excerpts of actual counseling sessions. They asked the subjects "to feel whatever the client felt at the end of the interview and to indicate, using a list of adjectives, to what extent each adjective described the feeling" (Campbell, Kagan, and Krathwohl, 1971, p. 401). Chapman (1966) found problems with this test, however. The main problem was the test's inability to differentiate between persons

judged both high and low in empathy. Chapman felt that this problem was caused by (1) poor technical quality of the film, (2) lack of agreement on the meanings of the adjectives used, and (3) the uncertainty of the scoring.

Kagan, Krathwohl, et al, (1967) then developed The Affective Sensitivity Scale, Form B, in which they attempted to correct the deficiencies of Form A recognized by Chapman (1966). This test consisted of 89 excerpts in which the subjects were asked to choose from a list of multiple-choice answers which one best described the affective state present. Validity studies indicated a low correlation between scale score and counselor effectiveness (Kagan, Schneider, and Werner, 1977). It was felt by the authors that Form B was too lengthy for most practical applications and Form C was created by eliminating those items which differentiated least between high and low scorers. The revised Affective Sensitivity Scale, Form C, contained only 66 items and has been used in a host of studies at Michigan State University and elsewhere (Werner and Schneider, 1974; Resnikoff, Kagan and Schauble, 1970; Grzegorek and Kagan, 1974; and Bullmer, 1972).

Even with all the developmental work that led to Form C, the scale has two serious limitations (Werner, 1977). The first is that all the scenes in the test are from counseling and psychotherapy and other populations such as medicine and education found the scale to be irrelevant to

them. The second problem involved the poor technical quality of both the picture and the sound of the film.

Schneider and Kagan then developed a new Affective Sensitivity Scale consisting of two forms (D and E) (Kagan, Werner and Schneider, 1977). The new test used scenes from actual interpersonal interactions, but now included scenes of friends, couples, teachers, students, physicians and patients, counselors and psychotherapists. The films are in color and of high technical quality. Another change involved asking subjects to judge the affective states of persons other than the client who also appeared in the scenes. In Form D the scale was also changed to include five choices instead of three. In the earlier versions, three choices were offered, only one of which was correct. The authors felt that because feelings are usually multi-faceted that they should expand the choices to five with as many as three of the responses acceptable (one pointers) but with one most preferable response in each item (a two pointer). Kagan, Werner and Schneider (1977) discovered no correlation between Form C and Form D. Even when they accounted for the addition of scenes from other helping situations, there was still a zero correlation between Form C and the client-only items on Form D.

The authors now feel that the difference between the two tests (Forms C and D) seemed to be the clear labeling

of thoughts about an emotion or a description of the cause of an emotion in Form D. In Form C they asked, "What is the client feeling?" while in Form D they asked, "What are the persons on film really saying to themselves?" (Kagan, Werner and Schneider, 1977, p. 9). Further, the authors explained that:

The ability to infer the covert thoughts of another, even when these thoughts are related to a feeling state may be very different and possibly unrelated to the ability to identify a statement describing the affective state of another. (p. 9)

Form E was then developed using precisely the same procedures that were used in the development of Form C. Only three choices were used for each item and only items on feelings about self or other filmed participants were used. A broad range of stimulus material was used and two additional segments of scoring were added. Now, in addition to a total score, each subject received a score on (1) a sub-category factor (which included inter (between), intra (within), adult, child, male and female and (2) an Emotional Accuracy subscale (which identified the emotions perceived throughout the test).

Burke (1976) found that the A.S.S. was sensitive to change resulting from training in I.P.R. Werner (1977) conducted extensive research on the structure, reliability, and validity of The Affective Sensitivity Scale, Form D. Schneider,

Kagan and Werner (1977) are still actively involved in collecting data to correlate scores on Forms D and E with the earlier, validated forms of the scale. They are also concerned with the tests' ability to identify low empathizers. They have already collected considerable data which shows the tests' ability to accurately discriminate individuals who are seen by other relevant criteria to be highly effective interpersonally.

#### Measures using live situations

It would seem that, at least in theory, the most valid test for empathy would use live situations in the normal life of a subject (Werner, 1977). This has been done by having trained judges rate subjects, by a defined criteria, during observed interactions between people.

Truax (1961) is noted for his work on this concept with the development of the Scale for the Measurement of Empathic Understanding, commonly known as the Accurate Empathy Scale. The scale that raters used with this test included nine levels of empathic understanding, ranging from a complete lack of awareness of others' feelings (Level 1) to a high level of empathy where the subject has understood even the innermost thoughts of the other and that he possesses the sensitivity not to push the other beyond what he can comprehend (Level 9).

A second test, the Scale for the Measurement of Empathic



Understanding was developed by Carkhuff (1969). It was almost identical to Truax's scale, but has only five levels of empathic understanding instead of nine. Both of these tests identified subjects' abilities to demonstrate empathic responsiveness, but not empathy as such.

There exists considerable controversy about the validity of these two measures. Werner (1977) summarized this controversy:

In summary then, the rating approach seems to offer many advantages as a measure of empathy. Of all the instruments mentioned there exists a large body of validating evidence and predictive validity seems especially well established. The primary, and most significant defect is in the construct validity since many researchers question what exactly is being measured and whether what is rated is empathy. The mechanics of the method are difficult, time consuming and costly. The system is not adapted for measuring the empathy of a large number of subjects quickly and economically. Finally, Avery and Danish (1976) point out that raters trained by different researchers may not be in agreement in the definitions of the various levels (p. 50-51).

#### Summary

In summary, there is a large body of research which supports the importance of empathy in the process of therapy and other interpersonal interactions. There also exists, however, another large body of research which questions the definitions and measurements of empathy that have been used.

It was hoped that many of the ambiguities of previous studies could be avoided in this study. First the definition of empathy has been narrowed and identified as "affective sensitivity". As mentioned earlier, this concept is defined as "the ability to detect and identify the immediate affective state of another" (Campbell, 1967, p. 3).

An instrument for the measurement of affective sensitivity, The Affective Sensitivity Scale, Form E, has been developed and support has been shown for its reliability and validity. It measures the accurate perception of emotion in others.

The use of the measure, The Counselor Verbal Response Scale, was also included in this study in an attempt to measure an additional component of affective sensitivity: the identification of the facilitative skills necessary to communicate the accurate perception of emotion in others.

The fact that empathy research is such a controversial issue seems to indicate the need for carefully controlled studies in this area. It was hoped that this study would help to contribute some information that would be pertinent to this controversy.

## METHOD

### The Subjects

The subjects were 32 undergraduate music therapy students at Western Michigan University. All of these students were enrolled, during Winter Semester, 1979, in at least one of the classes in the professional sequence for music therapy majors. These classes included:

MUS 281	Field Experience for Music Therapy
MUS 290	Music Activities for Therapy
MUS 383	Observation and Measurement of Behavior in Music Therapy
MUS 480	Music Therapy Methods and Materials
MUS 490	Individual Project in Music Therapy
MUS 543	Research in the Psychology of Music

The subjects were at various levels in college; there were four freshmen, ten sophomores, eleven juniors, and seven seniors. The subjects had various amounts of supervised observational and field experiences. The number of supervised observational experiences ranged from 0-2; the number of supervised field experiences ranged from 0-6.

Members of the professional sequence courses, listed above, were encouraged to voluntarily participate in this project. The author presented to each class a short explanation of the project's purpose, scope and training program as well as its relevance to the subjects' personal and professional lives.

Although the subjects were not paid for their participation, they were informed that a notation of their participation would be added to their academic files and could be mentioned in recommendation letters that are required for internship placement. Nevertheless, the primary motivation to participate seemed to be a desire for additional training in specific therapeutic skills since participation in this project required use of leisure time and was not scheduled during class times.

### The Measurement Instruments

#### Descriptive data

Each subject was asked, as part of pretesting, to complete a demographic questionnaire which included: (1) level in school, (2) number of supervised field experiences prior to and including that semester and (3) number of prior or present supervised observational experiences in which they had participated.

The subject's level or year in school was indicated on a scale of 1-4, with 1=freshmen, 2=sophomores, 3=juniors, and 4=seniors. This information pertained to the current semester (Winter, 1979).

The number of supervised field experiences included those completed in prior semesters as well as those currently occurring. If a subject participated in more than one

supervised field experience during a semester, each different field experience counted as one. Therefore, a subject could have two, or in a few cases three, supervised field experiences during one semester.

The number of supervised observational experiences included those currently occurring and those completed in prior semesters. Most subjects had a maximum of one supervised observational experience, that being the one required for MUS 383, one of the classes in the professional sequence. Subjects were closely supervised during this observational experience, and it differed from field trips where subjects visited a site one time.

This demographic questionnaire also included a consent form which those who wished to volunteer were instructed to sign. It stated their willingness to participate in this research project in accordance with an attached schedule and their understanding that their participation would be in one of two groups: (1) a workshop and testing group (Experimental) or (2) a testing only group (Control).

### Supervisor rating

A supervisor rating of each subject's interpersonal effectiveness was obtained. The supervisors were three experienced Registered Music Therapists on the staff at Western Michigan University either as faculty or graduate

assistants. All three of these supervisors taught classes in the professional sequence required for music therapy majors.

The criteria for this rating was based on concepts developed by Truax and Carkhuff (1967). (See Appendix C) Supervisors rated subjects on a scale of 1-5 (least effective to most effective) on each of the following three items:

1. This student is integrated, nondefensive, and authentic or genuine in his therapeutic or interpersonal encounters.
2. This student can provide a non-threatening, safe, trusting or secure atmosphere by his acceptance, unconditional positive regard, love, or nonpossessive warmth for the client or other.
3. This student is able to "be with", "grasp the meaning of", or accurately and empathically understand the client or other on a moment-by-moment basis. (p. 1)

Truax and Carkhuff (1967) found that although the theories of psychotherapy and counseling are so divergent, that:

In one way or another, all have emphasized the importance of the therapist's ability to be integrated, mature, genuine, authentic or congruent in his relationship to the patient. They have all stressed also the importance of the therapist's ability to provide a nonthreatening, trusting, safe or secure atmosphere by his acceptance, nonpossessive warmth, unconditional positive regard, or love. Finally, virtually all theories of psychotherapy emphasize that for the therapist to be helpful he must be

accurately empathic, be "with" the client, be understanding, or grasp the patient's meaning (p. 25).

Whitehorn and Betz (1954), Rogers (1957), and Thorne (1950) all demonstrated that the success of therapy is related to the presence of these factors. Later, Spotts (1962), Strupp, Wallach, Wogan and Jenkins (1963), Combs and Soper (1963), and Truax, Wargo, Frank, Imber, Battle, Hoehn-Soric, Nash and Stone (1966) also found support for the contention that there was greater improvement for patients whose therapists offered high levels of these components of therapeutic effectiveness than for patients receiving relatively lower levels of these combined conditions. Although these studies reported significant correlations between the components of therapeutic effectiveness and patient improvement, no specific correlations were given.

The intent of the supervisor rating for this project was an attempt to identify subjects who were considered effective in their therapeutic and interpersonal interactions. This was considered as a preliminary to their eventual ability to bring about success in actual therapeutic situations.

Inter-rater reliability was not obtained for this instrument because the three supervisors did not have sufficient familiarity with all subjects. Each supervisor was asked to rate only the subjects with whom he was most

familiar.

### Affective Sensitivity Scale

The Affective Sensitivity Scale, Form E-A-2, (Kagan and Schneider, 1977) is the result of almost two decades of research and revisions of earlier versions of this scale. It measures the ability to accurately perceive emotions in others, which is one of the two skills within the scope of this project. This test is in the form of a 16mm color film which shows a series of vignettes portraying segments of interpersonal interactions. The vignettes range in length from eight seconds to two minutes and were taken from real situations. The film is of very high technical quality. The scenes in the vignettes are from a variety of settings including individuals or groups representing therapist/client, teacher/student, doctor/patient, husband/wife, health care team, dorm counselors, principal/student, teacher/administrator, and therapist/family. (See Appendix F for example)

The subjects' task was to observe each vignette and then to choose what they felt was the correct answer from the multiple-choice items offered. There were from 1-4 questions for each vignette, with a total of 65 questions. Subjects were allowed 30 seconds to answer each question; for example, if there were three questions for a vignette, they were given 90 seconds.



The questions asked about perception of emotions portrayed in the vignettes both between individuals (inter) and within individuals (intra). There were adults and children portrayed as well as males and females.

Computerized scoring of the A.S.S. was developed by Kagan and his associates at Michigan State University. Correct scores have been determined through on-going research first by experts in the field and later through testing and retesting on subjects identified as both high and low empathizers. Werner (1977) conducted extensive research into the validity and reliability of the A.S.S., Form D. Studies of the validity and reliability for Form E-A-2 are currently underway by Kagan and his associates.

The computer print-out of the A.S.S. categorizes the scores into (1) a sub-category scale and (2) an Emotional Accuracy subscale. The latter provides interesting information which is useful for individual feedback, but which was not used in the analysis of this project. The Sub-category scale gives both raw scores (i.e., number correct) and T-scores (i.e., standard scores that are transformed from raw scores in order to even out the distribution). The Sub-category scores were separated into the following categories:

1. Inter - emotions that one person is feeling about another
2. Intra - emotions within an individual, i.e., an emotion that one person is feeling
3. Adult - emotions portrayed in vignettes involving adults
4. Child - emotions portrayed involving children
5. Male - emotions portrayed involving males
6. Female - emotions portrayed involving females

A total score, both in raw form and as a T-score, was also given. This score is the sum of each of the pairs in the Sub-category scores. The sum of Inter + Intra = Total; the sum of Adult + Child = Total; and the sum of Male + Female = Total.

Although not included in the computer print-out, a percentage score for each sub-category was also obtained in order to allow statistical comparisons of scores between sub-categories. Since there were not an equal number of males and females, for example, portrayed in the vignettes, raw scores (i.e., number correct) would not allow for comparisons between these two sub-categories. Therefore, percentage scores were computed by dividing the number correct by the total possible correct for each category.

#### Counselor Verbal Response Scale

The C.V.R.S. (Kagan, Krathwohl, et al, 1967) is a criterion instrument for measuring counselor effectiveness

as indicated by interviewer's responses. It measures subjects' ability to identify facilitative skills used to communicate perception of emotions, which is one of the skills that was the focus of this project.

The subjects' task was to rate twenty consecutive interviewer responses that they viewed in a filmed excerpt of an interpersonal interaction. On the Counselor Verbal Response Scale Rating Sheet (see Appendix F for complete example) each subject rated all of the interviewer responses on the dimensions of the scale. These dimensions included five bi-polar categories of responses. These included: (1) exploratory/non-exploratory, (2) listening/non-listening, (3) affective/cognitive, (4) honest labeling/distorting, and (5) effective/ineffective. Each response could fit into one or more of the dimensions of the scale. Therefore, for each therapist response, a rating could include a minimum of one category or as many as five categories, but each response must be rated on the global category of effective/ineffective.

Kagan (1976) stated that the C.V.R.S. can be used with almost any interpersonal interaction serving as the stimulus to be rated. A panel of three judges was trained according to the guidelines set forth by Kagan (1976) in order to ascertain what would be considered the correct answers for the particular filmed excerpt of an interpersonal interaction

that was used for the administration of the C.V.R.S. for this project.

These judges were all experienced Registered Music Therapists who were on the music therapy staff at Western Michigan University either as faculty or as graduate assistants. The judges were given a detailed explanation of the five bi-polar categories of the C.V.R.S. They then viewed the filmed excerpt of an actual therapy session (Kagan, 1964) that was used for the subjects' scoring of the C.V.R.S. The film was stopped after each of twenty therapist responses and the judges rated the appropriate responses on the C.V.R.S. Rating Sheet. This procedure was repeated, with the judges discussing each response, until they could agree on which of the bi-polar categories were proper for each response. Occasionally a unanimous decision could not be reached; in that event, majority ruled.

Each correct response given by subjects (i.e., in agreement with judges determination of correct responses) was worth .5 points, with a maximum score of 100 points.

#### Evaluation form

A short evaluation form, adapted from that used by Gordon (1974), was used by the Experimental group to give them a vehicle to express their feelings about the treatment. (See Appendix H) This evaluation form consisted of nine

questions regarding the subjects' reactions to the relevance of the material presented and such things as pacing, vocabulary, and technical problems of picture or sound reception. The subjects could choose from the following answers: (1) yes, (2) no, or (3) somewhat. There was also space provided for comments or suggestions.

### Procedure

Volunteers were randomly assigned to treatment groups. Each subject was then contacted individually to arrange scheduled testing and treatment times. Approximately twelve volunteers were eliminated as volunteers because of scheduling problems. This left a total of 32 subjects who completed the project.

Both the Experimental and Control groups received pre-testing (demographic questionnaire and C.V.R.S.) and post-testing (A.S.S. and C.V.R.S.). In addition, the Experimental group received the treatment ("Elements of Facilitating Communication", which is one unit of the I.P.R.). The Control group was, in essence, a no-contact group; although all subjects, both Experimental and Control, were currently enrolled in at least one of the professional sequence of courses required for music therapy majors, none of these classes included discussion of any part of the I.P.R. training.

Pretesting was offered at five different times over a five day period and posttesting was offered four different

times over a four day period immediately following treatment. The subjects were strongly urged to avoid discussing any part of the testing or training until after all posttesting was completed.

The instructions for pretesting of the C.V.R.S. included a brief explanation of the definitions of the bi-polar categories contained in this test. The explanations of the definitions were carefully formulated using the terms used by the authors in the training manual (Kagan, 1976, p. 31 and 32) and those used in a course outline for Influencing Human Interaction, a class using the I.P.R. method at Michigan State University. (See Appendix G)

The purpose of this explanation was for clarity and also to insure that the subjects in the Experimental group did not have an unfair advantage over the subjects in the Control group due to their familiarity with the terms that are used extensively in the treatment. This factor also was controlled by the fact that the test was administered both pre and posttest. The instructions and the film stimulus for posttesting of the C.V.R.S. were the same as for pretesting.

The subjects were given the following instructions for the A.S.S., which was administered only as a posttest:

You will be viewing short scenes of actual encounters between two or more individuals. You are to identify what feelings the people

have about their concerns or toward the person they are working with.

Although in any one scene the persons may exhibit a variety of feelings, for the purpose of this instrument you are to concentrate on identifying their last feelings in the scene.

After you view each scene ask yourself:

If the people involved were to view this same scene, and if they were completely open and honest with themselves, (i.e., if they could identify their real feelings) how would they describe their feelings?

After you decide which response comes closest to what the people are feeling whether about their concerns or the other they are with, fill in the space provided on your answer sheets. (Kagan and Schneider, 1977, p. 1)

### Treatment

The purpose of the treatment was an attempt to improve abilities to accurately perceive emotions and facilitative skills to communicate those perceptions among undergraduate music therapy students at this particular university. One unit of the I.P.R. training (which was entitled "Elements of Facilitating Communication") was chosen as the treatment because it has been shown to deal directly with these issues.

I.P.R. is a method for learning about communication between people. The principles behind I.P.R. were developed through research which has been conducted by Dr. Norman Kagan

of Michigan State University since 1962.

A 16mm color film ("Elements of Facilitating Communication") served as the stimulus for the training portion of this project. The contents of this film are excerpts of interpersonal interactions from numerous settings, along with examples of various possible facilitative responses. For examples, a scene was presented with a doctor discussing an upcoming surgery with a patient. The film presented two different examples of possible doctor's responses to the patient's concerns about the surgery. The film was stopped and the subjects were instructed to discuss the impact of each type of response. When the film was started again, the narrator explained that one response was exploratory and the other response was non-exploratory. This type of format was followed throughout the film to explain the elements of facilitating communication and the implications and appropriateness of each of these responses.

This film was accompanied by a user's manual (Kagan, 1976) which gives detailed suggestions for role-playing/discussion periods occurring frequently throughout the training. A room with suitable lighting was used for the training to facilitate the role-playing/discussion periods without the necessity of changing the lights.

The training was given in a five-hour workshop on a Friday afternoon and evening. This time was chosen as the



least likely to present scheduling conflicts. The first two hours of the training contained an introduction to I.P.R. and the format to be used in this training (i.e., the frequent stopping of the film to allow for role-playing/discussion periods), and the first two elements of facilitating communication (i.e., exploratory/non-exploratory and listening/non-listening response modes). A one-hour break was provided, accompanied by a free meal. The second two-hour session included the last two elements of facilitating communication (i.e., affective/cognitive and honest labeling/distorting response modes) and a summary.

The response modes covered in this training were found by Kagan (1976) to be those that "effective facilitators and interviewers often, though not always, used and which ineffective communicators practically never use." (p. 41)

These response modes were identified through a procedure of client recall of videotapes containing therapy interviews that was conducted by Kagan and his associates during the 1960's. They found little difficulty in distinguishing between effective and ineffective interviewing techniques, but it took considerable work after that to identify the specific factors which consistently separated the effective from the ineffective interviewers. These researchers found that although effective therapists did not always use all four of these response modes in every interview, they did have all

of the response modes in their repertoire. Furthermore, they found that ineffective therapists did not use these response modes, and apparently did not possess these skills within their repertoire. They found later that these response modes could be used to accurately identify effective physicians, teachers, social workers, and paraprofessional helpers, in addition to therapists.

Finally, time was allowed for subjects to complete an evaluation form which indicated their opinions about the content and presentation of the training.

## RESULTS

### Descriptive data

Table 1 shows the breakdown of mean scores for supervisor rating, levels in school, number of supervised observational experiences, and number of supervised field experiences by treatment groups.

There were no significant differences between treatment groups for supervisor ratings, number of supervised observational experiences, and number of field experiences. There was a significant difference ( $p < .05$ ) between treatment groups for level in school, an indication that the random assignment of students to treatment groups resulted in slightly more upper classmen in the Experimental group.

Statistically significant correlations were found between the demographic variables of level in school and number of supervised observational experiences ( $r = .52$ ), between level in school and number of supervised field experiences ( $r = .70$ ), between level in school and supervisor rating ( $r = .37$ ), and between supervisor rating and number of supervised field experiences ( $r = .37$ ). The first two correlations appear to be quite obvious, i.e., as students get into the higher levels of school, they will also increase the number of field and observational

Table 1

Mean Scores for Supervisor Rating,  
Level in School, Number of Observational  
Experiences, and Number of Field Experiences  
by Treatment Groups

Treatment	Means			
	Super <sup>a</sup> <u>s</u>	Level <sup>b</sup> <u>s</u>	Observ <sup>c</sup> <u>s</u>	Field <sup>d</sup> <u>s</u>
Experimental	11.4 2.5	3.06 .70 *	.80 .41	1.53 1.99
Control	10.17 2.83	2.29 1.05	.77 .66	.52 1.50
Total	10.75 7.35	2.65 .94	.78 .30	1.00 3.22

\* $p < .05$

<sup>a</sup>Supervisor Rating: 1=least effective, 5=most effective;  
maximum score=15

<sup>b</sup>Level: 1=freshmen, 2=sophomore, 3=junior, 4=senior

<sup>c</sup>Observations: total number throughout college career;  
ranged from 0 - 2

<sup>d</sup>Field Experiences: total number throughout college career;  
ranged from 0 - 6

experiences that they can complete during their professional sequence courses. The last two correlations (supervisor rating with level in school and number of supervised field experiences) may indicate that when supervisors knew the students better, they were more likely to rate them higher; and as the students get more experience and learning, they will naturally become more effective in their therapeutic and personal interactions.

#### Affective Sensitivity Scale

Table 2 shows the breakdown of mean percent scores on the Sub-category scale of the A.S.S. by treatment groups. A series of analyses of variance found no significant differences between mean percent scores for the two treatment groups for any of the A.S.S. sub-categories or total score. However, there were significant differences between scores for the total sample (ignoring treatment groups) between sub-categories. The scores on the sub-category of Inter were significantly higher than for the sub-category of Intra ( $p < .05$ ). The scores for the sub-category of Adult were significantly higher than for Child ( $p < .001$ ). The scores for the sub-category of Female were significantly higher than for Male ( $p < .01$ ). (See Table 2) Therefore, it can be said that as a whole the subjects of this study were more accurate in perceiving emotions between people,

Table 2  
Percent Mean Scores on the  
Sub-Categories of the Affective Sensitivity Scale  
by Treatment Groups

Treatment	Inter	Intra	Adult	Child	Male	Female	Total
Experimental	26.46	22.77	34.15	15.07	22.15	27.08	49.23
Control	25.26	23.26	34.39	14.66	23.26	25.79	49.05
Total	26.11	* 23.03	34.27	* 14.85	22.74	* 26.39	49.13

\*  $p < .05$   
 \*\*  $p < .01$   
 \*\*\*  $p < .001$

for adults, and for females.

Table 3 shows the results of a series of correlations between the demographic variables of supervisor rating, level in school, number of supervised observational experiences, and number of supervised field experiences with the Sub-category scale of the A.S.S. The only significant correlation was between level in school and total score on the A.S.S. ( $r = .37$ ).

#### Counselor Verbal Response Scale

An analysis of co-variance was run on adjusted posttest scores of the C.V.R.S., co-varied by pretest of the C.V.R.S. and the descriptive variables of supervisor rating, level in school, number of supervised field experiences, and number of supervised observational experiences. The results showed no significant differences between adjusted posttest mean scores across treatment groups,  $F(1, 25) = .704, (p > .05)$ .

#### Evaluation form

Table 4 shows the percent scores that were computed for each question on the Evaluation form. The comments and suggestions were categorized and percent scores were computed for them also (see Table 4).

Table 3  
Correlations Between Affective Sensitivity  
Scale Sub-Category Scale and the Demographic  
Variables of Supervisor Rating, Level in School,  
Number of Supervised Observational Experiences,  
and Number of Supervised Field Experiences

	Inter	Intra	Adult	Child	Male	Female	Total
Super <sup>a</sup>	-.07	.01	-.002	-.12	-.04	-.04	-.04
Level <sup>b</sup>	-.12	-.05	-.16	-.07	-.21	-.027	.37*
Observ <sup>c</sup>	-.08	-.09	-.21	.20	-.03	-.13	-.10
Field <sup>d</sup>	-.08	.014	-.004	-.12	-.17	.084	-.05

<sup>a</sup>Supervisor Rating

<sup>b</sup>Level in School

<sup>c</sup>Number of Supervised Observational Experiences

<sup>d</sup>Number of Supervised Field Experiences

\* $p < .05$



Table 4  
Percent Scores on the  
Evaluation Form

	Yes	No	Somewhat
1. Did the material presented in this workshop hold your attention?	87.50	0.00	12.50
2. Did the material presented stimulate discussion?	100.00	0.00	0.00
3. Was the material presented at a suitable level?	100.00	0.00	0.00
4. Did the material clarify and emphasize properly the objectives of the lesson?	93.75	0.00	6.25
5. Was appropriate vocabulary used?	100.00	0.00	0.00
6. Was the pacing appropriate?	81.25	0.00	18.75
7. Was the film clearly visible?	87.50	6.25	6.25
8. Were there any technical problems of picture or sound reception?	50.00	6.25	43.75
9. Overall, did you feel that the materials presented were relevant to your needs?	100.00	0.00	0.00
Positive comments	90.00		
Suggestions for improvements	6.70		
Negative comments	3.30		

The results had the following effects on the study's hypotheses:

1. That there would be no significant differences in total scores of the A.S.S. between Experimental and Control groups. Failed to reject.
2. That there would be no significant differences in sub-category scores of the A.S.S. between Experimental and Control groups. Failed to reject.
3. That there would be no significant differences between gain scores on the C.V.R.S. for the Experimental and Control groups. Failed to reject.
4. That subjects' level in school (i.e., freshmen - seniors) would not be related to their scores on the A.S.S. Rejected: there was a significant correlation between A.S.S. Total score and level in school.
5. That subjects' level in school (i.e., freshmen - seniors) would not be related to their scores on the C.V.R.S. Failed to reject.
6. That there would be no significant correlation between the number of field experiences of subjects and their scores on the A.S.S. Failed to reject.

7. That there would be no significant correlation between number of supervised observational experiences of subjects and their scores on the A.S.S. Failed to reject.
8. That there would be no significant correlation between a supervisor rating of interpersonal effectiveness for subjects with their scores on the A.S.S. Failed to reject.
9. That there would be no significant correlation between the total scores of the A.S.S. and the scores of the C.V.R.S. Failed to reject.

## DISCUSSION

The main purpose of this project was to determine if training in facilitating communication skills would improve the subjects' abilities to accurately perceive emotions and to identify facilitative skills to communicate those emotions. The training selected was well documented as to its effectiveness with similar groups (see Appendix B). The testing used was also well documented as to its ability to measure the effect of this training on improving the desired skills (see Appendix A). The design and implementation of the project were very carefully controlled. Still no significant differences were found between treatment groups.

Some unavoidable problems did present themselves during testing and treatment that could have caused a lapse in concentration. The entire project occurred at an extremely stressful time for the subjects; it was very close to the end of the semester and just a few days before a major music therapy convention. The subjects were devoting a great deal of time and energy to these pursuits.

The posttesting was quite lengthy (almost two hours) which might have been reflected in the scores. It might have been better to separate the C.V.R.S. and the A.S.S. testing into two segments.

In addition, during treatment there were technical problems with the movie projector and a severe storm, both quite distracting events.

Still, these factors hardly seem to explain the lack of significant differences in test scores. It would be most interesting to see if a replication of this study, eliminating these minor problems, would result in similar findings.

The comments that the Experimental subjects wrote on the Evaluation form indicated their positive attitudes toward the training and their desire to have this training added to the music therapy curriculum. Some of these comments were:

Very relevant to us as therapists.  
Material was beneficial.  
Should be required for music therapy people.  
Good to become aware of communication skills.  
Very informative.  
Really made me think and communicate from different angles.  
Should be added to music therapy requirements, if not as a full semester course then as a discussion.

It is still unresolved, then, why a well-established treatment and testing procedure presented in a well-controlled research project and well-received by the subjects, resulted in no significant differences between treatment groups.

Further research in this area may very well reveal a weakness in the treatment, testing, or procedure of this project. Until then, it is impossible to pinpoint the exact

causes of the lack of differences between treatment groups.

## BIBLIOGRAPHY

Allport, G. W., Personality: A Psychological Interpretation, New York: Holt, 1937.

Aspy, David N., "Helping Teachers Discover Empathy," The Humanist Educator, 14 (2), Dec. 1975, 56-62.

Astin, H. S., "A Comparative Study of the Situational and Predictive Approaches to the Measurement of Empathy," Unpublished Doctoral Dissertation, University of Maryland, 1957.

Avery, A. W. and Danish, S. J., "Assessing Intertrainer Effects on the Empathic Understanding Scale: Training the Trainer," Journ. of Clinic. Psych. 32, 1976, 404-407.

Borke, H., "Interpersonal Perception of Young Children: Egocentrism or Empathy?" Developmental Psych., 5, 1971, 263-269.

Brunclik, H., Thurston, J. R., and Feldhusen, J., "The Empathy Inventory," Nursing Outlook, 15, 1967, 41-44.

Buchheimer, A., "Development of Ideas about Empathy," Journ. of Counsel. Psych. 10, 1963, 61-70.

Buchheimer, A., Goodman, J., and Sircus, G., "Videotapes and Kinescopic Exercises in Empathy for the Training of Counselors," National Defense Education Act Title VII, Research Project No. 7-42-0550, 1670, Hunter College of the City University of New York, 1965.

Bullmer, K., "Improving Accuracy of Interpersonal Perception Through a Direct Teaching Method," Journ. of Counsel. Psych. 19, 1972, 37-41.

Bullmer, K., The Art of Empathy: A Manual for Improving Accuracy of Interpersonal Perception, Human Services Press: New York, 1975.

Cameron, N., Personality Development and Psychotherapy: A Dynamic Approach, Boston: Houghton Mifflin, 1963.

Campbell, R. C., "Development and Validation of a Multiple-choice Scale to Measure Affective Sensitivity (Empathy)," Dissertation Abstracts, 1968, 28 (10-A), 3967-3968.

Campbell, R. J., Kagan, N., and Krathwohl, D. R., "The Development of a Scale to Measure Affective Sensitivity (Empathy)," Journ. of Counsel. Psych. 18, 1971, 407-412.

Carkhuff, R. R., Helping and Human Relations, Vols. I and II, New York: Holt, Rinehart and Winston, 1969.

Carkhuff, R. R. and Berenson, B. G., Beyond Psychotherapy and Counseling, New York: Holt, Rinehart, and Winston, 1967.

Chapman, J. L., "The Development and Validation of a Scale to Measure Empathy", Doctoral Dissertation, Michigan State University, University Microfilms, Ann Arbor, Michigan, No. 66-14, 108, 1966.

Chournos, G., "Pretraining Reactions to a Recorded Interview as a Means of Screening Counselor Trainers," Dissertation Abstracts International, 30 (12-B0, 5685, 1970.

Combs, A W., and Soper, D. W., "The Perceptual Organization of Effective Counselors," Journ. of Counsel. Psych., 10, 1963, 22-226.

Deutsch, F., "The Effects of Sex of Subject and Story Character on Preschoolers' Perceptions of Affective Responses and Intrapersonal Behavior in Story Sequences," Develop. Psychology, 11, 1975, 112-113.

Dymond, R. F., "A Scale for the Measurement of Empathic Ability," Journ. of Consult. Psych., 13, 1949, 127-133.

Fenichel, O., The Psychoanalytic Theory of Neurosis, New York: Norton, 1945.

Feshback, N. D., and Roe, K., "Empathy in Six- and Seven-Year-Olds," Child Develop., 34, 1968, 133-145.

Fiedler, F. A., "Comparison of Therapeutic Relationship in Psychoanalytic, Nondirective and Adlerian Therapy," Journ. of Consult. Psych., 14, 1950, 436-445.

Fromm-Reichmann, F., Principles of Intensive Psychotherapy, Edited by M. Vullard, Chicago: University of Chicago Press, 1950.

Gates, G. S., "An Experimental Study of the Growth of Perception," Journ. of Educational Psych., 14, 1923, 449-461.

Gompertz, Kenneth, "The Relation of Empathy to Effective



Communication," Journalism Quarter., 37, 1960, 533-546.

Gorden, K., "A Device for Demonstrating Empathy," Journ. of Experimental Psych., 17, 1934, 892-893.

Gordon, George, Classroom Television, New Frontiers in ITV, Hastings House, New York, 1974, 199-223.

Gray, B., Nida, R. A., and Coonfield, T. J., "Empathic Listening Test: An Instrument for the Selection and Training of Telephone Crisis Workers," Journ. of Community Psych., 4, 1976, 199-205.

Grzegorek, A. E., and Kagan, N., "A Study of the Meaning of Self-Awareness in Correctional Counselor Training," Criminal Justice and Behavior, 1 (2), June 1974, 99-122.

Kagan, N., Interpersonal Process Recall: A Method of Influencing Human Interactions, Michigan State University, 1976.

Kagan, Norman, et al, Studies in Human Interaction: Interpersonal Process Recall Stimulated by Videotape, Michigan State University, East Lansing, College of Education Report No. BR-5-0800, Cont. OEC-7-32-0410-270, December 1967.

Kagan, N., Krathwohl, D. R., and Fargurhar, W. W., "A Progress Report: Interpersonal Process Recall Technique," Submitted under Title VII to U.S. Office of Education, Washington, D.C., 1964.

Kagan, N., Schneider, J., and Werner, D., "Toward the Creation of Reliable, Valid, and Practical Measures of Interpersonal Sensitivity: The Affective Sensitivity Scale," Paper presented at American Psychological Association, San Francisco, August 1977.

Kagan, N. and Schneider, J., Affective Sensitivity Scale, Form E-A-2, Developmental Format III, East Lansing, Michigan, October, 1977.

Kerr, W. A., and Speroff, B. J., "The Empathy Test," Psychometric Affiliates: Numster, Ind., 1961.

Kerr, W. A., and Speroff, B. J., "Validation and Evaluation of The Empathy Test," Journ. of General Psych., 50, 1954, 269-276.

Lipps, T., Leitfaden der Psychologie, Peipsig: W. Englemann, 1909, Cited by A. Buchheimer, "The Development of Ideas about Empathy," Journ. of Counsel. Psych., 10, 1963, 62.

Mahoney, S. C., "The Literature Empathy Test: Development of a Process for Differentiating Behavior 'Good Empathizers' and 'Poor Empathizers'", Dissertation Abstracts, 21, 1960, 674.

McQuiston, James, "Identifying Measurable Contributors to Students' Clinical Capabilities in the Field of Music Therapy," Michigan State University, 1978.

Natale, S., An Experiment in Empathy, National Foundation for Educational Research in England and Wales, King, Thorne, and Stace, Ltd: Sussex, 1972.

O'Hern, J. S., and Arbuckle, D. S., "Sensitivity: A Measurable Concept?" The Personnel and Guidance Journ., 42, 1964, 572-576.

Paetyka, L. B., "Two Aspects of Empathic Awareness in Young Children: Affective and Cognitive Role-Taking," Unpublished Doctoral Dissertation, Michigan State University, 1974.

Pfeiffer, J. W. and Jones, J. E., The 1973 Annual Handbook for Group Facilitators, Iowa City, Iowa: University Association, 1973.

Rank, R. C., "Counseling Competence and Perceptions," The Personnel and Guidance Journ., 45, 1966, 359-365a.

Reid, D. K., and Saydoes, W. V., "Experiment on 'Recognition of Feeling' in Non-directive Psychotherapy," Journ. of Clinic. Psych., 3, 1280135, 1947.

Reik, T., Listening with the Third Ear, New York: Grove Press, 1948.

Rogers, C. R., On Becoming a Person, Boston: Houghton Mifflin, 1967.

Rogers, C. R., "The Necessary and Sufficient Conditions of Therapeutic Personality Change," Journ. of Consult. Psych., 21, 1957, 95-110.

Sharp, N. R., "A Multiple Regression Approach to Affective Sensitivity in Counselor Trainees," 1974, (Thesis - Western Michigan University).

Spotts, J., "The Perception of Positive Regard by Relatively Successful and Relatively Unsuccessful Clients," Brief Research Reports, Wisconsin Psychiatric Institute, University of Wisconsin, 15, 1962.

Stewart, David, Preface to Empathy, New York: Philosophical Library, 1956.

Strupp, H. H., and Wallach., M. S., and Wogan, M., "Psychotherapy Experience in Retrospect: Questionnaire Survey of Former Patients and Their Therapists," Psycho. Mongr., 78, 1964.

Thorne, F. C., The Principles of Personal Counseling, Brandon, Vt.: J. Clin. Psychol. Press, 1950.

Tobolski, F. D., and Kerr, W., "Predictive Value of The Empathy Test in Automobile Salesmanship," Journ. of Applied Psychol., 36, 1952, 310-311.

Truax, C. B., "Toward a Tentative Measurement of Central Therapeutic Ingredients," Arkansas Rehabilitation Research and Training Center, University of Arkansas, 1961.

Truax, C. B., and Carkhuff, R. R., Toward Effective Counseling and Psychotherapy; Training and Practice, Chicago, Aldine Publishing Co., 1967.

Truax, C. B., and Wargo, D. G., "Training and Change in Psychotherapeutic Skills," Unpublished manuscript, University of Arkansas, 1966.

Van Zeist, R. H., "Empathy Scores of Union Leaders," Journ. of Applied Psychol., 36, 1952, 293-295.

Walton, W. E., "Empathic Responses in Children," Psychol. Mongr., 48/213: 1936, 40-67.

Werner, Donald W., "The Structure, Reliability and Validity of The Affective Sensitivity Scale (Form D): A Measure of A Component of Empathy", Doctoral Dissertation, Michigan State University, 1977.

Whitehorn, J. C., and Betz, Barbara J., "A Study of Psychotherapeutic Relationships between Physicians and Schizophrenic Patients," American Journ. Psychiat., 3, 1954, 321-331.

## APPENDIX A

## Affective Sensitivity Scale Bibliography

Bullmer, K., "Improving Accuracy of Interpersonal Perception Through a Direct Teaching Method," Journ. of Counsel. Psych., 19, 1972, 37-41.

Campbell, R. J., and Kagan, N., "The Development and Validation of a Scale to Measure Affective Sensitivity (Empathy)", Journ. of Counsel. Psych., 18 (5), 1971, 407-412.

Danish, S. J., and Kagan, N., "Measurement of Affective Sensitivity: Toward a Valid Measure of Interpersonal Perception," Journ. of Counsel. Psych., 18 (1), 1971, 51-54.

Grzegorek, A. E. and Kagan, N., "A Study of the Meaning of Self-Awareness in Correctional Counselor Training," Criminal Justice and Behavior, 1 (2), June 1974, 99-122.

Hartson, D. J., and Kuncce, J. T., "Videotape Replay and Recall in Group Work," Journ. of Counsel. Psych., 20 (5), 1973, 437-441.

Kagan, N., "Can Technology Help Us Toward Reliability in Influencing Human Interaction?" Educ. Technology, Feb. 1973, 44-51.

Kagan, N., "Influencing Human Interaction - Eleven Years with IPR", Canadian Counselor, 9 (2), April 1975, 74-97.

Kagan, N, Krathwohl, D. R., and Miller, R., "Simulated Recall in Therapy Using Video Tape - A Case Study," Journ. of Counsel. Psych., 10 (3) 1963, 237-243.

Kagan, N., Krathwohl, D., et al, Studies in Human Interaction - Interpersonal Process Recall Stimulated by Videotape, Educational Publication Services, Michigan State University, E. Lansing, Michigan (out of print). Available from Leasco Information Products, Inc., 4827 Rugby Avenue, Bethesda, MD 20014.

Resnikoff, A., Kagan, N., and Schauble, P. F., "Acceleration of Psychotherapy through Stimulated Videotape Recall," Amer. Journ. of Psychtherapy, XXIV (1), Jan. 1970, 102-111.

Werner, A. and Schneider, J., "Teaching Medical Students Interactional Skills: A Research-Based Course in the Doctor-Patient Relationship," New England Journ. of Med., 290, May 30, 1974, 1232-1237.

Werner, D. W., "The Structure, Reliability and Validity of the Affective Sensitivity Scale (Form D): A Measure of a Component of Empathy," Unpublished Doctoral Dissertation, Michigan State University, 1977.

## APPENDIX B

## Interpersonal Process Recall Bibliography

- Archer, J. Jr., and Kagan, N., "Teaching Interpersonal Relationship Skills on Campus: A Pyramid Approach," Journ. of Counsel. Psych., 20, 1973, 535-541.
- Bedell, W. P., "A Comparison of Two Approaches to Peer Supervision in the Training of Communication Skills Using a Videotape Recall Model," Unpublished Doctoral Dissertation, Michigan State University, 1976.
- Boltuch, B. S., "The Effects of a Pre-Practicum Skill Training Program, Influencing Human Interaction, On Developing Counselor Effectiveness in a Master's Level Practicum," Unpublished Doctoral Dissertation, New York University, 1975.
- Burke, J. S., And Kagan, N., Influencing Human Interaction in Urban Schools, NIMH Grant \*MHL 3527-02, 1976, Final Report.
- Dendy, R. F., "A Model for the Training of Undergraduate Residence Hall Assistants as Para-Professional Counselors Using Videotape Techniques and Interpersonal Process Recall (IPR)", Unpublished Doctoral Dissertation, Michigan State University, East Lansing, Michigan, 1971.
- Gold, D. C., "Interpersonal Process Recall Method, Supervision and Counselor Effectiveness," Unpublished Doctoral Dissertation, University of Missouri, 1977.
- Goldberg, in Kagan, N., Krathwohl, D. R., et al, Studies in Human Interaction: Interpersonal Process Recall Stimulated by Videotape, Educational Publications Services, College of Education, East Lansing, Michigan: Michigan State University, 1967.
- Grzegorek, A. A., "A Study of the Effects of Two Emphases in Counselor Education," Unpublished Doctoral Dissertation, Michigan State University, 1970.
- Hartson, D. J., and Kuncie, J. T., "Videotape Replay and Recall in Group Work," Journ. of Counsel. Psychol., 20, 1973, 437-441.

Ignas and Kagan, as reported in Kagan, N., "Can Technology Help us Toward Reliability in Influencing Human Interaction?" Educ. Tech., Feb 1973, 44-50.

Kagan, N., Krathwohl, D.R., et al, Studies in Human Interaction: Interpersonal Process Recall Stimulated by Videotape, Educational Publications Services, College of Education, East Lansing, Michigan: Michigan State University, 1967.

Katz, D., and Resnikoff, Ar., "Televised Self-Confrontation and Recalled Affect: A New Look at Videotape Recall," Journ. of Counsel. Psych., 24, 1977, 150-152.

Kingdon, M. A., "A Cost/benefit Analysis of the Interpersonal Process Recall Technique," Journ. of Counsel. Psych., 22, 1975, 353-357.

Novak, B., "The Effects of Teaching Interviewing Skills and Affective Sensitivity to Family Medicine Residents: A Pilot Study," Doctoral Dissertation, Michigan State Univ., 1978.

Rowe, K., "A 50 Hour Intensified IPR Training Program for Counselors," Doctoral Dissertation, Michigan State Univ., 1972.

Singleton, N., "Training Incarcerated Felongs in Communication Skills Using an Integrated IPR (Interpersonal Process Recall) Videotape Feedback/Affect Simulation Training Model," Unpublished Doctoral Dissertation, Michigan State University, East Lansing, Michigan, 1976.

Spivak, J. S., and Kagan, N., "Laboratory to Classroom--The Practical Application of IPR in a Masters Level Pre-Practicum Counselor Education Program," Counsel. Educ. and Super., Sept. 1972, 3-15.

## APPENDIX C

## Interpersonal Effectiveness Rating Scale

Please indicate your professional opinion of this student's interpersonal effectiveness. For each of the three concepts, circle the number that indicates your rating. The numbers range from 1 - 5 (1 is the least effective, 2 is somewhat effective, 3 is neutral, 4 is somewhat effective and 5 is very effective).

STUDENT \_\_\_\_\_

S.S.# \_\_\_\_\_

	Least eff	Somewhat eff	Neutral	Somewhat eff	Very eff
This student is integrated, nondefensive, and authentic or genuine in his therapeutic or interpersonal encounters.	1	2	3	4	5
This student can provide a non-threatening, safe, trusting or secure atmosphere by his acceptance, unconditional positive regard, love, or nonpossessive warmth for the client or other.	1	2	3	4	5
This student is able to "be with", "grasp the meaning of", or accurately and empathically understand the client or other on a moment-by-moment basis.	1	2	3	4	5
TOTAL	_____				

(This rating scale was adapted from work done by Truax and Carkhuff, 1972)



## DEMOGRAPHIC QUESTIONNAIRE

NAME \_\_\_\_\_

Social Security Number \_\_\_\_\_

Phone number where you can be reached \_\_\_\_\_

## RANK IN SCHOOL

Please circle the classification that you have this semester: Winter 1979.

Freshman      Sophomore      Junior      Senior

## FIELD EXPERIENCE

If you have participated in supervised field placement where you led music therapy sessions (either on a one-to-one or group basis), please indicate the number of semesters you have done this. This includes field placements such as those required by MUS 480 and MUS 490. This includes work done during the current semester, Winter 1979.

Total Number of Semesters of Field Experience \_\_\_\_\_

## OBSERVATION EXPERIENCE

If you have participated in supervised observation and collection of data of music therapy sessions, please indicate the number of semesters you have done this. This includes observations such as those required by MUS 383. This includes work done during the current semester, Winter 1979.

Total Number of Semesters of Observation Experience \_\_\_\_\_

\*\*\*\*\*

I am willing to participate in this research project in accordance with the attached schedule and understand that my participation will be in one of two groups: (1) a workshop and testing group or (2) testing only group.

\_\_\_\_\_  
Signature

\*Volunteers will be assigned to one of the groups on a randomized basis.

## APPENDIX E

Affective Sensitivity Scale  
Form E  
Example

Scene 1 - 1 FORMER TEACHER - 4th GRADE STUDENT

SETTING: INFORMAL ENCOUNTER, DISCUSSING AN EARLIER INTERVIEW

Opening Statement (Teacher): "When we talk, we normally  
touch each other."Closing statement (Teacher): "You said something that  
really made me feel good,  
and I wanted to hug you."

Time: 50 seconds

ITEM 1. WHAT IS THE STUDENT FEELING AT THAT POINT?

- a. I'm sorta uncomfortable and uptight. I'm embarrassed.
- b. I'm feeling comfortable now.
- c. I'm not feeling much of anything.

ITEM 2. WHAT IS THE STUDENT FEELING ABOUT THE TEACHER  
AT THAT POINT?

- a. I'm afraid. What are you going to do next?
- b. I feel good about you. I'd like to hug you, too.
- c. I'm really scared. I don't want to be touched right now.

## APPENDIX F

## COUNSELOR VERBAL RESPONSE SCALE RATING SHEET

	EXPLORATORY	NON-EXPLORATORY	LISTENING	NON-LISTENING	AFFECTIVE	COGNITIVE	HONEST LABELING	DISTORTING	EFFECTIVE	INEFFECTIVE
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										

## APPENDIX G

## Elements of Facilitating Communication

1. EXPLORATORY - Encourages, yet gives latitude; fosters active participation and responsibility.

Those responses which encourage a person to stay deeply involved in communicating and at the same time give the person freedom in what his next response will be.

2. LISTENING - Communicates intense desire to understand; fosters clarification and self-observation.

Those responses which actively and deliberately communicate to the person that you are listening and trying to understand.

3. AFFECTIVE - Attends to feelings, attitudes, values; what goes along with the words; fosters self-awareness.

Those responses which identify the feeling tone of what the other person is saying and which focus on underlying attitudes, values and bodily reactions.

4. HONEST LABELING - Direct, "straight", honest, frank but not brutal; incisive, fosters self-confrontation; rapid intensity.

Those responses which communicate to the other person that you are willing to deal directly and frankly, but not brutally, with what you have seen and heard.

(Kagan, 1976)

## APPENDIX H

## Evaluation Form

Did the material presented in this workshop hold your attention?	Yes	No	Somewhat
Did the material presented stimulate discussion?	Yes	No	Somewhat
Was the material presented at a suitable level?	Yes	No	Somewhat
Did the material clarify and emphasize properly the objectives of the lesson?	Yes	No	Somewhat
Was appropriate vocabulary used?	Yes	No	Somewhat
Was the pacing appropriate?	Yes	No	Somewhat
Was the film clearly visible?	Yes	No	Somewhat
Were there any technical problems of picture or sound reception?	Yes	No	Somewhat
Overall, did you feel that the materials presented were relevant to your needs?	Yes	No	Somewhat
Additional comments or suggestions:			

(Adapted from Gordon,  
1974)