



Western Michigan University  
ScholarWorks at WMU

---

Dissertations

Graduate College

---

12-1995

## The Effects of Background Music on Initial Counseling Sessions

Stella Elaine Dial  
*Western Michigan University*

Follow this and additional works at: <https://scholarworks.wmich.edu/dissertations>



Part of the Counseling Commons

---

### Recommended Citation

Dial, Stella Elaine, "The Effects of Background Music on Initial Counseling Sessions" (1995). *Dissertations*. 1734.

<https://scholarworks.wmich.edu/dissertations/1734>

This Dissertation-Open Access is brought to you for free and open access by the Graduate College at ScholarWorks at WMU. It has been accepted for inclusion in Dissertations by an authorized administrator of ScholarWorks at WMU. For more information, please contact [wmu-scholarworks@wmich.edu](mailto:wmu-scholarworks@wmich.edu).



**THE EFFECTS OF BACKGROUND MUSIC ON  
INITIAL COUNSELING SESSIONS**

by

**Stella Elaine Dial**

**A Dissertation  
Submitted to the  
Faculty of The Graduate College  
in partial fulfillment of the  
requirements for the  
Degree of Doctor of Education  
Department of Counselor Education  
and Counseling Psychology**

**Western Michigan University  
Kalamazoo, Michigan  
December 1995**

## INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

**The quality of this reproduction is dependent upon the quality of the copy submitted.** Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

# UMI

A Bell & Howell Information Company  
300 North Zeeb Road, Ann Arbor MI 48106-1346 USA  
313/761-4700 800/521-0600



**UMI Number: 9616859**

---

**UMI Microform 9616859**  
**Copyright 1996, by UMI Company. All rights reserved.**

**This microform edition is protected against unauthorized  
copying under Title 17, United States Code.**

---

**UMI**  
**300 North Zeeb Road**  
**Ann Arbor, MI 48103**

## ACKNOWLEDGMENTS

This dissertation could not have been possible without the help of many people. I am grateful for the professional and expert guidance from my committee chair, Dr. Joseph R. Morris, as well as committee members, Dr. John Geisler and Dr. Dennis Simpson.

A special appreciation is extended to Dr. Lawrence Beer who not only provided the facilities for collection of data but also was a major cheerleader, tireless and supportive of my efforts. I want to extend heartfelt gratitude to the outstanding therapists at Child & Family Psychological Services who donated valuable time for my research: Tim Bond, Nancy Brennan, Karen Bridges, Cathy Ellis, Tim Howard, and Carman Stark.

Also, thank you to my fellow doctoral students who have contributed to my life during these past few years. I am grateful to faculty and staff at Western Michigan University, especially for the technical help of Julie Scott and Julie Scrivener. Also, thank you, Alashar Waltz, for your efforts.

Thank you, Bill, for your steady support. My family's understanding when I could not always be available for them is also deeply appreciated. And, lastly, I thank David, my good friend and partner, for his patience, support and steady presence.

Stella Elaine Dial

## TABLE OF CONTENTS

ACKNOWLEDGMENTS .....	ii
LIST OF TABLES .....	ix
CHAPTER	
I. INTRODUCTION .....	1
Historical Background of the Research Issue .....	2
The Importance of the Initial Counseling Session .....	2
Influential Factors .....	3
The Need for Positive Counseling Adjuncts .....	5
Music as a Possible Counseling Enhancer .....	6
Background Music as a Counseling Adjunct .....	8
Music of Mozart as a Counseling Adjunct .....	9
Need for Research in the Field .....	10
Components of the Initial Counseling Session .....	12
Statement of the Problem .....	12
Description of the Study .....	14
Specific Research Questions, With an Accompanying Null Hypothesis for Each Question .....	14
Definitions of Terms .....	19
Limitations of the Study .....	20
Summary .....	20

## Table of Contents--Continued

### CHAPTER

<b>II. REVIEW OF THE LITERATURE</b> .....	22
<b>The Client-Therapist Relationship</b> .....	22
<b>The Importance of the Initial Counseling Session     Across Theoretical Orientations</b> .....	26
<b>Clients' Willingness to Return to Counseling</b> .....	28
<b>Facilitative Counseling Conditions</b> .....	29
<b>Strong's Social Influence Theory</b> .....	29
<b>Attractiveness</b> .....	30
<b>Expertness</b> .....	31
<b>Trustworthiness</b> .....	32
<b>Counselor and Session Impact</b> .....	33
<b>Other Therapeutic Variables</b> .....	35
<b>Age</b> .....	35
<b>Gender</b> .....	36
<b>Ethnicity</b> .....	37
<b>Counselor Experience</b> .....	39
<b>Music</b> .....	40
<b>Music and Relationship Facilitation</b> .....	42
<b>Assessment of the Effects of Music in Relation     to the Counseling Situation</b> .....	43
<b>Physiological</b> .....	43



## Table of Contents--Continued

<b>CHAPTER</b>	
<b>Summary</b> .....	45
<b>Variables Affecting Research Outcome</b> .....	46
<b>General Variables</b> .....	46
<b>Situational Influences</b> .....	46
<b>Gender</b> .....	47
<b>Familiarity</b> .....	48
<b>Preference of Music Type</b> .....	48
<b>Musical Training</b> .....	49
<b>Age</b> .....	49
<b>Summary</b> .....	50
<b>Selection of the Music of Mozart as the     Treatment Variable in This Study</b> .....	50
<b>Components of the Counseling Session</b> .....	52
<b>Summary</b> .....	54
<b>III. METHOD</b> .....	55
<b>Participants and Setting</b> .....	55
<b>Recruitment of Participants</b> .....	55
<b>Screening of the Participants</b> .....	57
<b>Students Not Included in the Study</b> .....	57
<b>Selection of Therapists for the Study</b> .....	58

Table of Contents--Continued

CHAPTER

Setting for the Research ..... 58

Random Assignment of Subjects to a Therapist ..... 58

Counseling Session ..... 59

Data Collection Procedure ..... 60

Independent Measures ..... 61

Instrumentation ..... 61

    The State-Trait Anxiety Inventory,  
    Form Y-1 (STAI) and (STAI-S) ..... 61

    Administration of the STAI-S ..... 63

    Session Evaluation Questionnaire-I and  
    Session Evaluation Questionnaire-II  
    (SEQ-I and SEQ-II) ..... 63

    Administration of the SEQ-I and SEQ-II ..... 66

    Counselor Rating Form (CRF) and (CRF-S) ..... 66

    Administration of the CRF-S ..... 68

    Postsession Questionnaire-I (PQ-I) ..... 68

    Postsession Questionnaire-II (PQ-II) ..... 68

    Administration of the PQ-I and the PQ-II ..... 69

Reliability Check of Scoring of Instruments ..... 69

Data Analyses ..... 70

IV. RESULTS ..... 72

Table of Contents--Continued

CHAPTER

Test for Perceived Differences Between Counselors . . . . . 72

Restatement of Research Questions, Null Hypotheses,  
and Results of Statistical Analyses . . . . . 74

Summary . . . . . 100

V. SUMMARY AND CONCLUSIONS . . . . . 101

Summary . . . . . 101

    Introduction and Purpose of the Research . . . . . 101

    Review of the Literature . . . . . 101

    Method . . . . . 103

    Statistical Analysis . . . . . 104

Restatement of the Research Questions  
and Null Hypotheses . . . . . 105

Summary of Findings . . . . . 110

Questions on the Postsession Questionnaire-I . . . . . 110

Discussion of Results . . . . . 111

Conclusions . . . . . 113

Limitations of the Study . . . . . 114

Implications for Future Research . . . . . 114

APPENDICES

A. Components of the Initial Counseling Session . . . . . 116

B. Session Evaluation Questionnaire-I . . . . . 118

## Table of Contents--Continued

### APPENDIX

C. Session Evaluation Questionnaire-II .....	120
D. Postsession Questionnaire-I .....	122
E. Postsession Questionnaire-II .....	124
F. Recruiting Script .....	126
G. Participation Response and Personal Data Sheet .....	128
H. Permission to Use Facilities at Child & Family Psychological Services, P.C. ....	130
I. Informed Consent to Participate in Research Study .....	132
J. Permission to Use the CRF-S .....	135
K. Permission to Use the STAI .....	137
L. Permission to Use the SEQ .....	139
M. Protocol Clearance From the Human Subjects Institutional Review Board .....	141
BIBLIOGRAPHY .....	143

## LIST OF TABLES

1. Subject Demographics .....	56
2. ANOVA for Participants' Perception of Counselors' Expertness .....	73
3. ANOVA for Participants' Perception of Counselors' Attractiveness .....	73
4. ANOVA for Participants' Perception of Counselors' Trustworthiness .....	73
5. ANOVA for Participants' Perception of Counselors' Expertness by Gender and Group .....	75
6. ANOVA for Comparison of Means Between Male and Female Subjects' Perception of Counselors' Expertness, Attractiveness, and Trustworthiness .....	76
7. ANOVA for Participants' Perception of Counselors' Attractiveness by Gender and Group .....	77
8. ANOVA for Participants' Perception of Counselors' Trustworthiness by Gender and Group .....	79
9. ANOVA for Participants' Perception of Session Smoothness by Gender and Group .....	82
10. ANOVA for Participants' Perception of Session Depth by Gender and Group .....	83
11. ANOVA of Comparison of Means Between Male and Female Subjects' Perception of Session Depth .....	85
12. Comparison of Means Between Subjects' Feelings of Positivity Pre- and Postsession .....	86
13. Subjects' Feelings of Positivity Based on Scores of the SEQ-I and SEQ-II .....	87

**List of Tables--Continued**

<b>14. Comparison of Means Between Subjects' Feelings of Arousal Pre- and Postsession .....</b>	<b>89</b>
<b>15. Subjects' Feelings of Arousal Based on Scores of the SEQ-I and SEQ-II .....</b>	<b>90</b>
<b>16. Subjects' Reported Feelings of Anxiety of the STAI-S .....</b>	<b>92</b>
<b>17. Male Subjects' Feelings of Anxiety Based on Scores of the STAI-S .....</b>	<b>93</b>
<b>18. Female Subjects' Feelings of Anxiety Based on Scores of the STAI-S .....</b>	<b>94</b>
<b>19. Comparison of Means Between Subjects' Feelings of Anxiety Pre-session and Postsession .....</b>	<b>95</b>
<b>20. ANOVA for Participants' Willingness to Return to Counseling .....</b>	<b>96</b>
<b>21. t-test for Equality of Means .....</b>	<b>97</b>
<b>22. All Subjects' Response to Willingness to Return to Counseling .....</b>	<b>98</b>
<b>23. Responses to Postsession Questionnaire-I .....</b>	<b>99</b>

## CHAPTER I

### INTRODUCTION

The creation of a safe, comfortable environment is crucial to the psychotherapeutic process (Rogers, 1951). Clients initiate counseling, usually as a last resort, out of a sense of helplessness due to their inability to resolve their psychic pain without professional help. Anxiety during the initial session is usually quite high (Kottler & Brown, 1992). Therapists need to be aware of environmental conditions that can help reduce anxiety in order to enable the client to explore issues and initiate change. In the creation of a safe, comfortable environment, the therapist will need to take into consideration, and make many decisions, concerning the therapeutic environment, such as: color of walls and furnishings; style, color, size, and spacing of furniture; room temperature; lighting; decorations; and other factors that can be expected to impact the therapeutic experience. Whether music playing in the background could be an enhancement to the therapeutic process is one environmental condition that would be useful to explore; the type of music is another.

This paper is an attempt to answer the question of whether having the music of Mozart playing in the background during an initial counseling session might be a helpful adjunct to the therapeutic process. This was determined by subjects' response to questions regarding their reaction to an initial counseling

session in which music was playing in the background. Their responses were compared to a group of subjects who did not experience this environmental condition. Participants indicated their reaction to the counseling session by evaluating characteristics of their therapist in the dimensions of counselor expertness, attractiveness, and trustworthiness. They also evaluated the session itself as to its perceived smoothness and depth. Subjects also indicated levels of anxiety both before and after their counseling session to determine if music playing in the background affected this state. The research concluded with the question of subjects' willingness to return to the same therapist if they felt a need for further counseling, at the present time or in the future. This willingness to return would seem to indicate the session was a successful experience.

### **Historical Background of the Research Issue**

#### **The Importance of the Initial Counseling Session**

The importance of establishing an early positive client-counselor relationship has been recognized by leaders in the counseling profession representing a variety of theoretical orientations of counseling which include: Person-Centered (Rogers, 1951; 1957; Rogers, Gendin, Kiesler, & Truax, 1967; Truax & Carkhuff, 1967); Gestalt (Kempler, 1973; Perls, 1969, Polster & Polster, 1973); Logotherapy (Frankl, 1960); Transactional Analysis (Berne, 1964; Goulding & Goulding, 1979); Existential (Binswanger, 1956; Ellenberger, 1961); Brief-Dynamic (Burlingame &



Fuhriman, 1987; Malan, 1976; Strupp, 1984); Interview (Kanfer & Phillips, 1970); Adlerian (Dinkmeyer, Pew, & Dinkmeyer, 1979); and Reality (Glasser, 1965).

Researchers have found that even though emphasis of the relationship itself may vary across orientations, establishing an early, helping relationship is important in the therapeutic process (Garfield, 1986; Greenberg, 1985; Lambert, 1986; Strupp, 1978). In researching the issue of engagement in counseling, it was found that clients who returned for a second appointment were significantly more satisfied with initial interviews than were clients who did not return (Tryon, 1990). Other research supports the notion that dissatisfaction with the initial interview often results in premature termination (Betz & Shullman, 1979; Epperson, 1981; Epperson, Bushway, & Warman, 1983; Zamostny, Corrigan, & Eggert, 1981).

### Influential Factors

There are a myriad of factors which can interact and influence the outcome of the therapeutic process and affect the establishment of an early, strong relationship between client and therapist. One important factor which has been researched extensively is the role of the counselor's interpersonal influence on client change (Heppner & Dixon, 1981). Strong (1968) originally conceptualized counseling as an interpersonal process of social influence. He postulated that the three areas of attributes of power, those of perceived counselor expertness, attractiveness and trustworthiness were the most influential in affecting the clients' perceptions and capacity for change. Other researchers have investigated, supported,

and enlarged upon these components of social influence. Perceived expertness was found to be factors in the form of titles, credentials, diplomas, and status (Atkinson & Carskadden, 1975; Siegel & Sell, 1978; Strong & Dixon, 1971; Strong & Schmidt, 1970). Investigation into dimensions of perceived attractiveness revealed that counselors who were seen as more attractive were also considered more intelligent, friendly, and helpful (Carter, 1978; Cash, Begley, McCown, & Weise, 1975; Fretz, Corn, Tuemmler, & Bellet, 1979). Other measures of attractiveness, such as the non-verbal responses of smiling and responsive attending were also found to be factors affecting therapist personal influence (Claiborn, 1979; LaCrosse, 1975). Also, certain types of self disclosure added to the favorable impression of the therapist (Hoffman-Graff, 1977; Merluzzi, Banikiotes, & Missbach, 1978). Interpersonal influence also was found to be enhanced if the therapists were perceived as being trustworthy, especially when this attribute was communicated non-verbally (Claiborn, 1979; Kaul & Schmidt, 1971).

Another crucial aspect of the social influence model involves the importance of the counselors' perceptions of the extent to which they perceive their own influence on their clients (Dorn, 1984). It has been demonstrated, however, that counselors' and counselees' perceptions of their influence and resulting impact on therapy are not always congruent (Dill-Standiford, Stiles, & Rorer, 1988; Stiles & Snow, 1984a). It is obvious that counseling practitioners would benefit by being able to identify, with some certainty, the factors that are enhancing to their therapeutic efforts to more positively influence clients and ensure a

more positive outcome of therapy.

Another factor that affects the counseling relationship is that of session impact (Stiles & Snow, 1984a). Stiles and Snow advocate the utility of some measure of session outcome in order to determine the effectiveness of treatment. The treatment outcome should be measured by both client and therapist. (The instrument developed to measure session outcome will be described later in this paper.)

Numerous other factors have been investigated which have been found to be influential in the development of initial therapeutic interaction between client and therapist, only a few of which will be mentioned: degree of liking and its relationship to communication (Brown, 1970; Gelso & Carter, 1985; Schmidt & Strong, 1971; Strong, 1968); communication, seen as involving all "processes by which people influence one another" (Ruesch, 1968, p. 6); precise and congruent communication (Kiesler, 1982); nonverbal communications, both visual (posture, eye contact, facial expressions, body gestures, proxemics) and oral (voice, rate, pitch, intonation, and volume) (Robbins & Haase, 1985; Roll, Crowley, & Rappl, 1985); and the influence of verbal versus nonverbal cues in communication (Ekman, 1976; Haase & Tepper, 1972; LaCrosse, 1975; Strahan & Zytowski, 1976).

### The Need for Positive Counseling Adjuncts

The importance of discovering the facilitating aspects which may contribute to a positive initial therapeutic relationship is apparent. The concept of the

establishment of an early alliance between client and therapist is pantheoretical and has been investigated in the context of a variety of theoretical orientations which include: behavioral, cognitive, gestalt, and psychodynamic (Horvath & Luborsky, 1993). Researchers have found that the alliance is established early (within the first three sessions) and that the initial impressions are relatively resistant to change, and that they are predictive of therapy outcome (Eaton, Abeles, and Gutfreund, 1988). The factors which contribute to the establishment of the alliance (the earlier, the better) need to be understood by all practicing therapists. Developing and testing alternate resources to help in establishing the alliance needs to be an ongoing process for those in the profession.

#### Music as a Possible Counseling Enhancer

The relationship between mental disturbances and the curative effects of music on them is not a new concept. Indeed, this notion has been recognized by various ancient cultures, a few of which will be mentioned here.

The term "music" is derived from the Greek "mousa" meaning "Muse," a goddess of culture. The origins of the concept of music is based on the creation and performance of human artistic, intellectual and spiritual activities (Moranto, 1993). The Greek Pythagoras (572-500 B.C.) explained the relationship between harmony in music in the universe and in the human soul through mathematical concepts. He considered mental disease to be the result of a disturbed harmony within the soul and music was seen as having the power to reestablish a balance

of bodily and psychic function (Formann-Radl, 1993).

Plato (429-347 B.C.) also believed that music could provide a soothing sedative to the suffering soul and bring pleasure to the human senses. From the metaphysical perspective, music was seen as the harmony and rhythm of life. A mentally disturbed person was seen as having lost this harmony and rhythm and needing to have it restored in order to achieve mental health.

Plato's student, Aristotle (384-322 B.C.), elaborated on his mentor's notions and further conceptualized the powerful influence of music for human pleasure and mental comfort. He stressed the cathartic effect of music as a therapeutic agent (Formann-Radl, 1993).

Music was employed by Asklepios, the father of medicine, to treat neurosis, especially dissociative personality disorder, in his patients. Democritus recognized and utilized the healing powers of the music of the flute in his medical practice. References to the use of music in curing diseases appeared in ancient Chinese medical books as early as two-thousand years ago (Zhang & Miao, 1993).

During the Middle Ages in France music was used as a religious treatment for mental disorders which were thought to be related to demons. In southern France, Italy, and Spain, a trance-like form of treatment using music, called "tarantism," was developed (and is still used today). It was the only known effective treatment for symptoms of affective disorders such as mania, melancholy or apathy. Henry IV's physician, Andre du Lauren (1550-1609), emphasized the effectiveness of music to create positive moods and to counteract melancholy.

The great French thinker and writer, Rabelais, wrote that "every illness has a musical remedy" (Lecourt, 1993, p. 223).

During the 18th and 19th centuries there was much debate about the effects of music on emotions. Wackenroder claimed that music promoted the most conflicting emotions in human beings and Vogler defined music as nothing less than the language of the soul (Formann-Radl, 1993). More currently, Boxhill (1993), a multicultural music therapist and author, stated that music is the "essence of humanness...music is one of humanity's most ancient and most natural means of expression, communication, and healing" (p. 400). It is obvious that the use of music as part of contemporary treatment of emotional disturbances has a valid basis in history.

#### Background Music as a Counseling Adjunct

Since history has shown the potential for music to be useful in the treatment of not only medical, but also emotional disorders, it seems logical that music can be a likely resource for therapists in the establishment of an early positive therapeutic relationship during the initial counseling session. Previous research investigating the impact of background music on various medical and psychological situations have yielded some useful information. One is that soothing background music enhances interaction between counselor and counselee better than stimulating music or no music at all during early psychotherapeutic counseling (Mezanno & Prueter, 1974). In medical procedures research, the combination of

music and relaxation techniques has been shown to be effective in reducing state anxiety during the third trimester in adolescent pregnancy (Liebman & MacLaren, 1991), and reducing pain and anxiety during dental procedures (Corah et al., 1981), as well as gynecological procedures (Davis, 1992). Music can reduce anxiety during both pre- and postoperative stages, as well as during actual surgery (Pickrell et al., 1950). The use of headphones by patients to listen to music was found to help drown out strange and threatening noises in the surgical environment and reduce anxiety (Padfield, 1976). Postoperative pain (as well as reduced blood pressure and pulse rate) of gynecologic and obstetric patients was found to be lessened for the women who listened to music than for those who did not (Locsin, 1985). Premature babies who were exposed to stimulating music in a newborn intensive care unit were found to have reduced initial weight loss, increased daily weight gain, increased formula and caloric intake, reduced time in the intensive care unit, and reduced stress behaviors (Caine, 1991). Research in the effects of background music in psychological counseling also supports the use of music as an anxiety reducer and relaxation enhancer (Ballard, 1980; Davis & Thaut, 1989; Fisher & Greenberg, 1972; Hanser, Larson & O'Connell, 1983; Jellison, 1975; Linoff & West, 1983; Rohner & Miller, 1980; Scartelli, 1984).

#### Music of Mozart as a Counseling Adjunct

The music of Mozart has been utilized as a treatment variable in recent research investigating its effect on the ability to recall previously encoded

information (Thaut & de l'Etoile, 1993). The music was used as a background stimulus during learning and the researchers found that the students who participated in the music treatment as mood induction showed better performance than those not receiving this treatment. The researchers suggested that music (in this case, that of Mozart) be used systematically to elevate mood, and thus, enhance learning. The research of Frances H. Rauscher, Gordon L. Shaw and Katherine N. Ky of the University of California at Irvine, as reported in the *American Psychological Association Monitor* (1994, October), found that listening to 10 minutes of Mozart's Piano Sonata K 448 over a period of time increased spatial IQ scores in college students compared with those who experienced silence or relaxation exercises. Following up on this research, the team of Rauscher, Shaw, Levine, and Ky of the University of California at Irvine, and Eric L. Wright of the Irvine Conservatory of Music, focused their research on children. Their findings suggested that music training will improve cognitive functioning to solve a variety of complex tasks. Rauscher was quoted in the *Detroit Free Press* (1995, Jan. 24) as saying that the "complex" music of Mozart stimulates the brain. Since the music of Mozart has been shown to affect mood and enhance learning, it was felt that investigating its effect on the psychotherapeutic process would yield useful information for practicing psychotherapists.

### Need for Research in the Field

A compilation and review of psychotherapy research in the last 15 years



published in the Journal of Counseling Psychology (JCP) and the Journal of Consulting and Clinical Psychology (JCCP) (Hill, Nutt & Jackson, 1994) revealed the relatively small number of process-outcome studies in both journals. However, this trend seems to be changing. The researchers noted that in the last five years of studies investigated (1988 through 1992), process research was published in JCP more than any other type. This trend has caused speculation that there exists an increased call for research that is more directly relevant to practice (Elliott, 1983; Hill, 1982; Hoshmand, 1989). These same investigators noted that the majority of studies in JCP utilized students as clients (63%) in published research. However, a developing trend observed was the increased use of actual therapists (not therapists-in-training) in the published research in JCCP. These studies were more apt to involve experienced therapists from the community. In JCP published research, however, most clients and therapists continued to be students. In response to this call for current research which is more reflective of actual practice, real life counseling situations with licensed therapists practicing in their work settings were used for the current study. However, instead of using actual clients, graduate students in the Counselor Education and Counseling Psychology program were used as subjects. There were some concerns about the ethics of soliciting clients who might be more vulnerable than students. Therefore, the decision was made to utilize students who were thought to be able to understand, and be more comfortable with, participation in the project.

### Components of the Initial Counseling Session

Even though the clients for this study were recruited from classes at a university, the structure and the components of the initial counseling session were created so that they would be consistent with what would be workable for therapists regardless of theoretical orientation. The effective initial counseling interview is seen by Kottler and Brown (1992) as consisting of: (a) establishing a bond between therapist and client, (b) providing preliminary information regarding what counseling is and how it works, (c) assessing client issues and expectations, (d) instilling a sense of hope, and (e) obtaining a commitment from the client to work hard in the sessions (p. 81-82). Because the therapists chosen to participate in the research represented various theoretical orientations, and because it was necessary that all subjects in the research experience similar conditions, an outline was given to each therapist to follow (Appendix A). The outline was consistent with the general guidelines presented by Kottler and Brown. The specific components of the session and rationale for them will be presented in a later section of this paper.

### Statement of the Problem

In order to increase client satisfaction early in therapy so that clients would be more likely to return, counseling psychologists need to be aware of methods and environmental conditions which have been shown to facilitate the initial

stages of the therapeutic process (Dickinson, 1958; Eaton, Abeles, & Gutfreund, 1988; Jones & Schlotter, 1957). The use of background music in therapeutic settings has been shown to be enhancing to the counseling process (Altschuler, 1948; Dickenson, 1958; Gaston, 1968; Jones & Shlotter, 1957; Licht, 1946; Mezzano & Prueter, 1974; Prueter & Mezzano, 1973). A search of the literature has indicated much interest in the influential effects of music, especially as to its positive effect during initial counseling sessions (Ballard, 1980; Schuster, 1985). However, in analogue studies no research was found which investigated the effects of background music on initial counseling sessions in an actual professional setting utilizing licensed counselors to conduct the sessions. The majority of previous studies have been conducted in universities using counselors-in-training as subjects in the roles of both counselors and counsees. The research results of this current investigation will be more generalizable by setting up conditions which will be more similar to the actual therapeutic process. In a recent article (Hill, Nutt, & Jackson, 1994) investigators noted that the decrease in analogue research published in the Journal of Counseling Psychology between 1978 and 1992 indicates the value that is placed on research that is more directly relevant to practice (Elliott, 1983; Hill, 1982; Hoshmand, 1989). Research on the conditions which enhance the therapeutic process utilizing practicing licensed counselors in an actual professional setting would help meet this need and is the reason for this research project.

## Description of the Study

This research investigated the potential facilitating effects that background music (various pieces of the music of Mozart) had on an actual initial counseling session as perceived by counselees. The music was considered to have facilitated the client-counselor relationship if its inclusion in the session: (a) increased counselor influence (as measured by subjects' perception of the counselor as expert, attractive, and trustworthy); (b) created a session viewed by the subjects as having smoothness and depth; and (c) created positive client affect, measured by positivity, arousal, and state anxiety. Also considered was the subjects' willingness to return to counseling. Gender differences on all the stated variables were also explored.

### Specific Research Questions, With an Accompanying Null Hypothesis for Each Question

**Research Question #1:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of counselor expertness, as measured by the Counselor Rating Form-Short version (CRF-S)?

**Null Hypotheses #1:** Background music will have no effect on subjects' perception of counselor expertness.

**Research Question #2:** To what extent will gender of subjects affect their perception of counselor expertness, after an initial counseling session in which music was playing in the background, as measured by the CRF-S?

**Null Hypothesis #2:** Gender of subjects will have no effect on subjects' perception of counselor expertness.

**Research Question 3:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of counselor attractiveness, as measured by the CRF-S?

**Null Hypotheses #3:** Background music will have no effect on subjects' perception of counselor attractiveness

**Research Question #4:** To what extent will gender of subjects affect their perception of counselor attractiveness, after an initial counseling session in which music was playing in the background, as measured by the CRF-S?

**Null Hypothesis #4:** Gender of subjects will have no effect on subjects' perception of counselor attractiveness, after experiencing an initial counseling session.

**Research Question #5:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of counselor trustworthiness, as measured by the CRF-S?

**Null Hypotheses #5:** Background music will have no effect on subjects' perception of counselor trustworthiness.

**Research Question #6:** To what extent will gender of subjects affect their perception of counselor trustworthiness, after an initial counseling session in which music was playing in the background, as measured by the CRF-S?

**Null Hypotheses #6:** Gender of subjects will have no effect on subjects'

perception of counselor trustworthiness.

**Research Question #7:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of the session's smoothness, as measured by the Session Evaluation Questionnaire-II (SEQ-II) (Appendix C)?

**Null Hypothesis #7:** Background music will have no effect on subjects' perception of session smoothness.

**Research Question #8:** To what extent will gender of subjects affect their perception of session smoothness, after an initial counseling session in which music was playing in the background, as measured by the SEQ-II?

**Null Hypothesis #8:** Gender of subjects will have no effect on subjects' perception of session smoothness.

**Research Question #9:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of session depth, as measured by the Session Evaluation Questionnaire-II (SEQ-II)?

**Null Hypothesis #9:** Background music will have no effect on subjects' perception of session depth.

**Research Question #10:** To what extent will gender of subjects affect their perception of session depth, after an initial counseling session in which music was playing in the background, as measured by the SEQ-II?

**Null Hypothesis #10:** Gender of subjects will have no effect on subjects' perception of session depth.

**Research Question # 11:** To what extent will music playing in the background affect subjects' feelings of positivity as a result of an initial counseling session as measured by the SEQ-I (Appendix B) and SEQ-II?

**Null Hypothesis #11:** Background music will have no effect on subjects' feelings of positivity.

**Research Question #12:** To what extent will gender of subjects affect their feelings of positivity, after an initial counseling session in which music was playing in the background, as measured by the SEQ-I and SEQ-II?

**Null Hypothesis #12:** Gender will have no effect on subjects' feelings of positivity after an initial counseling session.

**Research Question #13:** To what extent will background music affect subjects' feelings of arousal as a result of an initial counseling session as measured by the SEQ-I and SEQ-II?

**Null Hypothesis #13:** Background music will have no effect on subjects' feelings of arousal after an initial counseling session.

**Research Question #14:** To what extent will gender of subjects affect their feelings of arousal, after an initial counseling session in which music was playing in the background, as measured by the SEQ-I and SEQ-II?

**Null Hypothesis #14:** Gender of the subjects will have no effect on their feelings of arousal after an initial counseling session.

**Research Question #15:** To what extent will music playing in the background during an initial counseling session affect the therapist's perception

of the session's smoothness, as measured by the SEQ-I?

**Null Hypothesis #15:** Background music will have no effect on the therapist's perception of the session's smoothness.

**Research Question #16:** To what extent will music playing in the background during an initial counseling session affect therapists' perception of the session's depth, as measured by the SEQ-I?

**Null Hypothesis #16:** Background music will have no effect on the therapist's perception of the session's depth.

**Research Question #17:** To what extent will music playing in the background affect subjects' feelings of anxiety after an initial counseling session, as measured by the State scale of the State-Trait Anxiety Inventory (STAI-S)?

**Null Hypothesis #17:** Background music will have no effect on subjects' feelings of anxiety after an initial counseling session.

**Research Question #18:** To what extent will gender of subjects affect their feelings of anxiety, as a result of an initial counseling session in which music was playing in the background, as measured by the STAI-S?

**Null Hypothesis #18:** Gender of subjects will have no effect on subjects' feelings of anxiety after an initial counseling session.

**Research Question # 19:** To what extent will subjects be willing to pursue counseling after the initial session as determined by response to a postsession questionnaire (PQ-I or PQ-II) (Appendix D and E)?

**Null Hypothesis #19:** Background music will have no effect on subjects'



willingness to return to counseling after an initial session.

**Research Question #20:** To what extent does gender affect subjects' willingness to return to counseling after an initial counseling session?

**Null Hypothesis #20:** Gender of subjects will have no effect on willingness to return to counseling.

### Definitions of Terms

**Background Music:** excerpts of compositions of Wolfgang Amadeus Mozart (1756-1791) which include Concerto 17, K453, Second Movement, Andante; Symphony #32, K318 in G Major; Symphony #35, K385 in D Major, Andante; Symphony #39, K543 in E Flat Major, Andante; Concerto No. 24 in C Minor for Piano, Movement II, Larghetto and Movement III, Allegretto.

**Initial counseling session:** A 50-minute psychotherapy session between a randomly scheduled subject and a licensed therapist at a privately owned counseling facility.

**Licensed therapists:** All therapists who conducted the counseling sessions for this study hold valid licenses to practice in the State of Michigan as either Limited License Psychologists and/or Licensed Professional Counselors.

The terms "counselor" and "therapist," and "psychotherapist" are used interchangeably throughout this paper and refer to a helper trained and licensed to offer psychological counseling.

### Limitations of the Study

Generalizability will be limited because the subjects for this study were students, who might not be representative of actual clients seeking therapeutic counseling.

The lack of significant representation of minority subjects limits generalizability of the outcome of this investigation to Caucasians. As noted by Hill et al., (1994), "We certainly cannot assume that clients and therapists of all racial groups respond similarly to therapy" (p. 373).

### Summary

Chapter I, the introduction to research, has presented the historical background for this research, as well as a rationale for investigating the need to determine if music may be a positive counseling adjunct. Also addressed was the need for research in the field, components of an initial counseling session, statement of the problem, description of the study, specific questions to be answered, definitions of terms used, and this chapter concluded with a presentation of limitations of this study.

The rest of this dissertation is organized in the following manner: Chapter II reviews the literature relevant to this study. Chapter III describes the methods and procedures by which this study was conducted. Chapter IV presents the findings of the investigation, and Chapter V presents the summary of the study,

**discussions of results, limitations of the research and implications for further research.**

## CHAPTER II

### REVIEW OF THE LITERATURE

Two major topics are addressed in the review of the literature: (1) the psychotherapeutic relationship between the counselor and client, and (2) the use of the music of Mozart as a therapeutic adjunct to the counseling process and enhancer of the psychotherapeutic relationship. This review of the literature is intended to support the present research into the potential use of the music, in this case that of Mozart, as background music in counseling sessions.

#### The Client-Therapist Relationship

The definition of a relationship offered by Gelso and Carter (1985) is "all of the feelings, attitudes, and behaviors, conscious and unconscious, occurring between two people" (p. 159). Narrowing this definition to the counseling situation, Gelso and Carter suggested that this relationship involved "the feelings and attitudes that counseling participants have toward one another, and the manner in which these are expressed" (p. 159). They further postulated that all counseling relationships are comprised of three highly interactive and intermingled components which were originally proposed by Greenson (1967) and based on Freud's observation that the task of healing can occur when the intact portion of the client's conscious, reality-based self is able to develop a covenant with the "real"

therapist (Freud, 1913). The three components presented by Gelso and Carter (1985) were: (1) the working alliance, (2) the transference relationship, and (3) the real relationship. They presented the notion that the salience of these three components "will vary according to the theoretical perspective of the therapist and the particulars of a given therapy" (p. 161). In recognizing this therapeutic relationship as essential in all three general theoretical perspectives--psychoanalytic, humanistic and learning--Gelso and Carter agreed with Brammer and Shostrom (1968) in asserting that "the development of an emotionally warm relationship is a first step in the counseling process" (p. 108). Gelso and Carter (1985) defined the working alliance as the alignment "between the reasonable side of the client and the counselor's working therapizing side" (p. 162) which "must exist and be sound and healthy if effective therapy is to proceed" (p. 161). Transference, as defined by Gelso and Carter (1985) as an "unreal relationship" entailing a "mis-perception or misinterpretation of the therapist" (p. 171), is considered as occurring universally across all therapeutic relationships "from the moment of first contact with the helping person" and "regardless of the duration of treatment" (p. 169). The real relationship, the third component of the therapeutic relationship, as postulated by Gelso and Carter (1985) "exists and develops between counselor and client as a result of the feelings, perceptions, attitudes and actions of each toward and with the other" (p. 185). They have updated this psychoanalytically derived model and continue to stress the importance of the client-counselor relationship in the process and outcomes of counseling (Gelso & Carter, 1994).

Patton (1994) makes the point that "Judging by the number of citations the original article has received in the literature, numerous counseling researchers would seem to agree" (p. 310) with Gelso and Carter's basic original premises. Patton applauds the noted researchers' efforts to improve on their original model, while at the same time, pointing out some weaknesses, the main one being a lack of a definition of the "real relationship." Patton cites a problem with vagueness and ambiguity in the formulations of Gelso and Carter (1994), and yet credits them with having "provided the serious researcher with conceptual tools for devising countless new studies" (p. 312) and urges more research in this area.

Since the beginning of psychoanalysis the development of a strong client-therapist relationship has been considered crucial to the work of psychotherapy. In Freud's writings (1912 & 1959) can be found an emphasis on the establishment of a positive bond between client and therapist as being crucial to successful psychoanalytic treatment. Luborsky (1976) observed that the likelihood of improvement in psychodynamic therapy between client and therapist was associated with the strength of both early and later stage alliances between client and therapist. Garfield (1986) stated that "for any type of psychotherapy" (p. 138) "a good relationship between patient and therapist is necessary for progress in therapy," (p. 138)... "if therapy is to continue beyond the first interview" (p. 137). Lazarus (1986) saw the client-therapist relationship as "the soil that enables specific techniques to take root" (p. 81).

The concept of the alliance and its importance to the therapeutic

relationship is pantheoretical (Horvath & Luborsky, 1993) and has been examined in the context of cognitive therapy (Krupnick et al., 1992; Raue, Castunguay, & Goldfried, 1991; Svartberg & Stiles, 1992), behavioral therapy (DeRubeis & Feeley, 1991; Krupnick, Stotsky, Simmens, & Moyer, 1992), psychodynamic therapy (Eaton, Abeles, & Gutfreund, 1988; Horowitz & Marmar, 1985; Krupnick et al., 1992; Luborsky, 1976; Luborsky & Auerbach, 1985; Marmar, Horowitz, Weiss, & Marziali, 1986; Marziali, Marmar, & Krupnick, 1981; Piper, DeCarufel, & Szkrumelack, 1985; Saunders, Howard, & Orlinsky, 1989; Windholz & Silbershatz, 1988), and gestalt therapy (Horvath & Greenberg, 1989). As noted by Horvath and Symonds (1991), regardless of the therapies, a strong alliance appears to make a significant and positive contribution to the work of psychotherapy.

The notion that the alliance and particularly the importance of its being established early in the therapeutic relationship between client and therapist has been evident in the literature since Freud (1923, 1961), Sterba (1934), and Zetzel (1956). More recently, Goldfried and Safran (1986) postulated that the alliance must be established before clients and therapists can "begin the task of truly looking at themselves" (p. 473). As noted by Horvath and Luborsky (1993):

The presence of a strong alliance helps the patient to deal with the immediate discomforts associated with the unearthing of painful issues in therapy and makes it possible to postpone immediate gratification by using both cognitive (i.e., endorsements of the tasks of therapy) and affective (i.e., personal bonds) components of the relationship. (p. 564)

Numerous researchers (Bordin, 1985; Eaton, Abeles, & Gutfreund, 1988; Hartley, 1978, 1984; Hartley & Strupp, 1983; Horowitz, Marmar, Weiss, DeWitt, &

Rosenbaum, 1984; Luborsky, 1976; Luborsky & Auerbach, 1985; Marziali, 1984; Marziali, Marmar, & Krupnick, 1981) discovered that an early, collaborative client-therapist relationship was resistant to change during the course of treatment and that it contributed to successful therapeutic outcome. The level of the therapeutic alliance was found to be established during the first three sessions (Eaton, Abeles, & Gutfreund, 1988) and this level was maintained at a consistent level regardless of the length of therapy. Other researchers have made similar observations, noting the importance of the establishment of early, strong alliances, regardless of the level of experience of the therapist (Hartley, 1978; Horowitz et al., 1984; Luborsky, 1976; Marziali, 1984; Marziali, Marmar, & Krupnick, 1981).

#### **The Importance of the Initial Counseling Session Across Theoretical Orientations**

Much research exists that confirms the importance of the counseling relationship in most, if not all, models of counseling and psychotherapy (Cashdan, 1973; Greenson, 1967; Kell & Mueller, 1966; Lambert, 1986; Truax & Carkhuff, 1967; Tyler, 1969; Zetzel, 1956). In fact, numerous researchers have postulated the importance of the establishment of an early, positive relationship in the therapeutic process as one of the few commonalities across most counseling modalities (Bordin, 1985; Burlingame & Fuhriman, 1987; Claiborn & Lichtenberg, 1989; Garfield, 1986; Gelso & Carter, 1985; Hartley, 1984; Hartley & Strupp, 1983; Luborsky & Auerbach, 1985; Patterson, 1980). As a result of investigating



common elements across several short-term models of psychotherapy, Burlingame and Fuhrman (1987) concluded that the importance of establishing an early, positive client-therapist relationship was a strong component in most, if not all, of those included in their study. Other research has shown that even behavioral oriented therapists, previously considered to de-emphasize the importance of the client-therapist as a pre-requisite for behavioral change (Goldfried, 1982; Patterson, 1984; Wolpe, 1973), are subscribing to the notion of the importance of the helping relationship (Goldfried, 1982; Patterson, 1984; Westerman, Frankel, Tanaka, & Kahn, 1987). According to Goldfried (1982), Patterson (1984), and Wolpe (1973), behaviorists have increasingly recognized the effect of an early, positive relationship between client and therapist on reducing client resistance and enhancing the behavioral approach to therapy.

Lazarus (1986) proposed that the initial counseling session be focused on the establishment of a strong, positive client-therapist relationship. He determined that it is during the first encounter between therapist and client when the therapist will determine the style and type of relationship to adapt which would be expected to result in the best outcome. Bishop and Richards (1987) noted that during the first session, cues are provided which help the therapist determine decisions to be made about the therapy, such as, the best relationship to develop which will enhance the therapeutic process, the best theoretical approach, and length of treatment. Henry, Schacht, and Strupp (1986) contended that if high levels of positive, friendly complementarity are developed during beginning

counseling sessions, necessary dyads will develop which will facilitate the therapeutic process. It has also been shown that greater gains are usually made during early counseling sessions than later in counseling (Howard, Kopta, Krause, & Orlinsky, 1986). Shueman et al. (1980) has determined that the client's feelings of being helped and satisfied with the initial session take precedence over counseling techniques. Summarily, research indicates that the client's reactions to the initial counseling session have great impact on the establishment of the therapeutic relationship which will affect counseling process and outcome.

#### **Clients' Willingness to Return to Counseling**

Researchers have determined that the willingness to return to therapy is often determined by the client's perception of the counselor's effectiveness during the initial session (Epperson, Bushway, & Warman, 1983). More recent research (Anderson, Hogg, & Magoon, 1987) has shown that clients make the decision to return to counseling after the initial session based on their level of satisfaction with the encounter. This supports the earlier findings of Zamostny, Corrigan, and Eggert (1981). Clients are more apt to return to counselors whom they perceive to be affectionate, accepting, self-disclosing, able to demonstrate an accurate understanding of their clients' issues, and who were comfortable in their therapeutic role (Caligor, 1976). Such conditions were seen to result in low premature termination and high client satisfaction. Other early investigators (Bent, Putnam, Kiesler, & Nowicki, 1976) concluded that clients who were satisfied with their

initial counseling session perceived their counselors as significantly more likeable, warmer, and more actively involved in the session than those clients who reported less satisfaction with the initial session.

As has been presented, the establishment of a strong, positive relationship early in the therapeutic process, especially during the initial session, is essential not only to facilitate the further work to be done, but also to ensure the client will continue in therapy beyond the first session.

### Facilitative Counseling Conditions

The Social Influence (Strong, 1986) model is the theoretical framework used for the current study. Research pertaining to this model, as well as an explanation of three "source characteristics" of influential therapists, i.e., expert, attractive, and trustworthy, will be addressed in this section. Literature on counselor and session impact will also be reviewed in this section.

#### Strong's Social Influence Theory

Strong's social influence theory was an attempt to integrate social psychology concepts such as attribution theory with communication theory (Corrigan, Dell, Lewis, & Schmidt, 1980), which resulted in a meta-theory (Strong & Claiborn, 1982). The social influence model, therefore, is able to account for the effectiveness of various therapeutic modalities across several theoretical orientations. The degree with which the client perceives the attributes of attractiveness,

expertness, and trustworthiness in the therapist is commensurate with the power and effectiveness of the therapist (Gardner, White, Packard, & Wampold, 1988).

Strong postulated that in order for therapists to influence their clients, they must be perceived by them as credible and attractive (1968). His concept of credibility was the clients' perception of the therapist as "expert" and "trustworthy." Credibility has also been characterized as an attribute comprised of objectivity, expertise, and trustworthiness (Corrigan, 1978).

### Attractiveness

Attractiveness is attributed to the therapist based on the clients' perception of the therapist as being similar to, compatible with, and liking of, the client (Strong, 1968) and is the source characteristic most closely related to personality traits of the therapist. Warmth, one of the factors on the Counselor Rating Form-Short Version (Corrigan & Schmidt, 1983) which helps define "attractiveness," has been researched as to its effect on the behavior and attitudes of others (Greenberg, 1969). Warmth was also suggested by Truax and Carkhuff (1967) as an essential component of successful therapy. Greenberg (1969) reported that clients' perceptions of therapists' warmth affected their perceptions and evaluations of sessions more than did the pre-session information concerning counselors' level of experience. As a result of analyzing research on attractiveness, Heppner and Dixon (1981) concluded that perceptions of attractiveness were based on a variety of factors, both verbal and non-verbal. Non-verbal factors included eye

contact, smiles, gestures, body-lean, and shoulder orientation. Verbal factors which were found to be positively correlated to the perception of attractiveness included voice tone and self-disclosure. Perceived attractiveness was further defined as "a function of another person's positive feelings about him, liking and admiration for him, desire to gain his approval, and desire to become more similar to him" (Schmidt & Strong, 1971, p. 348). The outcome of research by manipulating variables of attractiveness indicated that a client's perception of being similar to (Berscheid, 1966), compatible with (Brock, 1965), or liking of (Sapolsky, 1960) the therapist contributes to that counselor's influence and power which enhances the ability to perform the work of psychotherapy.

### Expertness

Expertness, as defined by Strong is "the client's belief that the counselor possesses information and means of interpreting information which allow the client to obtain valid conclusions about and to deal effectively with his problems" (Strong & Dixon, 1971, p. 562). This perceived expertness, as presented by Strong (1968) is influenced by: (a) reputation of the therapist as being expert; (b) evidence of specialized training such as certificates, diplomas, impressive instruments, and titles; and (c) confidence of presentation and use of rational argument. Heppner and Dixon (1981) summarized their discussion of expertness thus, "when sources of counselor expertness are combined, clients' perceptions of expertness as well as the counselor's ability to influence clients' opinions is increased" (p.

545). This source characteristic of counselors has been determined by various researchers to be the most robust of the three counselor attributes (Heppner & Dixon, 1981; Heppner & Heesacker, 1983; McGuire, 1969; Tedeschi & Lindskold, 1976). Expertness has been shown to have a direct influence and impact on therapeutic treatment (Beutler, Crago, & Arizmendi, 1986). Strong and Dixon (1971) assert that expertness has the ability to override any negative influence that may be exerted by a counselor who is perceived as unattractive.

### Trustworthiness

Perceived trustworthiness "may be inferred from a person's apparent sincerity, fairness, objectivity, honesty, and lack of vested interest or persuasive intent" (Corrigan, Dell, Lewis, & Schmidt, 1980, p. 397). Less research has been conducted on perceived trustworthiness than on the other two attributes already cited (Heppner & Dixon, 1981). According to Strong (1968), perceived trustworthiness is a function of: "(a) the communicator's reputation for honesty; (b) his social role, such as physician; (c) his sincerity and openness; and (d) his perceived lack of motivation for personal gain" (p. 218). Strong also postulated that feelings of comfort within the counseling relationship are instrumental in effecting behavior or cognitive change in the client. Research (Kelman & Hovland, 1953; Walster, Aronson, & Abrahams, 1966) has indicated that perceived trustworthiness is more important than expertness in facilitating opinion change. Strong (1968) concurred when he stated, "perceived trustworthiness can compensate for

ambiguous expertness (p. 219). Grimes and Murdock (1989), using the Counselor Rating Form-Short Version (CRF-S), suggested that trustworthiness is more directly related to the issue of premature termination than the other source characteristics; that is, clients are more likely to not continue counseling with a therapist who is perceived as not trustworthy.

Additional research on the perceived characteristics of counselor attractiveness, expertness, and trustworthiness have been postulated to be significant predictors of client satisfaction with counseling (Grimes & Murdock, 1989; Heppner & Heesacker, 1983) and intake interviews (Zamostny, Corrigan, & Eggert, 1981), and relating positively to client improvement (Grimes & Murdock, 1989) and client satisfaction (McNeill, May, and Lee, 1987). Grimes and Murdock (1989) concluded that even though no one social influence source characteristic of attractiveness, expertness or trustworthiness is more strongly predictive than the others, all of these are significantly related to the outcome of therapy. These researchers also noted that the CRF-S is an instrument which has the ability to assess client satisfaction with the counseling session and also predict premature termination.

### Counselor and Session Impact

Stiles (1980) originally defined the session "impact" as that session's immediate effect. This definition was later enlarged (Stiles & Snow, 1984b) to include "a counseling session's immediate effects, including the participants' evaluations of the session and their postsession affective states" (p. 3). Session impact

research follows in the tradition of that of the "good hour" (Auerbach & Luborsky, 1968; Hoyt, 1980; Orlinsky & Howard, 1967) and on therapists' and clients' postsession perceptions of each other and of the session process (Barak & LaCrosse, 1975; Bernard, Schwartz, Oclatis, & Stiner, 1980; LaCrosse, 1977; Lacrosse & Barak, 1976; Mintz, Auerbach, Luborsky, & Johnson, 1973; Mintz, Luborsky, & Auerbach, 1971; Orlinsky & Howard, 1975, 1977; Schwartz & Bernard, 1981). Stiles (1984) stated that "session impact is distinct from session process and from long-term outcome, but impact may be considered as a mediator between process and outcome" (p. 3). Session impact is attributed to counselors, clients, and characteristics of the individual session (Stiles & Snow, 1984) and has been investigated as a key factor in the relationship between client and therapist by numerous researchers (Auerbach & Luborsky, 1986; Barak & LaCrosse, 1975; Dill, Standiford, Stiles, & Rorer, 1988; Fuller & Hill, 1985; Hoyt, 1980; Kelly, Hall, & Miller, 1989; Nocita & Stiles, 1986; Orlinsky & Howard, 1967; Stiles, 1980; Stiles & Snow, 1984a). The experiential impact of therapy sessions can be determined through ratings of the four dimensions: (1) "depth" and (2) "smoothness," which evaluate the clinical session itself, and (3) "positivity" and (4) "arousal," the postsession mood state of the participants (Stiles & Snow, 1984b). Depth is the perception of the session as having power and value; and smoothness is the perception of the session as being comfortable, relaxing and pleasant. Positivity is the feeling of confidence, clarity and happiness, while arousal refers to feeling excited and active as opposed to quiet and calm as a result of the



session (Stiles & Snow, 1984b). The impact of the therapy session is strongly influenced by the counselors' attitudes, experiences, and characteristics and how these are perceived by the clients, especially during early sessions (Beutler, Crago, & Arizmendi, 1986). Positive attributes of the therapist, as perceived by the client, add to the therapist's impact on the client and can have facilitative effects on the process and outcome of therapy (Heppner & Heesacker, 1983).

### Other Therapeutic Variables

Variables which need to be considered when investigating process and outcome in counseling will now be discussed. The most relevant to this research and those most often mentioned in other investigations are age, gender, ethnicity, and counselor experience.

#### Age

The factor of age needs to be considered when evaluating process and outcome in psychotherapy because it has been shown to have significant effects on the counseling dyads and subsequent treatment. Research has found, for example, that similarity in age between therapist and client contributes to the development of a positive working relationship (Luborsky et al., 1983a), and also as being a significant factor in treatment outcome (Morgan, Luborsky, Crits-Cristoph, Curtis, & Solomon, 1982). Other research has shown that clients in the age range of 18 to 30 years old tend to prefer counselors their own age, especially when

their issues relate to isolation or personal problems, but they prefer to talk with older counselors about vocational issues (Getz & Miles, 1978). Older clients may perceive younger counselors as too inexperienced in life to help them (Donnan & Mitchell, 1979), and yet it has been found that once a working relationship has been established, these beliefs may be attenuated (Lasky & Salomone, 1977). It has also been shown that younger counselors may find working with older clients as threatening or even uninteresting (Lewis & Johansen, 1982), which could result in communication problems and impede the therapeutic process (Martin & Prosen, 1976).

### Gender

Gender can be an issue in the psychotherapeutic process and has been examined from various perspectives which will be briefly presented here. Research focusing on gender has found that clients who have participated in an initial counseling session tend to prefer female counselors (Kaschak, 1978; LeVine & Franco, 1981) or counselors of the same gender (Blase, 1979; Kirshner, Genack, & Hauser, 1978; Orlinsky & Howard, 1976). Research also has shown that females tend to prefer older counselors (Donnan & Mitchell, 1979; Simmons & Helms, 1976). In another study, it was determined that clients generally rate same-sex dyads more positively than opposite-sex dyads (Jones & Zoppel, 1982).

Other studies on mixed dyads in counseling have yielded inconsistent findings. For example, it was found that in an initial counseling intake session,

females were less satisfied with the counselor's ability to develop a working relationship than were the male clients (Shueman, Gelso, Mindus, Hunt, & Stevenson, 1980). However, more recently, research by Watkins and Schneider (1989) indicated that although the gender of the client or counselor did not have an impact on how clients perceived counselor responses, gender did affect clients' perception of the appropriateness of the counselors' behaviors, especially as it pertained to female clients' perception of the male counselors' negative self-disclosure.

In general, it has been found that when counselors adapt an egalitarian, non-stereotypical, accepting, and flexible attitude concerning gender, the results will be positive in mixed- or same-gender counseling dyads (Beutler, Crago, & Arizmendi, 1986). Also, research has yielded that gender differences between counselors and clients will be minimal once a positive therapeutic relationship has been established (Cavenar & Werman, 1983; Mogul, 1982; Rodolfa, Rapaport, & Lee, 1983).

### Ethnicity

Counselors sometimes have problems establishing working relationships with diverse or under-represented populations (Taussig, 1987) and may be overly cautious and self-conscious in trying to represent themselves as unbiased, natural or positive, which can actually hamper interpersonal interaction. Sue, McKinney, Allen, and Hall (1974), emphasize the need for enhanced interpersonal

relationships in cross-cultural dyads early in the therapeutic process to help reduce the 50% dropout rate of ethnically diverse clients. Other research has shown that it takes longer to develop a helping relationship between ethnic minority clients and Anglo-American therapists than of dyads of same ethnicity (Boulette, 1975; Burrue! & Chavez, 1979; Greene, 1985; LaFromboise & Dixon, 1981; Ramirez, 1979). Reactions to the limited amount of time in the development of an adequate working relationship in early sessions have been shown to be a lack of comfort or even resentment by Hispanic (Taussig, 1987) and African-American (Atkinson, 1983) clients.

Dropout rates for minority clients have been investigated and represent African-Americans (Atkinson, 1983; Helms, 1984; Orne & Wender, 1968, Terrell & Terrell, 1984), Asian-Americans (Sue, 1977; Yamamoto, James, & Palley, 1968), American Indians (LaFromboise & Dixon, 1981), Hispanics (Sue, 1977; Sue, McKinney, Allen, & Hall, 1974), and Vietnamese-Americans (Atkinson, Ponterotto, & Sanchez, 1984). The premature termination rates for minority clients in mixed-ethnic dyads with counselors was found to have been attributed to lack of sensitivity of ethnic issues (Turner & Armstrong, 1981), overpathologizing of non-white clients (Gynther, 1979), and referring of minority clients to alternative forms of treatment (Krebs, 1971). Also contributing to premature termination rates for minority clients were preferences of both ethnic minority clients and counselors for same-ethnic dyads (Proctor & Rosen, 1981), varying perceptions of non-white prognosis (Butcher, Braswell, & Raney, 1983), and ethnocentric

attitudes of white counselors (Yamamoto, James, Bloombaun, & Hattem, 1967). It should be noted, however, that more recent research has indicated that these factors may vary more within-group than without (Ponce & Atkinson, 1989; Yamamoto, James, & Palley, 1968). Additionally, recent cross-cultural research has shown that once a therapeutic relationship has developed and the process of therapy has begun, that pre-intake preference for counselor ethnicity is not a determining factor in effective treatment (Atkinson, Furlong, & Poston, 1986; Atkinson, Ponterotto, & Sanchez, 1984; Ponce & Atkinson, 1989; Ponterotto, Anderson, & Grieger, 1986).

### Counselor Experience

Research into counselor experience, one of the variables often considered in research, and its effect in regards to counseling process and outcome, has yielded conflicting findings. The role of counselor itself can exert significant initial influence (Corrigan, Dell, Lewis, & Schmidt, 1980); however, there is much variability in the comfort level of individuals in the counselor role, regardless of their professional experience (Danskin, 1957).

Some early researchers have postulated that counselor experience has been determined to be an important factor in determining therapy outcome (Carthwright & Lerner, 1963), but the opposite was indicated by other researchers (Feifel & Eells, 1963). Researchers Ivey, Miller, and Gabbert (1968) determined that client attitudes toward counseling were directly related to counselor

experience. This was supported by later research that found clients to have changed attitude and behavior more as a result of more experienced counselors (Friedenberg & Gillis, 1977; Heppner & Dixon, 1978; Strong & Schmidt, 1970). However, similar studies have found opposite results (Greenberg, 1969; Sprafkin, 1970) and others have found that inexperienced counselors are even more effective when compared to experienced therapists (Petty, Cacioppo, & Heesacker, 1984; Sternhal, Dholakia, & Leavitt, 1978; Stoltenberg & Davis, 1988).

Since the effect of counselor experience has not shown to be directly and consistently associated with either success or failure of the counseling process and outcome, this variable was not included in the structure of this present study.

The variables which have been included in this study are those of ethnicity, gender, and age of the subjects, as these seem to have the most impact on outcome of the therapeutic process.

### Music

Listening to music seems to have been a human activity since recorded time (Harris, Bradley & Titus, 1992) and the relationship between music and behavior has long been intuitively held. Lippin (1992), in his quest to have the term "music medicine," defined as "all relationships between human health and music" (p. 30), be accepted in his holistic model of medical treatment (which includes the discipline of psychology), stated that "Music is so universal that in a sense we are all 'music medicine patients' whether we visit a clinic, have a music

therapy session, play music, or listen to music" (p. 31).

Across times and cultures can be found examples of the importance of music to members of highly diverse populations, from ancient times and continuing to the present.

The Shamans of South and Native American cultures have utilized music, not only in their healing and therapeutic practices, but also as a means to achieve ecstasy and trance states (Olsen, 1980). The music of the ancient Native Americans was considered to have sacred powers and was used in the treatment of healing both emotional and physical sickness and as an aid in dealing with life's crises (McAllester, 1980). Lakota and Winnebago Shamans combined music with other techniques to remedy both physical and emotional wounds (Meinecke, 1948). Other Native American tribes employed music and chanting as a method for relieving mental anguish (Sendry, 1974). The Mapuche Indians of Chile utilize music in their attempts to relieve inner tension and correct social misbehavior (Titiev, 1949). In Western Australia, the Pitjantjatjara natives believe that the powers inherent in music significantly influence behavioral responses and mythical associations (Jones, 1980) and are employed for these purposes.

The question of how music affects behavior has been investigated in various settings such as social service agencies (McTaggart, 1978), industry (Fox, 1971), medical and dental agencies (Gardner & Licklider, 1959; Standley, 1986), and schools (Madsen & Prickett, 1987). Research has typically focused on effects of variables such as music tempos (Martin, 1990; Stevens, 1971), volume

(Cunningham, 1985; Wilson & Aiken, 1977), preference (Parente, 1976), and style perception, i.e., sedative vs. stimulative (Reardon & Bell, 1970; Smith & Morris, 1976).

### **Music and Relationship Facilitation**

The power of music to impact relations between people has been documented as early as China's late neolithic period and the Shang dynasty (1066 B.C.) (Chuang, 1972). During this time, the government exercised total control over the music which in turn was used to control and influence the public. As early as the Korean Koryo dynasty (937-1392), music was employed as a means of entering into a harmonious state to enhance interpersonal interactions (Lee, 1980). During the ancient Japanese Nara period (A.D. 552-794), court music traditions were used to intensify the communal activities of the imperial court (Malm, 1980). In ancient times as well as into the present and across a variety of cultures, music has been shown to be an integral component of counseling and therapeutic processes. Traditional African music has been used in rites of passage, worship, divining, aid to stimulate work activities, as well as counseling (Mensah, 1980). South African music has also been utilized in social and political processes as a method for establishing relationships among people primarily through its rhythm (Blacking, 1980). The ancient peoples from countries such as India (Wade, 1980), Sumatra, Bali, Java (Kartomi, 1980), and Thailand (Morton, 1980) considered music to possess the ability to facilitate the exploration and



enhancement of interpersonal, as well as spiritual, relationships.

Music has been postulated to transcend cultural differences (Gundlach, 1932; Rigg, 1966), possibly due to the synchronization of frequencies between two interacting people based on the music's tempo and respiratory patterns of the participants (Haas, Distenfield, & Axen, 1986). It is also suggested that music may be able to create a closeness between people by enhancing attentional skills which facilitate interaction and transcend barriers (Stanwick, 1975). Cultural bridges can be achieved through music's ability to facilitate expression of thoughts, feelings, and insights, help make connections between the conscious and the unconscious, and also to minimize defensiveness (Priestley, 1987). Music was shown to help those with cultural differences to transcend them by facilitating communication and, therefore, allowing the development of relationships (Shehan, 1981, 1983). Goldman (1988) postulated that music can break down both conscious and unconscious barriers during interpersonal interactions which can alienate and isolate people.

### **Assessment of the Effects of Music in Relation to the Counseling Situation**

#### **Physiological**

As early as the 19th century, the physiological effects of music on blood circulation were observed and documented by Grety (1813), Couty and Charpentier (1874) and Dogiel (1880), as reported by Diserens (1923). Medical

researchers have been conducting much research into the connections between music and its effect on physiological functioning. Harvey and Rapp (1988) reported that the research of Spintge (1988) indicated that extensive research has shown "evidence of music's ability to provide distraction, mood elevation, and relaxation at the same time, as well as maintaining contact through varied states of consciousness, altering perception of waiting time, and diminishing situation anxiety" (p. 19). Spintge (1988) and Updike and Charles (1987), in examining both physiological and emotional patients' responses to music, found that sedative music proved effective in decreasing sympathetic nervous system activity and in reducing situational or state anxiety with the surgical patient. Hyde (1924), investigating music's effect on the cardiovascular system which evaluated pulse rate and blood pressure, determined that music which is both harmonic and rich in tone physiologically and psychologically affected the participants in a favorable way. She concluded that this type of music affects digestion, muscle tone, working power, and a variety of bodily secretions. Diserens (1923) also noted that other early researchers investigated the effects of music on variables which are relevant to counseling psychologists, such as music's effect on human behavior, attention, variations among individuals, affect, suggestibility, and introspective feelings.

Webster (1973) investigated the effects of music and relaxation therapy and found that relaxation therapy, combined with music, caused a significant decrease in pulse rate. Scarletti (1984) and Reynolds (1984), in separate research, both concluded that music enhanced relaxation techniques.

It needs to be noted that even through much research exists that supports music as being effective in decreasing anxiety and enhancing relaxation, there have been studies which have not supported this notion. Miller and Bornstein (1977) found that music, when used as an "attention-focusing" technique, and measured by the Taylor Manifest Anxiety Scale, the State-Trait Anxiety Inventory and EMG measures, was not successful in decreasing stress. Schilling and Poppen (1983), in similar research, had the same results. Other studies have shown that when participants listened to music they described as "liked," the music had no more effect on relaxation than no music at all (Barger, 1979; Miller & Bornstein, 1977; Stratton & Zalanowski, 1984b). And in a study of male prisoners, it was found that audio-taped relaxation techniques were more effective than a "soothing music" tape (Bassett, Blanchard, & Estes, 1977).

### Summary

Much research exists to support the notion that music can be effective in reducing negative effects both physiologically and psychologically. Other research investigations, although much fewer in number, have not supported the positive effects of music in their specific investigations. Controlling for variables in the research is thought to be one of the difficulties researchers face as they conduct their investigations.

## Variables Affecting Research Outcome

### General Variables

Variables which may affect how a person responds to music are difficult to pinpoint; however, Wapnick (1976) has made the attempt by categorizing them broadly as musical, situational, and subject. Musical has to do with the "effects of actual musical stimulus components and different stylistic characteristics of music on attitude" (p. 6). Musical elements which have been found to affect both anxiety levels and preference towards particular music include all of the following (Rohner & Miller, 1980): (a) music type (Taylor, 1973), (b) auditory discrepancy (Kiney & Kagan, 1976), (c) a composer's musical expression (Geringer & Breen, 1975), (d) level of intensity or complexity (Steck & Machotka, 1975), (e) rhythm (Richman, 1976), (f) pitch variation (McMullemn, 1974), and (g) repetition (Bartlett, 1973).

### Situational Influences

Situational influences are those which are environmental which Wapnick (1976) described as "repeated hearings, expectation effects, teaching methods, community attitudes, peer influences, socio-economic relationships, educational level and musical training" (p. 9). Wapnick defined "subject variables" as those which "deal with those aspects of human beings that are not readily amenable to change (intelligence, personality, etc.)" (p. 7). Wheeler (1985) defined five

variables which may affect how people respond to music: (1) gender, (2) age, (3) mood, (4) musical training, and (5) personality. Researchers would be prudent to include these variables in their investigations of effects of music in their experimental conditions.

The review of the literature will continue with relevant research into the variables of gender, familiarity with music used, preference of music type, musical training, age, and other potential variables as they relate to a person's response to music.

### Gender

Research into difference in gender as it relates to preference for and response to music has yielded mixed results. Early research by Sopchak (1955) demonstrated that males and females responded differently emotionally to music. Other early studies showed that college women and school girls preferred classical music more than same-age males (Farnsworth, 1949; Fay & Middleton, 1941). However, other studies found the variable of gender to be non-significant (Bradley, 1971; Johnson & Knapp, 1963). In yet another study, it was found that females preferred classical music more than males who indicated preferences for rock or jazz (Birch, 1963). Women were found to respond, in general, more positively to music than did men (Hart & Cogan, 1973). In one study females were found to be more distracted than males by background music which affected their reading performance (Etaugh & Michals, 1975). The opposite was determined

by another investigation (Miller & Schyb, 1989). Hadsell (1989) reported that because there exists so much variability in gender response to, and preference for, different types of music, many researchers limit their investigations to same-sex subjects.

### Familiarity

People tend to prefer to listen to music with which they are familiar (Smith, 1989) and therefore, positive responses to music are usually related to degree of familiarity (Davis & Thaut, 1989; Fisher & Fisher, 1951; Fontaine & Schwalm, 1979; Hilliard & Tonin, 1979). It was found that familiar music was less distracting than unfamiliar music (Etaugh & Michals, 1975; Hilliard & Tolin, 1979; Wolf & Weiner, 1972).

### Preference of Music Type

Research has shown that a person's preference for music type effects a more positive emotional reaction, not unlike Pavlovian type conditioning (Maultsby, 1977) and that "people tend to generalize their positive emotive reactions to music to the situations and ideas associated with it" (p. 89). Reynolds (1984) also saw preference for music as a positive reinforcing stimulus. Liking of a particular music type being listened to was found to correlate positively with concentration, expectancy, and performance, and negatively with emotionality and worry (Smith & Morris, 1977). Stratton and Zalanowski (1984b) found that,

based on subjects' reports of levels of relaxation, the preference for the music listened to was the most important factor noted.

### Musical Training

Research has shown that musical training is related to a liking for classical music (Duersken, 1968; Long, 1972). Other research has shown that there is no relationship between liking for music and musical training (Archibeque, 1966; Gabriel & Crickmore, 1977; Nielzen & Cesarec, 1981), or musical influences in the home (Gabriel & Crickmore, 1977). In examining musical training and anxiety levels, it was found that those students with musical training tended to have lower anxiety levels than non-music majors (Peretti, 1975).

### Age

Research into the relationship between age and music preference has yielded conflicting results (Duerksen, 1968; Fisher, 1951; Johnson & Knapp, 1963; Keston & Pinto, 1955). Some generalizations seem possible, however. It appears that as people grow older, they tend to increase their preference for classical music (Bauman, 1960; Nielzen & Cesarec, 1981) and also respond more to guided imagery and music techniques better than younger subjects (Peach, 1984). An important early study (1927) by Schoen and Gatewood involving over 20,000 subjects (in an attempt to determine mood effects elicited by various music types) determined that the variables of age, musical training and musical experience may

not be significant. Their study indicated that physiological and affective responses were similar for the majority of participants, regardless of the variables being looked at.

### Summary

There exists a great deal of conflicting results in the research as to the effect of variables such as gender, familiarity with, and liking for, musical types, as well as musical training and age, on response to, and preference for, different types of music. A review of the literature into the most frequently researched variables as related to effects of music as an independent variable in research has been presented here.

#### Selection of the Music of Mozart as the Treatment Variable in This Study

Determining the type of music to be used in any particular research project can be difficult, as reactions to music vary significantly across individuals. Even categorizing music as to "soothing" or "stimulating" can be difficult, but was attempted by Gaston (1951). However, a study by Taylor (1973) determined that responses to music determined to be "sedative" or "stimulating" did not necessarily yield the expected results. Several researchers (Cattell & Saunders, 1954; Maher, 1980; Nielzen & Cesarec, 1981) have made attempts to categorize music, believing it to be of importance to research.



It has been shown that instrumental background music without vocals eliminates the confounding research variables which the lyrics could evoke (LeBlanc, Colman, McCrary, Sherill, & Malin, 1988). Instrumental music has also been found to transcend diversity across cultural and different backgrounds of listeners (Shehan, 1983) and is more readily accepted by members of diverse cultures.

The appreciation for the music of Wolfgang Amadeus Mozart (1756-1791) has endured for 2 centuries. Morris (1994), a noted expert on Mozart, stated that "No other composer, with the exception perhaps of Beethoven, has so strong a claim on universal affection as Mozart" (pp. 1-2). Music critic, Haggin (1978), paraphrasing the English critic W. J. Turner, considered Mozart to be "the supreme classical artist precisely because in his music intensity and passion are crystallized in the clearest, the most beautifully balanced and proportioned, and altogether flawless musical forms" (p. 62). Turner held the music of Mozart in higher esteem than that of Beethoven, citing Mozart's "vital energy," as one of its outstanding characteristics. Haggin (1978) describes Mozart's music, as possessing "outstanding characteristics is its subtlety in the expression of powerful meanings...with a melancholy, passion and intensity..., an economy and conciseness analogous to what the mathematician calls elegance---manifestations of a keenness and precision of mind" (p. 62). Morris (1994) observed of Mozart's music:

Of course, no music is easier to listen to...it rewards even modest effort with great delight...it does not shake or disturb, not really, even when a stone spirit is dragging a man to his doom...it is kept in bounds by its

conventions. (p. 4)

In fact, Morris stated that he feels that the music of Mozart may become trivialized, that Mozart is "on his way to becoming background music for the age, safe because never really attended to except as a kind of cushion against the petty hurts of the day: white noise as civilized and elegant as any ever devised" (p. 4). Thus, it can be inferred that the use of the music of Mozart playing in the background during an initial counseling session would serve the purpose of perhaps being able to enhance the initial counseling session without being intrusive.

### Components of the Counseling Session

In order to ensure that each subject in this research receive as similar an experience as possible, each therapist was instructed to conduct each session following a predetermined outline (Appendix A). This outline was created in such a manner to ensure that, regardless of the theoretical orientation of the therapist, it would be acceptable while at the same time, would represent a typical initial counseling session. The separate components of the initial counseling session and the rationale for them will be presented in this section.

Item #1, that the therapist introduces him/herself is important in that it is the beginning of the development of the therapeutic relationship. Immediately after the introduction, each therapist will ask the subject to read and sign the Informed Consent form (Appendix I). Obtaining consent from perspective subjects for research is a fundamental ethical principle for which the investigator is

responsible (Heppner et al., 1992). The American Psychological Association's Ethical Principles of Psychologists (1989) details the expectations for researchers to follow as cited by Heppner et al. (1992). Other ethical procedures are the attempts to maintain confidentiality and to explain situations wherein confidentiality may be broken, expectations for counseling, and the importance of participation being voluntary (Heppner et al., 1992). The other components of the initial counseling session, such as an explanation of what the client may experience during the session, need for client to be actively involved, validation that client has solutions to his/her problems, exploration and processing of the presenting problem, summarizing of the session and offering of suggestions for more help if the client seems to need or want it are all consistent with Kottler and Brown's description of a "First-Session Agenda Review" in their book, Introduction to Therapeutic Counseling (1992). Kottler and Brown developed their list of what many counselors consider to be important to be included in an initial therapy session from a number of other authors such as Dyer and Vriend (1974), Gottman and Leiblum (1974), Haley (1989), and Vriend and Kottler (1980). The components of the initial session are "part of a flexible agenda in which the counselor simultaneously collects needed information and establishes a therapeutic relationship that is equitable, productive, and caring" (Kottler & Brown, 1992, p. 80). In addition to therapeutic components of the therapy session, the outline also contains instructions to the therapist in regards to the collection of data for the research.

### Summary

This chapter has been a review of relevant literature to explain the rationale and support for this current research. The next chapter will be devoted to methodology. In Chapter III are described the participants and setting for this study, method of recruitment, screening of potential subjects, and selection of therapists for the study. Procedures, such as assignment of subjects to a therapist, a description of the counseling session, and data collection are also presented. Additionally, this next chapter describes the independent and dependent measures, as well as reliability procedures, and data analyses.

## CHAPTER III

### METHOD

#### Participants and Setting

Forty-eight volunteer participants (20 males and 28 females) were recruited from Master's level Counselor Education and Counseling Psychology (CECP) classes at Western Michigan University, a mid-western university of approximately 26,000 students.

Students were enrolled either in the Counseling Psychology or in the Community Agency tracks of the CECP program in the 1995 Winter session.

Mean ages, as well as age ranges, for both male and female participants in both music and non-music conditions are provided in Table 1.

#### Recruitment of Participants

The experimenter obtained permission from four CECP instructors to recruit participants from their classes. Prospective participants were recruited by the researcher or her designee who followed a script (see Appendix F) which described the study and expectations for the prospective participants. Time was allowed for answering any questions the students asked pertaining to this study. Students were asked to acknowledge their choice of either participating or not by

**Table 1**  
**Subject Demographics**

	<u>N</u>	Mean Age	Range
Female Music	16	29.125	23-48
Male Music	10	30.700	24-43
Female Non-music	12	34.272	22-57
Male Non-music	10	32.100	23-52
	<u>Total</u>		
Male and Female Music	26	29.900	
Male and Female Non-music	22	33.200	
<b>Ethnicity of Participants</b>	<b>Male</b>	<b>Female</b>	
Caucasian	16	26	
African-American	2	1	
Hispanic	1	1	
Malaysian	1	0	
<b>Total</b>	<b>20</b>	<b>28</b>	

filling out a response sheet which also asked for demographic information (Appendix G) for those who volunteered. The completed demographic sheets

were collected and the researcher contacted all potential participants by phone and arranged appointments with a randomly assigned therapist.

### Screening of the Participants

Those students who were involved in psychological counseling during the past 12 months or those currently taking any psychotropic medication were not included in this study, as is typical for this type of research (Elliott & Wexler, 1994). These were the only disqualifying criteria for participation in this study.

### Students Not Included in the Study

A total of 84 students responded to the recruitment efforts of the researcher and/or her designee. Twelve students indicated that they were not interested in participating in the research, with no reason given. Eight students indicated an interest in participating in the study, but of these, seven reported they were either: (a) currently receiving counseling, (b) had received counseling during the past year, or (c) were taking psychotropic medications. One reported that his work and school schedules were too demanding to find time for participating. Seven other volunteers were not able to participate because their schedules were not compatible with those of the therapists and coordinating counseling sessions was not possible. Five possible subjects were not able to be contacted and others were chosen until the predetermined number was obtained. Only one respondent who was assigned to a therapist decided not to participate with no reason given.

Another volunteer was assigned to her therapist.

### **Selection of Therapists for the Study**

Six therapists, three female and three male, volunteered to participate in the research. All were limited licensed therapists who offered services to clients seeking help for a variety of presenting problems in a private practice setting. Two of the male therapists had obtained doctorates and the other male and three female were Master's level therapists. The ages of the therapists ranged from 29 to 49. All were Caucasian. They represented theoretical orientations which included behavioral, psychodynamic, and cognitive-behavioral. Their therapeutic orientations were not considered to be a factor in this research and subjects were assigned to a therapist without regard for the therapeutic approach or the gender of the therapist.

### **Setting for the Research**

All therapy sessions were conducted in the offices of a comprehensive out-patient counseling facility of a staff of 14 therapists, with the permission of the owner of the practice and supervisor of the therapists (Appendix H). The use of this professional setting offered the participants a typical counseling session in a real therapeutic environment.



### Random Assignment of Subjects to a Therapist

Part of the task of assigning participants to therapists was to insure that the participants were not familiar with the therapists in order to avoid the possibility of dual relationships and also to avoid the confounding variable that familiarity might create. The researcher randomly assigned volunteer subjects to therapists for counseling sessions until valid data were collected from 48 participants. For purposes of this study, subjects were not assigned equally by gender to therapists. Since sex of the therapist was not one of the variables to be explored in this research, this was not considered a problem.

### Counseling Session

All therapists presented the investigator with available times in their schedules for appointments with the subjects. The investigator contacted all subjects by phone and arranged appointments, gave directions to the location of the private practice, and rescheduled appointments if either subjects or therapists had conflicts or emergencies and could not keep the appointment. Therapists were given packets which contained all written information they needed for the experiment. The researcher went over all information individually with each therapist to ensure each understood exactly what was expected for their participation in the research. Each therapist was expected to follow the outline for each therapy session so that all subjects received as similar a session as was possible. Each

therapist conducted at least three sessions with music playing in the background and three without the music. In order to ensure enough male subject participation, it was necessary to increase the number of subjects and two of the male therapists conducted therapy sessions with more than the six originally planned.

### Data Collection Procedure

The subjects were greeted by their randomly assigned therapist after showing up at their appointed time and were given the Informed Consent Form (Appendix I) which had to be signed before the session could begin. The subjects were given a second copy of the Informed Consent to keep. The subjects were then escorted to the therapist's office and asked to complete the presession dependent measures (the STAI-S and the SEQ-I) before the beginning of the therapy session. All written material was coded by number to ensure subjects' anonymity. The subjects in the randomly assigned treatment group experienced their therapy session with the music of Mozart playing in the background as the independent measure. The control subjects did not experience this treatment condition. The therapists were instructed that if anyone objected to the music, it could be turned off, realizing that the needs of the subjects needed to be the priority. No subject was reported to have objected to the music. Each session lasted 50 minutes. At the conclusion of the session, the subjects were escorted to a waiting room where they were asked to complete the postsession dependent measures, the SEQ-II, the STAI-S, CRF-S, and either Postsession Questionnaire-I

or Postsession Questionnaire-II. In order to ensure confidentiality and to encourage honest responses, subjects were given a self-stick envelope in which to place completed questionnaires, seal them, and leave in the office for the researcher to retrieve. Subjects were informed that their therapists would not have access to their responses on the questionnaires. Each therapist also completed the SEQ-II after the session and returned it to the researcher. All data were collected during the months of February, March, and April of 1995.

### Independent Measures

The treatment condition for this research was a variety of excerpts of the music of Mozart which played continuously during the therapy session. Therapists were instructed to have the music playing before the subjects entered their office so the starting of the music in their presence would not draw attention to it. Each therapist set the volume at a level so that the music could be heard, but would also not be intrusive.

### Instrumentation

#### The State-Trait Anxiety Inventory, Form Y-1 (STAI) and (STAI-S)

The State-Trait Anxiety Inventory, Form Y-1 (STAI), "Self-Evaluation Questionnaire" (Spielberger, 1983) is a 40-item self-report questionnaire that measures two distinct but related anxiety concepts, "trait" and "state" anxiety (Hersen

& Bellack, 1988). For this study, only the State anxiety measure (STAI-S) was used. This consists of a 20-item scale which asks how the person is feeling at the particular time. State anxiety "is conceptualized as a transitory emotional condition characterized by subjective, consciously perceived feelings of tension, apprehension, nervousness, and worry, and heightened activation (arousal) of the autonomic nervous system" and "may vary in intensity and fluctuate over time as a function of situational stress" (Hersen & Bellack, p. 448). The person is asked to rate the intensity of subjective feelings on a 4-point scale: (1) not at all, (2) somewhat, (3) moderately, and (4) very much so. The STAI was constructed to offer brief, internally consistent, reliable, and valid self-report scales for assessing state and trait anxiety for various populations in diversified settings (Hersen & Bellack, 1988). Spielberger, the developer of this instrument, as well as Gorsuch, and Lushene (1970) found the STAI-S to be sensitive in detecting transitory anxiety of persons involved in counseling. They have also determined that this instrument has high Cronbach Alpha internal consistency reliability coefficients of .91 for college males and .93 for college females. The coefficients for samples of working adults, students and military recruits ranged between .86 and .95. As reported in The Eighth Mental Measurements Yearbook (1978), "the revised STAI is one of the best standardized of anxiety measures, if not the best" (Dreger, 1978, p. 683). It has been adapted in 40 languages and provides norms for clinical patients, high school and college students, and working adults. It is written on a sixth grade reading level and can be completed in less than 10 minutes.

### Administration of the STAI-S

The STAI-S Form Y was administered both pre- and postsession in order to determine state anxiety levels before and after a 50-minute therapy sessions.

### Session Evaluation Questionnaire-I and Session Evaluation Questionnaire-II (SEQ-I and SEQ-II)

The SEQ (Stiles, 1980) was developed in order to assess impact of counseling, psychotherapy, or encounter-group sessions (Dill-Standiford, Stiles, & Rorer, 1988; Stiles, 1980; Stiles & Snow, 1984a, 1984b; Stiles, Tupler, & Carpener, 1982). This instrument was designed to be completed by both therapist and client and consists of 24 bipolar adjective scales presented in 7-point semantic differential format designed to measure: (a) clients' perceptions in regards to depth and smoothness of a counseling session, and (b) two dimensions of postsession feelings, arousal and positivity. Depth is defined as a session's perceived power and value; smoothness refers to feelings of confidence, clarity, and happiness (Corcoran & Fischer, 1987). One-half of the SEQ, that which assesses current feelings, was designated as the SEQ-I for this research, and the complete SEQ, which measures the client's current feelings and also feelings about the session, was designated as the SEQ-II.

The dimensions for the SEQ and their respective corresponding factors are: (a) Depth, powerful-weak, valuable-worthless, deep-shallow, full-empty, and special-ordinary; (b) Smoothness, smooth-rough, comfortable-uncomfortable, easy-

difficult, pleasant-unpleasant, and relaxed-tense; (c) Positivity, happy-sad, confident-afraid, pleased-angry, definite-uncertain, and friendly-unfriendly; and (d) Arousal, aroused-quiet, fast-slow, energetic-peaceful, moving-still, and excited-calm. Each item is scored from 1 to 7, with higher scores indicating greater Depth, Smoothness, Positivity, or Arousal (Stiles, 1989). Stiles (1989) has eliminated 4 of his original 24 SEQ items--session evaluation items, good-bad and safe-dangerous, and postsession mood items, involved-detached and wakeful-sleepy--because he reported that these items have not shown consistently high factor loadings across perspectives (Stiles, 1980; Stiles & Snow, 1984b). Therefore, these designated factors were not included in calculating scores for this current research.

The SEQ has been used to measure treatment outcome in brief therapy (Hills, Helms, Tichenor, Spiegel, O'Grady, & Perry, 1988; Kelly, Hall, & Miller, 1989; Mallinckrodt, 1993; Stiles, Shapiro, & Firth-Cozens, 1990), counselor technical activity and intentions (Fuller & Hill, 1985; Hill, Helms, Spiegel, & Tichenor, 1988; Hill, Helms, Tichenor, Spiegel, O'Grady, & Perry, 1988), counselor intention and anxiety (Kelly, Hall, & Miller, 1989), counseling session impact (Dill-Standiford, Stiles, & Rorer, 1988; Nocita & Stiles, 1986; Stiles & Snow, 1984a), individual therapy (Stiles, 1980), client personality characteristics (Kivlighan & Angelone, 1991), counselor training (Kivlighan, 1989), supervision (Friedlander, Siegel, & Brenock, 1989), and analytic group sessions (Stiles, Tupler, & Carpenter, 1982). Although the SEQ had been used in numerous

studies, its construct validity had been relatively unexplored (Corcoran & Fischer, 1987); however, factor analyses had confirmed the separateness of the dimensions measured by the SEQ (Kelly, Hall, & Miller, 1989).

Good internal consistency of the four dimensions of the SEQ has been reported with alpha coefficients that range from .78 to .91 (Corcoran & Fischer, 1987). Later literature reports that Stiles and his colleagues had made great efforts to validate this instrument by conducting extensive factor analyses which included culturally different samples with large groups of clients. This has caused Mallinckrodt (1994) to declare that "the factor structure and internal reliability of the SEQ have been well established," and "impressive evidence has been amassed for the construct and concurrent validity of these measures, as well as for the internal consistency reliability" (p. 187). Recent researchers have indicated that the SEQ has been used extensively to measure the impact of therapy, citing this instrument as one of "the most important" (Elliott & Wexler, 1994, p. 166) for this purpose. Other research on session impact indicates that the SEQ "has become one of the most frequently used instruments in counseling process research" (Mallinckrodt, 1994, p. 186) to investigate research questions regarding counselor training (Kivlighan, 1989), client personality characteristics (Kivlighan & Angelone, 1991), supervision (Friedlander, Siegel, & Brenock, 1989), counselor technical activity and intentions (Hill, Helms, Spiegel & Tichenor, 1988; Hill, Helms, Tichenor et al., 1988), and treatment outcome (Mallinckrodt, 1993; Stiles, Shapiro, & Firth-Cozens, 1990). A review of recent dissertations shows the SEQ

to be a popular instrument for student research.

#### Administration of the SEQ-I and SEQ-II

The SEQ-I was administered to the subject-clients before the session in order to compare mood state pre- and postsession. In order to assess pre-session mood the SEQ-II was administered to both therapists and subjects immediately following the therapy session to assess (a) "smoothness," the feelings of comfort and pleasantness with the session, determined by the mean rating on the factors of easy-difficult, pleasant-unpleasant, comfortable-uncomfortable, relaxed-tense, and smooth-rough; (b) "depth," referring to the session's perceived power and value, determined by the mean rating on the factors of powerful-weak, valuable-worthless, deep-shallow, full-empty, and special-ordinary; (c) "positivity," of the session, determined by the mean rating on the factors of happy-sad, confident-afraid, pleased-angry, definite-uncertain, and friendly-unfriendly; and, (d) the session's perceived "arousal," determined by the mean rating on the factors of aroused-quiet, fast-slow, energetic-peaceful, moving-still, and excited-calm (Stiles, 1989).

#### Counselor Rating Form (CRF) and (CRF-S)

The Counselor Rating Form (CRF) (Corrigan & Schmidt, 1983) has been cited in the Journal of Counseling Psychology (Hill et al., 1994) as one of the top three most frequently used measures in research published in that journal and the Journal of Consulting and Clinical Psychology between 1978 and 1992. The CRF



was noted by Hill and her associates to have evidence of validity and reliability and was recommended to researchers. The original CRF was developed by Barak and LaCrosse (1975) to measure Strong's (1968) hypothesis regarding counselor social influence variables of expertness, attractiveness, and trustworthiness as dimensions of counselor influence with the client. The CRF-S is a shortened version of the original instrument and consists of 12 items, 4 for each counselor characteristic.

Corrigan and Schmidt (1983) found internal consistency reliability estimates of .87 for expertness, .90 for attractiveness, and .85 for trustworthiness for the three subscales. Split-half reliabilities were determined for expertness (.90), attractiveness (.91), and trustworthiness (.87) (Ponterotto & Furlong, 1985). Construct validity of the CRF-S was confirmed by factor analysis by Rogers, Perls, Ellis, and a group of community counselors (Corrigan & Schmidt, 1983).

The CRF has been found to be useful in assessing counselor characteristics (Corrigan & Schmidt, 1983; Epperson & Pecnik, 1985; Grimes & Murdock, 1989; Heppner & Heesacker, 1993; McNeill, May, & Lee, 1987), counselor influence (Corrigan & Schmidt, 1983; Grimes & Murdock, 1989; Heppner & Dixon, 1981; Kokotovic & Tracey, 1987; LaCrosse, 1980), counseling outcome (Grimes & Murdock, 1989; Heppner & Dixon, 1981; LaCrosse, 1980), and client satisfaction (Grimes & Murdock, 1989; Heppner & Heesacker, 1983; McNeill, May, & Lee, 1987; Zamostny, Corrigan, & Eggert, 1981). The clients' perception of counselor expertness, attractiveness, and trustworthiness as measured by the CRF-S was

found to be an adequate predictor of client satisfaction with the initial counseling session (Zamostny et al., 1981).

#### Administration of the CRF-S

The CRF-S was immediately administered to all subject-clients at the conclusion of the session to rate their perception of the therapists' expertness, attractiveness, and trustworthiness.

#### Postsession Questionnaire-I (PQ-I)

The Postsession Questionnaire-I (PQ-I) consists of eight questions developed to assess the treatment groups' reaction to the therapy session in which music was playing in the background and also to gain information considered relevant to the treatment. The eight questions addressed: (1) awareness of the background music, (2) whether the music was relaxing, (3) the subjects' liking of the music, (4) amount of time subjects ordinarily listen to music, (5) familiarity with the background music, (6) amount of formal training in music, (7) willingness to return to the same therapist if subjects felt the need for further therapy, and (8) type of music most often listened to. All responses were made by circling a number from 1 (not at all) to 7 (very much).

#### Postsession Questionnaire-II (PQ-II)

The PQ-II consists of only one question, and is the same as question #7

on the PQ-I; that is, "Based on this session, I would return to this same therapist if I felt the need for further counseling." This question was the only response elicited from the control group of subject-clients (other than the standardized instruments both groups completed).

#### Administration of the PQ-I and the PQ-II

Both the PQ-I and the PQ-II were administered to all client-subjects immediately after the therapy sessions; the PQ-I to the treatment group and the PQ-II to the control group.

#### **Reliability Check of Scoring of Instruments**

The researcher scored all tests and questionnaires. As a reliability check of accuracy of the scoring, an independent recorder scored 12 (25%) randomly selected completed sets of tests and questionnaires. The recorder had been instructed on proper scoring for each instrument and his scores were compared to those of the researcher. Agreement was calculated using the following formula:

$$\frac{\text{Number of Agreements}}{\text{Number of Agreements} + \text{Disagreements}} \times 100$$

A disagreement was defined as a discrepancy between the reliability checkers in their recorded response. Results from the reliability checks were as follows:

For scores on the Counselor Rating Form, there were no disagreements between the researcher's results and those of the independent scorer, for a 100% reliability score. On the Session Evaluation Questionnaire, one error out of 120 possible yielded a reliability score of 99%. The State Trait Anxiety Inventory Scale-State reliability check indicated there were four errors made out of a possible 480 for a reliability score of 99%. Based on these numbers, the scores were considered reliable and statistical analyses were run on them.

### Data Analyses

In order to determine the effects that music has on an initial counseling session, several statistical methods were employed. A two-factor analysis of variance (ANOVA) was conducted to determine if differences existed between music and non-music groups or between gender in regards to subjects' self-reports of perceived counselors' expertness, attractiveness, and trustworthiness. The 2X2 (group by gender) ANOVA was used because this statistical analysis allows for the possibility of identifying both significant main and interaction effects. This design allows for the examination of two or more independent variables simultaneously and reduces the number of separate analyses needed to answer the research question of interest. Factorial designs also have greater power than a one-factor ANOVA design; that is, the probability of detecting real effects is increased. The two-factor ANOVA was also performed to determine effects of subjects' perceptions of sessions' smoothness and depth. If interaction effects

**PLEASE NOTE**

**Pages not included with original material  
and unavailable from author or university.  
Filmed as received.**

**71**

**UMI**

## **CHAPTER IV**

### **RESULTS**

**Several hypotheses were tested to address the research questions presented in this study. In this chapter the results of the investigation are presented in the following manner. First, each research question is stated, followed by the restatement of the null hypothesis for each question. Next, the statistical analysis to test the hypothesis is presented as well as the ensuing results. Corresponding charts are also included in this section. A conclusion for each question is presented. A summary of the results concludes this chapter.**

#### **Test for Perceived Differences Between Counselors**

**All statistical analyses were run using the SPSS computer program through Western Michigan University Computing Services. Before statistical analyses could be run to test the individual research questions, it was necessary to determine if subjects' perceived differences between counselors could be a confounding variable which might influence other analyses. The assumption was that there would be no differences between therapists as perceived by all subjects in regards to (a) expertness, (b) attractiveness, and (c) trustworthiness. Tables 2, 3 and 4 display a one-way ANOVA to test this assumption. In this initial analysis the therapist was the independent variable viewed individually with the dependent**

**Table 2**  
**ANOVA for Participants' Perception of**  
**Counselors' Expertness**

<b>Source</b>	<b><u>df</u></b>	<b><u>ss</u></b>	<b><u>ms</u></b>	<b><u>F</u></b>	<b><u>p</u></b>
<b>Between Groups</b>	<b>5</b>	<b>139.01</b>	<b>27.80</b>	<b>2.063</b>	<b>.089</b>
<b>Within Groups</b>	<b>42</b>	<b>565.99</b>	<b>13.48</b>		
<b>Total</b>	<b>47</b>	<b>704.99</b>			

**Table 3**  
**ANOVA for Participants' Perception of**  
**Counselors' Attractiveness**

<b>Source</b>	<b><u>df</u></b>	<b><u>ss</u></b>	<b><u>ms</u></b>	<b><u>F</u></b>	<b><u>p</u></b>
<b>Between Groups</b>	<b>5</b>	<b>75.88</b>	<b>15.18</b>	<b>1.478</b>	<b>.217</b>
<b>Within Groups</b>	<b>42</b>	<b>431.24</b>	<b>10.27</b>		
<b>Total</b>	<b>47</b>	<b>507.12</b>			

**Table 4**  
**ANOVA for Participants' Perception of**  
**Counselors' Trustworthiness**

<b>Source</b>	<b><u>df</u></b>	<b><u>ss</u></b>	<b><u>ms</u></b>	<b><u>F</u></b>	<b><u>p</u></b>
<b>Between Groups</b>	<b>5</b>	<b>102.69</b>	<b>20.54</b>	<b>1.933</b>	<b>.109</b>
<b>Within Groups</b>	<b>42</b>	<b>446.31</b>	<b>10.63</b>		
<b>Total</b>	<b>47</b>	<b>549.00</b>			

variables: (a) expertness, (b) attractiveness, and (c) trustworthiness. Results indicated there were no significant differences found among therapists as perceived by subjects in both treatment and control groups.

#### **Restatement of Research Questions, Null Hypotheses and Results of Statistical Analyses**

**Research Question #1:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of counselor expertness, as measured by the Counselor Rating Form-Short version (CRF-S)?

**Null Hypothesis #1:** Background music will have no effect on subjects' perception of counselor expertness.

A two-factor analysis of variance (ANOVA) was used to assess the effects of the independent variable of music on the dependent variable of counselor expertness, as shown by scores on the CRF-S, for both treatment (music) and control (no-music) groups. Significance level was set at  $\leq .05$ . In Table 5 it can be seen that for the dependent variable of expertness there were no main effects between those subjects in the music and no-music groups ( $F = 0.15$ ,  $df = 1, 44$ ,  $p = .702$ ), indicating that the music did not have an effect on subjects' perception of their counselors in regards to expertness. Therefore, null hypothesis #1 was accepted.

**Research Question #2:** To what extent will gender of subjects affect their perception of counselor expertness, after an initial counseling session in which



music was playing in the background, as measured by the CRF-S?

**Null Hypothesis #2:** Gender of subjects will have no significant effect on subjects' perception of counselor expertness.

A two-factor analysis of variance (ANOVA) was used to assess the effects of the independent variable of gender on the dependent variable of expertness, as shown by scores on the CRF-S, for both treatment (music) and control (no-music) groups. Significance level was set at  $\leq .05$ . In Table 5 it can be seen that for the dependent variable of expertness there were no interaction effects between gender and group ( $F = 1.94$ ,  $df = 1, 44$ ,  $p = .171$ ). This indicates that male and female responses to their perception of counselor expertness did not differ

Table 5

ANOVA for Participants' Perception of Counselors' Expertness by Gender and Group

Source	<u>df</u>	<u>ss</u>	<u>ms</u>	<u>F</u>	<u>p</u>
Gender	1	158.60	158.60	13.484	.001
Group	1	1.75	1.75	.149	.702
Gender * Group	1	22.80	22.80	1.939	.171
Explained	3	187.56	62.52	5.32	.003
Error	44	517.43	11.76		
Total	47	705.00	15.00		

significantly across the two groups, music and no-music. There was, however, a significant difference in the ratings for expertness between male and female responses ( $F = 13.5$ ,  $df = 1, 44$ ,  $p = .001$ ). A one-way ANOVA indicated that females overall, whether in the treatment group or not, rated their counselors as more expert than did the male subjects (Table 6; female mean = 21.6, male mean = 25.3). The null hypothesis for question #2 was rejected. Gender of subjects did have an effect on their perception of counselor expertness.

Table 6

ANOVA for Comparison of Means Between Male and Female  
Subjects' Perception of Counselor's Expertness,  
Attractiveness, and Trustworthiness

	<u>n</u>	<u>m</u>
<u>Expertness</u>		
Male	20	21.55
Female	28	25.30
<u>Attractiveness</u>		
Male	20	23.55
Female	28	25.95
<u>Trustworthiness</u>		
Male	20	22.90
Female	28	26.07

**Research Question #3:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of counselor attractiveness, as measured by the (CRF-S)?

**Null Hypotheses #3:** Background music will have no effect on subjects' perception of counselor attractiveness.

A two-factor analysis of variance (ANOVA) was used to assess the effects of the independent variable of music on the dependent variable of counselor attractiveness, as shown by scores on the CRF-S, for both treatment (music) and control (no-music) groups. Significance level was set at  $\leq .05$ . In Table 7 it can be seen that for the dependent variable of attractiveness there were no main

Table 7

ANOVA for Participants' Perception of Counselors' Attractiveness by Gender and Group

Source	<u>df</u>	<u>ss</u>	<u>ms</u>	<u>F</u>	<u>p</u>
Gender	1	68.27	68.27	7.17	.010
Group	1	7.05	7.05	.74	.394
Gender * Group	1	17.01	17.01	1.79	.188
Explained	3	88.27	29.42	3.09	.037
Error	44	418.85	9.52		
Total	47	507.12	10.79		

**PLEASE NOTE**

**Pages not included with original material  
and unavailable from author or university.  
Filmed as received.**

**78**

**UMI**

on their perception of counselor attractiveness.

**Research Question #5:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of counselor trustworthiness, as measured by the CRF-S?

**Null Hypotheses #5:** Background music will have no effect on subjects' perception of counselor trustworthiness.

A two-factor analysis of variance (ANOVA) was used to assess the effects of the independent variable of music on the dependent variable of counselor trustworthiness, as shown by scores on the CRF-S, for both treatment (music) and control (no-music) groups. Significance level was set at  $\leq .05$ . In Table 8 it can

**Table 8**

**ANOVA for Participants' Perception of Counselors' Trustworthiness by Gender and Group**

<b>Source</b>	<b>df</b>	<b>ss</b>	<b>ms</b>	<b>F</b>	<b>p</b>
<b>Gender</b>	<b>1</b>	<b>115.00</b>	<b>115.00</b>	<b>11.75</b>	<b>.001</b>
<b>Group</b>	<b>1</b>	<b>.27</b>	<b>.27</b>	<b>.03</b>	<b>.870</b>
<b>Gender * Group</b>	<b>1</b>	<b>.84</b>	<b>.84</b>	<b>.09</b>	<b>.772</b>
<b>Explained</b>	<b>3</b>	<b>118.33</b>	<b>39.44</b>	<b>4.03</b>	<b>.013</b>
<b>Error</b>	<b>44</b>	<b>430.67</b>	<b>9.79</b>		
<b>Total</b>	<b>47</b>	<b>549.00</b>	<b>11.68</b>		

be seen that for the dependent variable of trustworthiness there were no main effects between those subjects in the music and no-music groups ( $F = .03$ ,  $df = 1, 44$ ,  $p = .870$ ), indicating that the music did not have an effect on subjects' perception of their counselors in regards to trustworthiness. Therefore, null hypothesis #5 was accepted.

**Research Question #6:** To what extent will gender of subjects affect their perception of counselor trustworthiness, after an initial counseling session in which music was playing in the background, as measured by the CRF-S?

**Null Hypotheses #6:** Gender of subjects will have no effect on subjects' perception of counselor trustworthiness.

A two-factor analysis of variance (ANOVA) was used to assess the effects of the independent variable of gender on the dependent variable of trustworthiness, as shown by scores on the CRF-S, for both treatment (music) and control (no-music) groups. Significance level was set at  $\leq .05$ . In Table 8 it can be seen that for the dependent variable of trustworthiness there were no interaction effects between gender and group. ( $F = .09$ ,  $df = 1, 44$ ,  $p = .772$ ). This indicates that male and female responses to their perception of counselor expertness did not differ significantly across the two groups, music and no-music. There was, however, a significant difference in the ratings for trustworthiness between male and female responses ( $F = 11.75$ ,  $df = 1, 44$ ,  $p = .001$ ). Females overall, whether in the treatment group or not, rated their counselors as more trustworthy than did the male subjects. (Table 6; female mean = 26.07, male mean = 22.90). The null

hypothesis for question #6 was rejected. Gender of subjects did have an effect on their perception of counselor trustworthiness.

**Research Question #7:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of the session's smoothness, as measured by the Session Evaluation Questionnaire-II?

**Null Hypothesis #7:** Background music will have no effect on subjects' perception of session smoothness.

A two-factor ANOVA was used to assess the effects of the independent variable of music on the dependent variable of session smoothness, as shown by scores on the SEQ-II, for both treatment (music) and control (no-music) groups. Significance level was set at  $\leq .05$ . In Table 9 it can be seen that for the dependent variable of smoothness there were no main effects between those subjects in the music and no-music groups ( $f=.566$ ), indicating that the music did not have an effect on subjects' perception of the session in regards to its smoothness. Therefore, null hypothesis #7 was accepted.

**Research Question #8:** To what extent will gender of subjects affect their perception of session smoothness, after an initial counseling session in which music was playing in the background, as measured by the SEQ-II?

**Null Hypothesis #8:** Gender of subjects will have no effect on subjects' perception of session smoothness.

A two-factor ANOVA was used to assess the effects of the independent variable of gender on the dependent variable of session smoothness, as shown by

Table 9

**ANOVA for Participants' Perception of Session  
Smoothness by Gender and Group**

Source	<u>df</u>	<u>ss</u>	<u>ms</u>	<u>F</u>	<u>p</u>
Gender	1	.08	.08	.233	.794
Group	1	.36	.36	.334	.566
Gender * Group	1	3.45	3.45	3.220	.080
Explained	3	3.68	1.23	1.143	.343
Error	42	45.00.	1.07		
Total	45	48.67	1.08		

scores on the SEQ-II, for both treatment (music) and control (no-music) groups. Significance level was set at  $\leq .05$ . In Table 9 it can be seen that for the dependent variable of smoothness there were no interaction effects between gender and group ( $F = 3.22$ ,  $df = 1, 42$ ,  $p = .080$ ). This indicates that male and female responses to their perception of the session's smoothness did not differ significantly across the two groups, music and no-music. There was also no significance in the ratings for smoothness according to gender ( $F = .233$ ,  $df = 1, 42$ ,  $p = .794$ ). Therefore, null hypothesis #8 was accepted.

**Research Question #9:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of the



session's depth, as measured by the Session Evaluation Questionnaire-II?

**Null Hypothesis #9:** Music will have no effect on subjects' perception of session depth.

A two-factor ANOVA was used to assess the effects of the independent variable of music on the dependent variable of session depth as shown by scores on the SEQ-II, for both treatment (music) and control (no-music) groups. Significance level was set at  $\leq .05$ . In Table 10 it can be seen that for the dependent variable of depth there were no main effects between those subjects in the music and no-music groups ( $f=.574$ ), indicating that the music did not have an effect on subjects' perception of the session in regards to its depth. Therefore, null

Table 10

ANOVA for Participants' Perception of Session  
Depth by Gender and Group

Source	<u>df</u>	<u>ss</u>	<u>ms</u>	<u>F</u>	<u>p</u>
Gender	1	13.33	13.33	13.67	.001
Group	1	.32	.32	.32	.574
Gender * Group	1	.12	.12	.12	.730
Explained	3	13.36	4.45	4.57	.007
Error	42	40.94	.98		
Total	45	54.29	1.21		

hypothesis #9 was rejected.

**Research Question #10:** To what extent will gender of subjects affect their perception of session depth, after an initial counseling session in which music was playing in the background, as measured by the SEQ-II?

**Null Hypothesis #10:** Gender of subjects will have no effect on subjects' perception of session depth.

A two-factor ANOVA was used to assess the effects of the independent variable of gender on the dependent variable of session depth, as shown by scores on the SEQ-II, for both treatment (music) and control (no-music) groups. Significance level was set at  $\leq .05$ . In Table 10 it can be seen that for the dependent variable of depth there were no significant interaction effects between gender and group ( $F = .12$ ,  $df = 1, 45$ ,  $p = .730$ ). This indicates that male and female responses to their perception of the session's depth did not differ significantly across the two groups, music and no-music. There was, however, significance in the ratings for depth according to gender ( $F = 13.67$ ,  $df = 1, 45$ ,  $p = .001$ ). The null hypothesis for question #10 was rejected. Gender of subjects did have an effect on their perception of session depth.

In order to determine differences between male and female responses to perceived depth of session, a one-way ANOVA was used to compare mean scores on the SEQ-II of the two groups. The results are presented in Table 11. Scores ranged from 1 to 7, with the higher score indicating a more positive reaction to depth. It can be seen that female subjects perceived their sessions as having more

Table 11

**ANOVA of Comparison of Means Between Male and Female  
Subjects' Perception of Session Depth**

Group	<u>n</u>	<u>m</u>	Minimum	Maximum
Male	20	4.6250	2.2000	6.4000
Female	26	5.6923	4.0000	7.0000

depth than did the male subjects (female mean = 5.69, male mean = 4.63). There was also less of a range of scores for the females (female range from 4 to 7; male range from 2.2 to 6.4).

**Research Question # 11:** To what extent will music playing in the background affect subjects' feelings of positivity as a result of an initial counseling session, as measured by the SEQ-I and SEQ-II?

**Null Hypothesis #11:** Background music will have no effect on subjects' feelings of positivity.

A pretest-posttest design was used to test for differences of means between the treatment (music) and control group (no-music), and time. Table 12 includes results for differences in feelings of positivity. It can be seen that there were significant differences in subjects' feelings of positivity as a result of the therapy session (Table 13;  $F = 10.63$ ,  $df = 1, 45$ ,  $p = .0022$ ). The differences in pre- and postsession scores are consistent across gender. The condition of music did not

Table 12

**Comparison of Means Between Subjects' Feelings  
of Positivity Pre- and Postsession**

Source	<u>m</u>	<u>SD</u>	Variance	<u>n</u>
<b>PRESESSION</b>				
Total	5.13	0.72	0.52	47.0
Male	5.16	0.75	0.56	20.0
No music	5.07	0.72	0.52	10.0
Music	5.26	0.81	0.67	10.0
Female	5.12	0.71	0.50	27.0
No music	5.06	0.55	0.30	10.0
Music	5.15	0.80	0.64	17.0
<b>POSTSESSION</b>				
Total	5.55	0.81	0.65	45.0
Male	5.58	0.78	0.61	20.0
No music	5.64	0.71	0.50	10.0
Music	5.51	0.90	0.81	10.0
Female	5.53	0.84	0.71	25.0
No music	5.32	0.74	0.55	10.0
Music	5.67	0.90	0.82	15.0

Table 13

**Subjects' Feelings of Positivity Based on  
Scores of the SEQ-I and SEQ-II**

Source	<u>df</u>	<u>ss</u>	<u>ms</u>	<u>F</u>	<u>p</u>
Group	1	0.40	0.40	0.52	0.4737
Group (subject)	45				
Time	1	4.35	4.35	10.63	0.0022
Time x Group	1	0.01	0.01	0.03	0.8731
Time x Group (subject)	43	17.61	0.40		

affect differences in pre- and postsession scores. Therefore, the null hypothesis for question #11 was accepted.

**Research Question #12:** To what extent will gender of subjects affect their feelings of positivity, after an initial counseling session in which music was playing in the background, as measured by the SEQ-I and SEQ-II?

**Null Hypothesis #12:** Gender will have no effect on subjects' feelings of positivity after an initial counseling session.

A two-way ANOVA was used to assess the effects of the independent variable of gender on the dependent variable of positivity, as shown by scores on the SEQ-I and SEQ-II for both the treatment (music) and control group (no-music). Table 13 includes results for differences in feelings of positivity. It can be seen

that there were significant differences in subjects' feelings of positivity (0.0022) (Table 13) as a result of the therapy session. The differences in pre- and post-session scores are consistent across gender. Both males and females increased their feelings of positivity, but it can be seen that there was no significant difference between their scores (Table 12). Gender did not appear to have accounted for increased feelings of positivity; therefore, hypothesis #12 was accepted.

Research Question #13: To what extent will background music affect subjects' feelings of arousal as a result of an initial counseling session, as measured by the SEQ-I and SEQ-II?

Null Hypothesis #13: Background music will have no effect on subjects' feelings of arousal after an initial counseling session.

A pretest-posttest design was used to test for differences of means between the treatment (music) and control group (no-music), and time. Table 14 includes results for differences in feelings of arousal. It can be seen that there were no significant changes in subjects' feelings of arousal, over time, as a result of the therapy session (Table 15;  $F = 2.35$ ,  $df = 1, 45$ ,  $p = 0.1325$ ). The differences in pre- and postsession scores were consistent across gender. Therefore, the null hypothesis for question #13 was accepted.

Research Question #14: To what extent will gender of subjects affect their feelings of arousal, after an initial counseling session in which music was playing in the background, as measured by the SEQ-I and SEQ-II?

Table 14

**Comparison of Means Between Subjects' Feelings of  
Arousal Pre- and Postsession**

Source	<u>m</u>	<u>SD</u>	Variance	<u>n</u>
<b>PRESESSION</b>				
Total	4.00	0.62	0.38	47.0
Male	3.92	0.60	0.36	20.0
No music	3.75	0.45	0.20	10.0
Music	4.13	0.71	0.51	10.0
Female	4.05	0.64	0.41	27.0
No music	4.26	0.46	0.21	10.0
Music	3.93	0.70	0.50	17.0
<b>POSTSESSION</b>				
Total	3.86	0.72	0.51	45.0
Male	3.69	0.85	0.72	20.0
No music	3.40	0.76	0.58	10.0
Music	4.04	0.85	0.73	10.0
Female	4.00	0.57	0.33	25.0
No music	3.98	0.32	0.10	10.0
Music	4.01	0.70	0.49	15.0

Table 15

**Subjects' Feelings of Arousal Based on  
Scores of the SEQ-I and SEQ-II**

<b>Source</b>	<b>df</b>	<b>ss</b>	<b>ms</b>	<b>F</b>	<b>p</b>
Group	1	0.68	0.68	1.06	0.3087
Group (subject)	45	28.78	0.64	--	--
Time	1	0.55	0.55	2.35	0.1325
Time x Group	1	0.55	0.55	2.36	0.1315
Time x Group (subject)	43	10.06	0.23	--	--

**Null Hypothesis #14:** Gender of the subjects will have no effect on their feelings of arousal after an initial counseling session.

A two-way ANOVA was used to assess the effects of the independent variable of gender on the dependent variable of arousal as shown by scores on the SEQ-I and SEQ-II for both the treatment (music) and control group (no-music). Table 14 includes results for differences in feelings of arousal. It can be seen that there were significant differences in subjects' feelings of arousal as a result of the therapy session. The differences in pre- and postsession scores were consistent across gender. Gender did not appear to have accounted for increased feelings of arousal; therefore, hypothesis #12 was accepted.

**Research Question #15:** To what extent will music playing in the



background during an initial counseling session affect the therapist's perception of the session's smoothness, as measured by the SEQ-II?

**Null Hypothesis #15:** Music will have no effect on the therapist's perception of the session's smoothness.

An ANOVA was used to test for significant difference ( $p = .1744$ ) between therapists' perception of therapy sessions' smoothness across the treatment (music) and control (no-music) groups. The postsession questionnaire, the SEQ-II scores served as the dependent variable. Significance level was set at  $\leq .05$ . Statistical analysis yielded a  $p$  value of .1744. Therefore, null hypothesis # 15 was accepted. Music had no effect on therapists' perception of sessions' smoothness.

**Research Question #16:** To what extent will music playing in the background during an initial counseling session affect therapists' perception of the session's depth, as measured by the SEQ-II?

**Null Hypothesis #16:** Background music will have no effect on the therapist's perception of the session's depth.

An ANOVA was used to test for significant difference between therapists' perception of the therapy session's depth across the treatment (music) and control (no-music) groups. The postsession questionnaire, the SEQ-II scores served as the dependent variable. Significance level was set at  $\leq .05$ . Statistical analysis yielded a  $p$  value of .2212. Therefore, null hypothesis #16 was accepted. Music had no effect on therapists' perception of sessions' depth.

**Research Question #17:** To what extent will music playing in the background affect subjects' feelings of anxiety after an initial counseling session, as measured by the State scale of the State-Trait Anxiety Inventory (STAI-S)?

**Null Hypothesis #17:** Background music will have no effect on subjects' feelings of anxiety after an initial counseling session.

To test this hypothesis, pre- and posttest scores of the STAI-S were used as the dependent variables in a pretest-posttest design. Significance was set at  $\leq .05$ . Table 16 shows that no significant difference was found due to group effects ( $F = 0.54$ ,  $df = 1, 46$ ,  $p = .4665$ ). A two-factor ANOVA was used to determine if there were gender effects between pre- and postsession results, regardless of whether subjects were in the music or no-music condition. Table 16 indicates there were no significant differences between the treatment (music) and

**Table 16**  
**Subjects' Reported Feelings of Anxiety of the STAI-S**

Source	<u>df</u>	<u>ss</u>	<u>ms</u>	<u>F</u>	<u>p</u>
Group	1	64.57	64.57	0.54	0.4665
Group (subject)	46	5508.95	119.76		
Time	1	376.72	376.72	12.86	0.0008
Time x Group	1	6.01	6.01	0.021	0.6506
Time x Group (subject)	45	1317.87	29.28		

the control (no-music) groups in reported levels of anxiety. Null hypothesis #17 was accepted.

**Research Question #18:** To what extent will gender of subjects affect their feelings of anxiety, as a result of an initial counseling session in which music was playing in the background, as measured by the STAI-S?

**Null Hypothesis #18:** Gender of subjects will have no effect on subjects' feelings of anxiety after an initial counseling session.

To test this hypothesis, a two-factor ANOVA was used to determine if there were gender effects between pre- and postsession results, regardless of whether subjects were in the music or non-music condition. There were differences between pre- and post-scores overall (Table 16) ( $p = 0.0008$ ) and as scored by the males ( $p = 0.0035$ ) (Table 17). Female scores were not significantly

Table 17

Male Subjects' Feelings of Anxiety Based  
on Scores of the STAI-S

Source	<u>df</u>	<u>ss</u>	<u>ms</u>	<u>F</u>	<u>p</u>
Group	1	27.17	27.17	0.21	0.6524
Group (subject)	18	2330.23	129.46	--	--
Time	1	256.19	256.19	11.25	0.0035
Time x Group	1	16.55	16.55	0.73	0.4052
Time x Group (subject)	18	410.05	22.78	--	--

different, neither in regard to time ( $p = .0862$ ) nor due to the music condition ( $p = 0.1856$ ) (Table 18). Null hypothesis #18 was rejected. Gender of subjects had an effect on feelings of anxiety after an initial counseling session. Comparison of the means between male and female subjects (Table 19) indicated males decreased their anxiety level as a result of the session.

**Research Question #19:** To what extent will subjects who experienced background music during their initial counseling session be willing to pursue counseling, as determined by response to a postsession questionnaire (PQ-I or PQ-II)?

**Null Hypothesis #19:** Music will have no effect on subjects' willingness to return to counseling after an initial session.

Table 18  
Female Subjects' Feelings of Anxiety Based  
on Scores of the STAI-S

Source	<u>df</u>	<u>ss</u>	<u>ms</u>	<u>F</u>	<u>p</u>
Group	1	26.86	26.86	.22	0.6423
Group (subject)	26	3162.82	121.65	--	--
Time	1	103.82	103.82	3.19	0.0862
Time x Group	1	60.30	60.30	1.85	0.1856
Time x Group (subject)	25	813.74	32.55	--	--

**Table 19**  
**Comparison of Means Between Subjects' Feelings of**  
**Anxiety Pre-session and Post-session**

Source	Mean	<u>SD</u>	Variance	Cases
<b>PRESESSION</b>				
Male	37.8000	9.6606	93.3263	20
No Music	37.6364	10.2203	104.4545	10
Music	38.0000	9.5394	91.0000	10
Female	37.8214	9.3335	87.1151	28
No Music	35.7273	7.9005	62.4182	11
Music	39.1765	10.1503	103.0294	17
<b>Total</b>	<b>37.8125</b>			
<b>POSTSESSION</b>				
Male	32.6000	7.2938	53.2000	20
No Music	31.2727	5.1204	26.2182	10
Music	34.2222	9.3912	88.1944	10
Female	34.8889	8.0972	65.5641	27
No Music	35.0909	8.4789	71.8909	11
Music	34.7500	8.1035	65.6667	16
<b>Total</b>	<b>33.9149</b>			

A two-factor ANOVA was used to assess the effects of the independent variables of music and gender on the dependent variable of willingness to return to counseling and treatment (music) or control (no-music) group. Significance was set at  $\leq .05$ . Table 20 indicates that there were no main effects by group ( $p = .506$ ), indicating that music did not affect participants' willingness to return to counseling. Therefore, null hypothesis #19 was accepted.

Research Question #20: To what extent does gender affect subjects' willingness to return to counseling after an initial counseling session?

Null Hypothesis #20: Gender of subjects will have no effect on willingness to return to counseling.

A two-factor ANOVA was used to assess the effects of the independent variables of music or gender on the dependent variable of willingness to return to counseling. Significance was set at  $\leq .05$ . Table 20 indicates that there were

Table 20

ANOVA for Participants' Willingness to Return to Counseling

Source	<u>df</u>	<u>ss</u>	<u>F</u>	<u>p</u>
Gender	1	15.823	9.252	.004
Group	1	0.768	0.449	.506
Gender * Group	1	4.573	2.674	.109
Total	47	96.245		

no interaction effects ( $p = .109$ ), indicating that there was no difference in willingness to return to counseling based on whether the subject was in the treatment (music) or control (no-music) group. However, there were gender effects ( $p = .004$ ).

In order to determine the difference between male and female willingness to return to counseling, a  $t$ -test for equality of means (males = 5.3; females = 6.5) was then used with a critical value of  $\leq .05$  (Table 21). The  $t$ -test yielded a value of .012, significantly lower than .05; therefore, the null hypothesis for gender effects was rejected. Gender of the subjects was significantly related to willingness to return to counseling. Females indicated more willingness to return to counseling.

Additional information regarding responses to the question of subjects' willingness to return to counseling is presented in Table 22. Scores range from 1 to 7, with the higher the score indicating the more positive response to the question.

Next will be presented results of additional questions asked on the Post

Table 21

$t$ -test for Equality of Means

$t$ -value	$df$	2-Tail Significance
-2.72	24.97	.012

Table 22

## All Subjects' Response to Willingness to Return to Counseling

Score	<u>n</u>	<u>%</u>
2.00	2	4.2
2.50	1	2.1
3.00	1	2.1
4.00	3	6.3
5.00	5	10.4
6.00	10	20.8
7.00	26	54.2

session Questionnaire-I, which was completed by the treatment group (music). *t*-tests for independent samples by gender were used for analyzing data based on responses to all questions. To determine if means were equal, a critical value of  $\leq .05$  was used. Questions and statistical results are as follows:

1. I was aware of music playing in the background during the session. No significant difference between male and female responses ( $p = .768$ ) was found.

2. I found the background music to be relaxing. No significant difference between male and female responses was found ( $p = .345$ ).

3. I liked the background music.  $p$  value was .002, but based on the *t*-test for equality of means (.428), no significant difference between male and female



responses was found.

4. I listen to music (any kind). No significant difference between male and female responses was found ( $p = .212$ ).

5. I was very familiar with the background music. No significant difference between male and female responses was found ( $p = .872$ ).

6. I have had formal training in music. No significant difference between male and female responses was found ( $p = .781$ ).

Table 23 presents a comparison of the responses to the above questions.

7. Based on this session, I would return to this same therapist if I felt the need for further counseling. Statistical analysis indicated there was no group effect ( $p = .506$ ); that is, music did not affect subjects' willingness to return to the

Table 23

Responses to Postsession Questionnaire I

Factors	<u>n</u>	<u>m</u>	<u>SD</u>	Minimum	Maximum
Aware	26	5.42308	1.67745	1.00	7.00
Relax	25	5.32000	1.40594	2.00	7.00
Liked	25	5.52000	1.47535	2.00	7.00
Listen	26	6.38462	.89786	4.00	7.00
Familiar	25	4.00000	2.19848	1.00	7.00
Formal Tr	26	3.07692	2.05763	1.00	7.00

same counselor. However, the  $t$ -test for equality of means ( $p = .012$ ) indicated that females' scores from both the treatment (music) and control (no music) groups, regarding their willingness to return to the same counselor, were statistically significant.

8. The music I most often listen to is: Subjects could complete this sentence with a variety of types of music. This research question was not analyzed since it was determined that music was not a significant factor in subjects' response to the research questions.

### Summary

This chapter presented the research questions, null hypotheses, significant research findings, and tables illustrating and summarizing statistical data. The next chapter consists of a summary of the research and findings. Also included are a discussion, implications for practice and recommendations for further research.

## **CHAPTER V**

### **SUMMARY AND CONCLUSIONS**

**Chapter V will present a brief summary of the dissertation, Chapters I through IV. The summary will include a restatement of the research questions and hypotheses, followed by discussion of the results and conclusions drawn from the research findings. Limitations of this study will be discussed, followed by implications for future research.**

#### **Summary**

##### **Introduction and Purpose of the Research**

**The purpose of this research was to investigate the possible facilitating effects background music might have on an initial counseling session, and to explore the music's usefulness as a counseling adjunct. Research has shown clients' reaction to the initial counseling session will impact the process and contribute to the decision to return. This study was also conducted in order to further research in the field.**

##### **Review of the Literature**

**A review of the literature addressed two major topics: (1) the**

psychotherapeutic relationship between the counselor and client, and (2) the use of music, as a therapeutic adjunct to the counseling process. Presented were the importance of establishing a "real" relationship, and development of the working alliance, and its importance early in the therapeutic process across theoretical orientations. Research into clients' willingness to return to counseling was found to be determined by satisfaction with the initial session, based primarily on reactions to characteristics of the counselor. The "source characteristics" of counselors, with which counselors are able to exert influence over their clients and help effect change, were then described, based on Strong's Social Influence model. These characteristics are expertness, attractiveness, and trustworthiness. Counseling impact research was then presented, which included a description of Stiles and Snow's (1984b) model which postulates that the two dimensions of the session, depth and smoothness, and the two dimensions of postsession mood of the clients, positivity and arousal, are predictors of successful counseling outcome. Also presented was research on various therapeutic variables, such as age, gender, ethnicity, and counselor experience. The chapter next included a description of research which supported the use of music as a possible counseling adjunct. This support was based on the research showing the relationship between music and well-being, both physical and emotional, from ancient times to the present. Much research was found supporting the effectiveness of music in reducing anxiety during medical procedures, relaxation techniques, and having positive effects on human behavior. Other studies have not supported these findings. The music of

Mozart was presented as an appropriate vehicle for facilitating the client-counselor relationship and establishing a successful early therapeutic encounter because of its popularity, use in numerous studies, and low probability of being intrusive to the therapeutic process. Also included in the review of the literature was a description of the components of an initial counseling session. These components were based on ethical principles of the American Psychological Association's guidelines (1989), and also on what is commonly considered important to be included in an initial counseling session, as presented by Heppner et al. (1992), and Kottler and Brown (1992).

### Method

Forty-eight students, 20 males and 28 females, from the Counselor Education and Counseling Psychology program at Western Michigan University were recruited to participate in an initial counseling session. Ages ranged from 23-48 years. Ethnic groups represented were: Caucasian ( $n=32$ ), African-American, ( $n=3$ ), Hispanic ( $n=2$ ), and Malaysian ( $n=1$ ). Counselors were three male and three females, all licensed therapists who conducted all sessions in their work setting at a private practice. Four counselors were Master's level and two were doctoral level. Their ages ranged from 29 to 49. Theoretical orientations represented were behavioral, psychodynamic, and cognitive-behavioral.

All subjects were randomly assigned to therapists and to either the treatment group or the control group. The treatment group experienced an initial

therapy session with music playing in the background. The control group experienced a similar session, but without the music. Subjects completed the STAI-S in order to assess their level of anxiety prior to the session. They also completed the SEQ-I which indicated their pre-session feelings of positivity and arousal. Both instruments were also completed after the session in order to determine the effects the music may have had on these variables. After the 50-minute session, in which all therapists followed the same outline in order to ensure that all subjects received as similar an experience as possible, subjects were asked to complete the SEQ-II, STAI-S, CRF-S, and the Postsession Questionnaire (I or II), in a private room where they were assured their responses would be confidential. Each therapist also completed the SEQ-II after the session. The researcher hand-scored all instruments. A reliability check of the scoring revealed high levels of accuracy.

### Statistical Analysis

The statistical procedures used for this study were independent two-factor Analysis of Variance to measure the effect of music and gender as independent variables on the dependent variables of attractiveness, expertness, trustworthiness, session smoothness and depth, positivity and arousal, anxiety, and willingness to return to counseling. Repeated measures were used for the pre- and postsession instruments, the STAI-S and the SEQ-I and SEQ-II. In order to test for the possible confounding variable of differences between counselors, a one-way ANOVA

was run with counselors as the independent variable and scores on the CRF-S as the dependent variable, which measured subjects' response to perceived expertness, attractiveness and trustworthiness of their counselor. No difference between counselors was found.

### **Restatement of the Research Questions and Null Hypotheses**

The specific research questions, and null hypotheses for each are as follows:

**Research Question #1:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of counselor expertness, as measured by the Counselor Rating Form-Short version (CRF-S)?

**Null Hypotheses #1:** Background music will have no effect on subjects' perception of counselor expertness.

**Research Question #2:** To what extent will gender of subjects affect their perception of counselor expertness, after an initial counseling session in which music was playing in the background, as measured by the CRF-S?

**Null Hypothesis #2:** Gender of subjects will have no effect on subjects' perception of counselor expertness.

**Research Question 3:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of counselor attractiveness, as measured by the CRF-S?

**Null Hypotheses #3:** Background music will have no effect on subjects'

perception of counselor attractiveness.

**Research Question #4:** To what extent will gender of subjects affect their perception of counselor attractiveness, after an initial counseling session in which music was playing in the background, as measured by the CRF-S?

**Null Hypothesis #4:** Gender of subjects will have no effect on subjects' perception of counselor attractiveness, after experiencing an initial counseling session.

**Research Question #5:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of counselor trustworthiness, as measured by the CRF-S?

**Null Hypotheses #5:** Background music will have no effect on subjects' perception of counselor trustworthiness.

**Research Question #6:** To what extent will gender of subjects affect their perception of counselor trustworthiness, after an initial counseling session in which music was playing in the background, as measured by the CRF-S?

**Null Hypotheses #6:** Gender of subjects will have no effect on subjects' perception of counselor trustworthiness.

**Research Question #7:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of the session's smoothness, as measured by the SEQ-II?

**Null Hypothesis #7:** Background music will have no effect on subjects' perception of session smoothness.



**Research Question #8:** To what extent will gender of subjects affect their perception of session smoothness, after an initial counseling session in which music was playing in the background, as measured by the SEQ-II?

**Null Hypothesis #8:** Gender of subjects will have no effect on subjects' perception of session smoothness.

**Research Question #9:** To what extent will music playing in the background during an initial counseling session affect subjects' perception of session depth, as measured by the SEQ-II?

**Null Hypothesis #9:** Background music will have no effect on subjects' perception of session depth.

**Research Question #10:** To what extent will gender of subjects affect their perception of session depth, after an initial counseling session in which music was playing in the background, as measured by the SEQ-II?

**Null Hypothesis #10:** Gender of subjects will have no effect on subjects' perception of session depth.

**Research Question # 11:** To what extent will music playing in the background affect subjects' feelings of positivity as a result of an initial counseling session as measured by the SEQ-I and SEQ-II?

**Null Hypothesis #11:** Background music will have no effect on subjects' feelings of positivity.

**Research Question #12:** To what extent will gender of subjects affect their feelings of positivity, after an initial counseling session in which music was

playing in the background, as measured by the SEQ-I and SEQ-II?

**Null Hypothesis #12:** Gender will have no effect on subjects' feelings of positivity after an initial counseling session.

**Research Question #13:** To what extent will background music affect subjects' feelings of arousal as a result of an initial counseling session as measured by the SEQ-I and SEQ-II?

**Null Hypothesis #13:** Background music will have no effect on subjects' feelings of arousal after an initial counseling session.

**Research Question #14:** To what extent will gender of subjects affect their feelings of arousal, after an initial counseling session in which music was playing in the background, as measured by the SEQ-I and SEQ-II?

**Null Hypothesis #14:** Gender of the subjects will have no effect on their feelings of arousal after an initial counseling session.

**Research Question #15:** To what extent will music playing in the background during an initial counseling session affect the therapist's perception of the session's smoothness, as measured by the SEQ-II?

**Null Hypothesis #15:** Background music will have no effect on the therapist's perception of the session's smoothness.

**Research Question #16:** To what extent will music playing in the background during an initial counseling session affect therapists' perception of the session's depth, as measured by the SEQ-II?

**Null Hypothesis #16:** Background music will have no effect on the

therapist's perception of the session's depth.

**Research Question #17:** To what extent will music playing in the background affect subjects' feelings of anxiety after an initial counseling session, as measured by the State scale of the STAI-S?

**Null Hypothesis #17:** Background music will have no effect on subjects' feelings of anxiety after an initial counseling session.

**Research Question #18:** To what extent will gender of subjects affect their feelings of anxiety, as a result of an initial counseling session in which music was playing in the background, as measured by the STAI-S?

**Null Hypothesis #18:** Gender of subjects will have no effect on subjects' feelings of anxiety after an initial counseling session.

**Research Question # 19:** To what extent will subjects be willing to pursue counseling after the initial session as determined by response to a postsession questionnaire (PQ-I or PQ-II)?

**Null Hypothesis # 19:** Background music will have no effect on subjects' willingness to return to counseling after an initial session.

**Research Question #20:** To what extent does gender affect subjects' willingness to return to counseling after an initial counseling session?

**Null Hypothesis #20:** Gender of subjects will have no effect on willingness to return to counseling.

### Summary of Findings

Statistical analyses regarding the effects of music on an initial counseling session revealed some interesting information that should prove to be useful for those in the profession. Most strikingly, the responses to the therapy sessions and to the therapists were definitely related to gender of the subject. Analysis of data revealed that female subjects perceived their therapists as more expert, attractive, and trustworthy than did their male counterparts. There was no significance between gender groups on their perception of the sessions' smoothness; however, female subjects saw their sessions as having more depth. Both gender groups increased their feelings of positivity when pre-and postsession scores were compared. For the variable of anxiety, females did not show a significant difference between pre- and postsession scores; however, males did indicate a reduced level of anxiety. Another significant finding was that female subjects gave high scores to the counseling experience in general and indicated an impressive willingness to return to counseling.

#### Questions on the Postsession Questionnaire-I

Questions responded to by the treatment (music) group on the postsession questionnaire yielded some information which the reader may find of interest. The specific questions were:

1. I was aware of music playing in the background during the session.

2. I found the background music to be relaxing.
3. I liked the background music.
4. I listen to music (any kind).
5. I was very familiar with the background music.
6. I have had formal training in music.

For questions 1 through 6, there were no significant differences found between responses of the male and female subjects.

7. Based on this session, I would return to this same therapist if I felt the need for further counseling. This response was already addressed.

8. The music I most often listen to is: Subjects could complete this sentence with a variety of types of music. Frequency of responses indicated that the subjects listened to music quite frequently (6.38 out of a possible 7.00 score). They were also aware of the music playing in the background (5.42), found it relaxing, (5.32), and liked it (5.52). They were less familiar with the music being played (4.00) and had relatively little formal training (3.07) in music.

### Discussion of Results

Although music did not appear to demonstrate anticipated main effects, most subjects reported liking, being aware of, and relaxed by the background music.

Females consistently rated counselors higher on variables of expertness,

attractiveness, and trustworthiness. They also perceived their sessions as having more depth than did male subjects. In addition, females indicated more willingness to return for future counseling than did the males. On the other hand, male subjects indicated a significant decrease in anxiety level as compared to pre-session anxiety assessment.

When looking at these gender differences, a number of possibilities come to mind. It may be that if females are more receptive to, and comfortable with, the counseling experience, they would be more likely to view their counselors in a more positive light. This could explain why they rated their counselors as more expert, attractive, and trustworthy than did the males. This apparent relative comfort with counseling could also explain why the session had more depth for the females and why they would be more willing to return for additional sessions.

Male subjects reported a decrease in anxiety after the session while not indicating a willingness to return for future sessions. This apparent contradiction could indicate a lack of comfort at the prospect of engaging in the counseling experience. The decrease in anxiety may be attributed to the pre-session anxiety experienced by male subjects. Once the session was concluded male subjects may have realized they had overestimated their anticipated level of discomfort and experienced a sense of relief. The increased feelings of positivity reported by both male and female subjects also tend to support this explanation.

The difference in female and male responses to the counseling session may be indicative of women being more socialized to the counseling experience itself.

It may be that women have developed a more positive attitude toward exploring feelings, disclosing personal issues, and engaging in therapeutic dialogues.

When considering reasons for the background music having no effect, several possible explanations come to mind. As reported earlier, other studies have indicated similar nonsignificant findings, and perhaps these have been performed more carefully than others indicating significance. It may be that the music selected for this present investigation was too non-intrusive, and did not result in an emotional response in the participants. It may also be that the subjects and counselors were focused on their session to the extent that the music was only background, and not any more significant than other non-intrusive components of the environment.

### Conclusions

It seems safe to assume that, even though music playing in the background of an initial therapy session may not enhance it, it would appear to not detract from it. Music which is pleasant and nonintrusive can serve as "white noise" in environments where soundproof conditions are not always possible. Also to be concluded from this study is that there seem to exist real gender differences between perception of therapists and initial counseling sessions; that is, females see the experience as more positive than do males. Also, it appears that females are more receptive to the counseling experience, indicated by their willingness to pursue further counseling. It seems more surprising with the fact that the male

subjects were all students in a program preparing them for careers as counselors or counselor educators.

### **Limitations of the Study**

The most obvious limitation of this study is that subjects' reactions to the counseling experience were restricted to only one session. Long-term effects are not able to be determined. There is no way to know how music in the background of on-going sessions might affect the therapeutic process based on this study. Also, the small number of subjects involved limit more involved analyses of the variables. The lack of subjects representing more diverse ethnic groups reduces generalizability to only the ethnic groups involved in this study. Use of students in counselor education and counseling psychology training programs as subjects is also a limitation. It can be assumed that psychology and counseling students would be more receptive to the therapeutic process and have less trepidation than those less familiar with the process. Results would be more generalizable if actual clients could have been participants.

### **Implications for Future Research**

One of the most important aspects of this study was the attempt to conduct research "in the field," as an attempt to make the findings more generalizable to the actual practice of counseling in the real world. It is hoped that efforts such as this one will encourage researchers to make an effort to



utilize subjects from the general population who would be more representative of actual clients seeking help for emotional problems. Also, the involvement of actual therapists in the research and not students-in-training, as is typically the case (Vachon et al., 1995), contributes to greater external validity of the research. This study has shown that the use of the music of Mozart during an initial interview is not harmful to student subjects nor to the therapeutic process. Research needs to continue with perhaps evaluating reactions to music in the background during counseling sessions that are on-going. Experimenting with different types of music might yield different and significant results. Exploring other subject variables such as age, race, education level, socioeconomic status, and familiarity with music used could yield useful information. Other areas of research could include background music in environments such as daycare centers, schools, and psychiatric or other residential treatment centers. Such research might be beneficial to counselors and their clients and expand the resources available to counseling professionals.

**Appendix A**  
**Components of the Initial Counseling Session**

**COMPONENTS OF THE COUNSELING SESSION**

1. Therapist introduces self
2. Have clients fill out pre-session questionnaires and collect them
  - A. Informed Consent
  - B. STAI-S
  - C. SEQ-I
3. Therapist discusses confidentiality and limitations of
  - A. harm to self or others
  - B. suspected abuse and/or neglect of children
4. What to expect from counseling
  - A. may have some times of discomfort
  - B. client must be actively involved
  - C. client has solution to his problems
5. Presenting problem explored and processed using active listening skills
  - A. Identification of the problem
  - B. Duration of the problem
  - C. Degree of problem
  - D. Change desired
  - E. Look for strengths, resources of the client
  - F. Help the client get some relief
6. Summary and suggestions
  - A. Allow opportunity for client to ask questions
  - B. Offer suggestions for referrals if client expresses interest in continuing counseling
7. Have clients fill out post-session questionnaires, have clients place and seal them in envelopes and collect them
  - A. SEQ-II
  - B. STAI-S
  - C. CRF-S
  - D. PQ-1 (TREATMENT GROUP ONLY)
  - E. PQ-II (CONTROL GROUP ONLY)

**Appendix B**  
**Session Evaluation Questionnaire-I**

Session Evaluation Questionnaire-I

Final 4 digits of your social security number \_ \_ \_ \_

Please circle the appropriate number to show how you feel about today's session.

Right now I feel:

Happy	1	2	3	4	5	6	7	Sad
Angry	1	2	3	4	5	6	7	Pleased
Active	1	2	3	4	5	6	7	Still
Uncertain	1	2	3	4	5	6	7	Definite
Calm	1	2	3	4	5	6	7	Excited
Confident	1	2	3	4	5	6	7	Afraid
Wakeful	1	2	3	4	5	6	7	Sleepy
Friendly	1	2	3	4	5	6	7	Unfriendly
Slow	1	2	3	4	5	6	7	Fast
Energetic	1	2	3	4	5	6	7	Peaceful
Involved	1	2	3	4	5	6	7	Detached
Quiet	1	2	3	4	5	6	7	Aroused

**Appendix C**  
**Session Evaluation Questionnaire-II**

**Session Evaluation Questionnaire - II Form A**

Today's Date    /    /

C \_\_\_\_\_

Please circle the appropriate number to show how you feel about today's session.

**This session was:**

Bad	1	2	3	4	5	6	7	Good
Safe	1	2	3	4	5	6	7	Dangerous
Difficult	1	2	3	4	5	6	7	Easy
Valuable	1	2	3	4	5	6	7	Worthless
Shallow	1	2	3	4	5	6	7	Deep
Relaxed	1	2	3	4	5	6	7	Tense
Unpleasant	1	2	3	4	5	6	7	Pleasant
Full	1	2	3	4	5	6	7	Empty
Weak	1	2	3	4	5	6	7	Powerful
Special	1	2	3	4	5	6	7	Ordinary
Rough	1	2	3	4	5	6	7	Smooth
Comfortable	1	2	3	4	5	6	7	Uncomfortable

**Right now I feel:**

Happy	1	2	3	4	5	6	7	Sad
Angry	1	2	3	4	5	6	7	Pleased
Moving	1	2	3	4	5	6	7	Still
Uncertain	1	2	3	4	5	6	7	Definite
Calm	1	2	3	4	5	6	7	Excited
Confident	1	2	3	4	5	6	7	Afraid
Wakeful	1	2	3	4	5	6	7	Sleepy
Friendly	1	2	3	4	5	6	7	Unfriendly
Slow	1	2	3	4	5	6	7	Fast
Energetic	1	2	3	4	5	6	7	Peaceful
Involved	1	2	3	4	5	6	7	Detached
Quiet	1	2	3	4	5	6	7	Aroused

**Appendix D**  
**Postsession Questionnaire-I**



I.D. Number

### Post-Session Questionnaire

Please circle the corresponding number to indicate your answer to the following:

- |  | Not at all |   | Somewhat |   | Very much |     |
|--|------------|---|----------|---|-----------|-----|
| 1. I was aware of music playing in the background during the session.                                      | 1          | 2 | 3        | 4 | 5         | 6 7 |
| 2. I found the background music to be relaxing.  | 1          | 2 | 3        | 4 | 5         | 6 7 |
| 3. I liked the background music.   | 1          | 2 | 3        | 4 | 5         | 6 7 |
| 4. I listen to music (any kind).   | 1          | 2 | 3        | 4 | 5         | 6 7 |
| 5. I was very familiar with the background music.  | 1          | 2 | 3        | 4 | 5         | 6 7 |
| 6. I have had formal training in music.  | 1          | 2 | 3        | 4 | 5         | 6 7 |
| 7. Based on this session, I would return to this same therapist if I felt the need for further counseling. | 1          | 2 | 3        | 4 | 5         | 6 7 |

8. The music I most often listen to is:

Classical \_\_\_\_\_ Jazz \_\_\_\_\_ Country \_\_\_\_\_ Classic Rock \_\_\_\_\_

Hard Rock \_\_\_\_\_ Rhythm & Blues \_\_\_\_\_ Folk \_\_\_\_\_ Broadway Tunes \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**Appendix E**  
**Postsession Questionnaire-II**

**Post-Session Questionnaire**

**Please circle the number that corresponds to your answer to the following question:**

**Based on this session, I would return to  
this same therapist if I felt the need for further  
counseling .**

**Not at all    Somewhat    Very much**

**1    2    3    4    5    6    7**

**Appendix F**  
**Recruiting Script**

### Recruiting Script

You have the opportunity to participate in a research project being conducted by Stella Dial, a doctoral candidate in the Counselor Education and Counseling Psychology program at Western Michigan University. This research is being supervised by Dr. Joseph R. Morris.

The study concerns clients' reaction to an initial counseling session. Each participant will be asked to fill out a personal information data sheet as well as five questionnaires, two prior to and three after a 50-minute counseling session. Participation in this research should take approximately one and one-half hours. Times and therapist will be assigned to you by the researcher's assistant. All sessions will be conducted by licensed professional therapists and will adhere to standards established by the American Psychological Association and the Michigan Licensing Board of Psychology. The therapy session is being offered at no cost to the participants.

All personal information obtained from this research will be kept confidential. A code number will be assigned to each participant which will be used to identify all information. The primary researcher will keep a master list which matches names to coded data in a locked file drawer. Research findings will be published and will be available to the general public.

During the counseling session you may feel some emotional discomfort as you talk about your problems and this is normal in therapy. Each therapist is experienced in helping their clients with such experiences. Participation in this research affords you the opportunity to experience the therapeutic process. You may withdraw your consent at any time without penalty. This research project is structured to include 36 volunteers (18 male and 18 female) for the counseling sessions and these 36 participants will be selected on a first-come first-served basis for those who qualify. Those who are currently in psychotherapy or have been in therapy within the last 12 months will not be included in this project. Also, those on any psychotropic medications will not be included.

Are there any questions concerning this research and your participation in it?  
(ALLOW AMPLE TIME FOR QUESTIONS AND ANSWER ALL THOROUGHLY)

If you are interested in participating in this research project, please complete the information requested on the sheet you have been given. If you are not interested, check "No." You will be called to arrange for your counseling appointment.

(ALLOW TIME FOR COMPLETING INFORMATION SHEET AND COLLECT).

Your helping in this research is greatly appreciated. Thank you.

## **Appendix G**

### **Participation Response and Personal Data Sheet**

**PARTICIPATION RESPONSE and PERSONAL DATA SHEET**

**YES, PLEASE INCLUDE ME AS A PARTICIPANT IN THE RESEARCH**

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
NAME PHONE NUMBER

A good time to reach me by phone is: \_\_\_\_\_  
Day Time

AGE \_\_\_\_\_ RACE \_\_\_\_\_

SEX MALE \_\_\_ FEMALE \_\_\_

PROGRAM OF STUDY \_\_\_\_\_

NUMBER OF CREDIT HOURS EARNED IN THE PROGRAM \_\_\_\_\_

No, I do not wish to participate in this research.

**PLEASE NOTE**

**Pages not included with original material  
and unavailable from author or university.  
Filmed as received.**

**130**

**UMI**





## Child & Family Psychological Services, P.C.

October 31, 1994

This is to verify that I, as owner and director of Child and Family Psychological Services, P.C., give Stella Dial permission to use the office facilities for the collection of data for her dissertation to explore the effects that background music has on an initial counseling session.

A handwritten signature in cursive script that reads 'Lawrence B. Bear'.

Lawrence B. Bear, Ed.D.

*Licensed Psychologist  
Director*

5380 Holiday Terrace Kalamazoo, MI 49009 (616) 372-4140  
1717 Shaffer Road Kalamazoo, MI 49001 (616) 345-7668

## **Appendix I**

### **Informed Consent to Participate in Research Study**

**Western Michigan University**  
**Department of Counselor Education & Counseling Psychology**  
**Principal Investigator: Joseph R. Morris, Ph.D.**  
**Research Associate: Stella Dial, M.A.**

I understand that I have been invited to participate in a research study entitled "Clients' response to an initial counseling session." The study will investigate clients' reactions after participating in a typical counseling session. An additional purpose of this study is to fulfill Stella Dial's dissertation requirement .

This research project involves my participation in a counseling session after which I will share my reactions through responses on questionnaires. I understand that my participation in this project is entirely voluntary and that I may withdraw my consent at any time without penalty or prejudice. Even though I have been recruited through a class, my involvement in this experiment, or choice not to participate, will have no effect on my status in the class or my educational program. My participation, or choice not to participate, will be kept confidential except to those involved in the research.

As a participant I agree to participate in an initial counseling session with a licensed professional therapist which will last approximately 50 minutes. The therapy session will take place at either Sangren Hall , WMU, or at the offices of Child & Family Psychological Services. I will be asked to fill out two brief questionnaires before the session and three brief questionnaires after the session which will help the researcher determine my feelings at these two times. All three questionnaires are standardized instruments which have been used extensively in similar research. I will also be asked to complete a questionnaire requesting some personal data. My involvement in this research is expected to last no more than one and one-half hours. The counseling session in which I participate will be conducted in a professional manner and will strictly adhere to professional standards established by the American Psychological Association and the State of Michigan Licensing Board.

As in all research, there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or treatment will be made available to the subject except as otherwise stated in this consent form. I also understand that all efforts will be made to minimize any risk to me. Sometimes people feel some discomfort during a counseling session and all therapists in this study are experienced professionals who will take appropriate steps to help me with any difficulties I may experience. If information is disclosed during the session that causes the therapist to believe that someone is at risk for hurting him/herself or someone else or if a child is being neglected or otherwise abused, this information will be shared with appropriate personnel, which might include other therapists, law enforcement officers, or Child Protection Services, as required by the Professional Standards of the American Psychological Association and Michigan state laws. Other than for the exception as stated, I understand that any personal information obtained as well as the content of the counseling session and

my identify will be kept confidential. I understand that a code number will be assigned to my name which will be used to identify all information relating to me. The primary researcher will keep a master list which matches my name to the coded data in a locked file drawer. A benefit to me will be the opportunity to experience a counseling session with a professional therapist at no cost to me.

Research findings will be published and will be available to the general public.

I understand that any questions or complaints can be directed to Stella Dial at (616) 372-4140 or Dr. Joseph R, Morris at (616) 387-5112. Participants may also contact the Chair, Human Subjects Institutional Review Board at 387-8293 or the Vice President for Research at 387-8298 if questions or problems arise during the course of the study.

My signature indicates that I understand the above information , have been given the opportunity to have my questions answered satisfactorily, and have decided to participate in this study.

---

Name

---

Date

**Appendix J**

**Permission to Use the CRF-S**



Department of Physical Medicine  
& Rehabilitation

Dodd Hall  
480 West Ninth Avenue  
Columbus, OH 43210-1290  
Phone 614-293-3801

June 14, 1994

Stella Dial  
1226 Pinehurst Blvd.  
Kalamazoo, MI 49006

Dear Ms. Dial:

You have my permission to use the Counselor Rating Form - Short version (CRF-S) for your dissertation research. There is no charge for such use.

Sincerely,

A handwritten signature in black ink, appearing to read 'John D. Corrigan'.

John D. Corrigan, Ph.D.  
Associate Professor

**Appendix K**  
**Permission to Use the STAI**

# MIND GARDEN

*sharing the garden of the mind*



Date: Dec. 5, 1994

To whom it may concern,

This letter is to grant permission for Stella Dial

to use the following purchased copyright material;

Instrument: State - Trait Anxiety Inventory

Author: Charles D. Spielberger

for her/his thesis. In addition, 5 sample items from the instrument may be reproduced for inclusion in a proposal or thesis. The entire measure may not at any time be included or reproduced in other published material.

Sincerely,

*Anne Tucker*

Anne Tucker

Director of Marketing and Customer Relations



**Appendix L**  
**Permission to Use the SEQ**

Department of Psychology  
Miami University  
Oxford, Ohio 45056  
USA

Telephone: 513-529-2405  
Fax: 513-529-2420  
Internet: [wbstiles@miamiu.muohio.edu](mailto:wbstiles@miamiu.muohio.edu)

December 8, 1994

Ms. Stella Dial  
Child Family Psychology Service  
5380 Holiday Terrace  
Kalamazoo, MI 49009

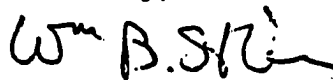
Dear Ms. Dial:

You have my permission to make copies of the Session Evaluation Questionnaire (SEQ) and use it in your dissertation. The SEQ is not copyrighted and there is no charge. If you write any brief reports of your results, I'd be interested in seeing a copy.

I'm enclosing a copy of the SEQ and brief summary of suggestions for using it, along with a bibliography.

With best wishes,

Sincerely,



William B. Stiles, Ph.D.  
Professor

**Appendix M**

**Protocol Clearance From the Human Subjects  
Institutional Review Board**

Human Subjects Institutional Review Board

Kalamazoo, Michigan 49008-3895  
816 387-8293

---

**WESTERN MICHIGAN UNIVERSITY**

---

**Date:** November 29, 1994**To:** Stella Dial**From:** Richard Wright, Interim Chair*Jr. for R Wright***Re:** HSIRB Project Number 94-11-21

This letter will serve as confirmation that your research project entitled "The effects of a Mozart piano sonata as background music on an initial counseling session" has been approved under the expedited category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you should includes the contact phone numbers for the HSIRB and Vice President for Research (387-8293 and 387-8298, respectively) in the consent letter. Submit a copy of the revised consent letter to the HSIRB.

Please note that you must seek specific approval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date. In addition if there are any unanticipated adverse or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

**Approval Termination:** Nov. 29, 1995**xc:** Morris, CECP

## BIBLIOGRAPHY

- Altschuler, I. M. (1948). A psychiatrist's experience with music as a therapeutic agent. In D.M. Schoen (Ed.), Music and medicine (pp. 132-155). Freeport, NY: Book for Libraries Press
- Anderson, T. R., Hogg, J. A., & Magoon, T. M. (1987). Length of time on a waiting list and attrition after intake. Journal of Counseling Psychology, 34, 93-95.
- Archibeque, C.P. (1966). Developing a taste for contemporary music. Journal of Research in Music Education, 14, 142-148.
- Atkinson, D. R. (1983). Ethnic similarity in counseling psychology: A review of research. The Counseling Psychologist, 11, 79-92.
- Atkinson, D. R., & Carskadden, G. (1975). A prestigious introduction, psychological jargon, and perceived counselor credibility. Journal of Counseling Psychology, 22, 180-186.
- Atkinson, D. R., Furlong, M. J., & Poston, W. C. (1986). Afro-American preferences for counselor characteristics. Journal of Counseling Psychology, 33, 326-330.
- Atkinson, D. R., Ponterotto, J. G., & Sanchez, A. R. (1984). Attitudes of Vietnamese and Anglo-American students toward counseling. Journal of College Student Personnel, 25, 448-452.
- Auerbach, A. H., & Luborsky, L. (1968). Accuracy of judgments of psychotherapy and nature of the "good hour." In J. M. Shlien, H. F. Hunt, J. D. Marazzo, & C. Savage (Eds.). Research in psychotherapy (pp. 76-99). Washington, D. C.: American Psychological Association.
- Ballard, B. W. (1980). Effects of background music on anxiety during the initial counseling interview. Dissertation Abstracts International, 41(7), 3002-A.
- Barak, A. & LaCrosse, M. M. (1975). Multidimensional perception of counselor behavior. Journal of Counseling Psychology, 22, 471-476.

- Barger, D. A. (1979). The effects of music and verbal suggestion on heart rate and self-reports. Journal of Music Therapy, 16, 158-171.
- Bartlett, D. L. (1973). Effects of repeated listenings on structural discrimination and affective response. Journal of Research in Music Education, 21, 302-317.
- Bassett, J. E., Blanchard, E. B., & Estes, L. D. (1977). Effects of instructional-expectancy sets on relaxation training with prisoners. Journal of Community Psychology, 5, 166-170.
- Baumann, V. H. (1960). Teen-age music preference. Journal of Research in Music Education, 8, 75-84.
- Bent, R. J., Putnam, D. G., Kiesler, D. K., & Nowicki, S. Jr. (1976). Correlates of successful and unsuccessful psychotherapy. Journal of Consulting and Clinical Psychology, 44, 149.
- Bernard, H. S., Schwartz, A. J., Oclatis, K. J., & Stiner, A. (1980). Relationship between patients in-process evaluations of therapy and psychotherapy outcome. Journal of Clinical Psychology, 36, 259-264.
- Berne, E. (1964). Principles of group treatment. New York: Oxford University Press.
- Berscheid, E. (1966). Opinion change and communicator-communicate similarity and dissimilarity. Journal of Personality and Social Psychology, 4, 670-680.
- Betz, N., & Shullman, S. (1979). Factors related to client return following intake. Journal of Counseling Psychology, 26, 542-545.
- Beutler, L. E., & Crago, M. (1983). Self-report measures of psychotherapy outcome. In M. J. Lambert, E. R. Christensen and S. S. De Julio (Eds.), The assessment of psychotherapy outcome (pp. 453-497). New York: Wiley.
- Beutler, L. E., Crago, M., & Arizmendi, T. G. (1986). Therapist variables in psychotherapy process and outcome. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change (3rd ed.). (pp. 257-381). New York: Wiley.
- Binswanger, L. (1956). Existential analysis and psychotherapy. In F. Fromm-Reichmann & J. L. Moreno (Eds.), Progress in psychotherapy: 1956. New York: Grune & Stratton.

- Birch, T. (1963). Musical taste as indicated by records owned by college students with varying high school music experience. Dissertations Abstracts International, 23, 545.
- Bishop, J. B., & Richards, T. F. (1987). Counselor intake judgments about White and Black clients in a university counseling center. Journal of Counseling Psychology, 34, 96-98.
- Blacking, J. (1980). Trends in the Black music of South Africa. In E. May (Ed.), Musics of many cultures (pp. 195-215). Berkeley: University of California Press.
- Blase, J. J. (1979). A study of the effects of sex of the client and sex of the therapist on clients' satisfaction with psychotherapy. Dissertation Abstracts International, 39, 6107B-6108B.
- Bordin, E. S. (1985, June). Research on the therapeutic alliance. Paper presented at the annual meeting of the Society for Research in Psychotherapy, Dallas.
- Borgeat, F. (1983). Psychophysiological effects of two different relaxation procedures: Progressive relaxation and subliminal relaxation. Psychiatric Journal of the University of Ottawa, 8, 181-185.
- Boulette, T. R. (1975). Group therapy with low income Mexican Americans. Social Work, 20, 403-405.
- Boxill, E. H. (1993). Multicultural music therapy: A world music perspective. In F.J. Bejjani (Ed.), Current research in arts medicine (pp.399-401). New Jersey: a cappella books.
- Bradley, I. L. (1971). Effect on student musical preference of a listening program in contemporary art music. Journal of Research in Music Education, 20, 344-353.
- Brammer, L., & Shostrom, E. (1968). Therapeutic psychology (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Brenneis, N. C. (1971). Mood differential responses to music as reported by secondary music and nomusic students from different socio-economic groups (Doctoral dissertation, Miami University, 1970). Dissertation Abstracts International, 31, 5837A.

- Brock, T. C. (1965). Communicator-recipient similarity and decision change. Journal of Personality and Social Psychology, 1, 650-657.
- Brown, R. D. (1970). Experienced and inexperienced counselors' first impressions of clients and case outcomes: Are first impressions lasting? Journal of Counseling Psychology, 17, 550-558.
- Burlingame, G. M., & Fuhrman, A. (1987). Conceptualizing short-term treatment: A comparative review. The Counseling Psychologist, 15, 557-595.
- Burrue, G., & Chavez, N. (1974). Mental health outpatient center: Relevant or irrelevant to Mexican Americans? In A. B. Tulipan, C. L. Attneave, & Kingstone (Eds.), Beyond the clinic walls (pp. 98-117). Tulane: University of Alabama Press.
- Butcher, J. N., Braswell, L., & Raney, D. (1983). A cross-cultural comparison of American Indian, Black, and White inpatients on the MMPI and presenting symptoms. Journal of Consulting and Clinical Psychology, 51, 587-594.
- Caine, J. (1991). The effects of music on the selected stress behaviors, weight, caloric and formula intake, and length of hospital stay of premature and low birth weight neonates in a newborn intensive care unit. Journal of Music Therapy, 28(4), 180-192.
- Caligor, J. A. (1976). Perceptions of the group therapist and the dropout from group. Dissertation Abstracts International, 36, 3591B.
- Carter, J. A. (1978). Impressions of counselors as a function of counselor physical attractiveness. Journal of Counseling Psychology, 25, 28-34.
- Cartwright, R. D., & Lerner, B. (1963). Empathy, needs to change, and improvement with psychotherapy. Journal of Consulting Psychology, 27, 138-144.
- Cash, T. F., Begley, P. J., McCown, D. A., & Weise, B. C. (1975). When counselors are heard but not seen: Initial impact of physical attractiveness. Journal of Counseling Psychology, 22, 273-279.
- Cashdan, S. (1973). Interactional psychotherapy: Stages and strategies in behavioral change. Orlando, FL: Grune & Stratton.
- Cattell, R. B., & Saunders, D. R. (1954). Musical preferences and personality diagnosis: A factorization of one hundred and twenty themes The Journal



- of Social Psychology, 39, 3-24.
- Cavenar, J. O., Jr., & Werman, D. S. (1983). The sex of the psychotherapist. American Journal of Psychiatry, 140, 85-87.
- Chuang, P. (1972). A historical and comparative study of Hsun, the Chinese Ocarina. The Bulletin of the Institute of Ethnology, Academia Sinica, Taipei, no.33, 177-253.
- Claiborn, C. D. (1979). Counselor verbal intervention, non-verbal behavior, and social power. Journal of Counseling Psychology, 26, 378-383.
- Claiborn, C. D., & Lichtenberg, J. W. (1989). Interactional counseling. The Counseling Psychologist, 17, 355-453.
- Corah, N., Gale, E., Pace, L., & Seyrek, S. (1981). Relaxation training and cognitive redirection strategies in the treatment of acute pain. Pain, 12, 175-183.
- Corcoran, K. & Fischer, J. (1987). Measures for Clinical Practice: A source-book. New York: The Free Press, a division of Macmillan, Inc.
- Corey, G., Corey, M. S., & Callahan, P. (1993). Issues and ethics in the helping professions. Pacific Grove, CA: Brooks/Cole.
- Corrigan, J. D. (1978). Salient attributes of two types of helpers: Friends and mental health professionals. Journal of Counseling Psychology, 25, 588-590.
- Corrigan, J. D., Dell, D. M., Lewis, K. N., & Schmidt, L. D. (1980). Counseling as a social influence process: A review. Journal of Counseling Psychology, 27, 395-441.
- Corrigan, J. D. & Schmidt, L. D. (1983). Development and validation of revisions in the Counselor Rating Form. Journal of Counseling Psychology, 30, 64-75.
- Cunningham, T. D. (1985). The effect of music volume on the frequency of vocalizations of institutional mentally retarded. Unpublished master's thesis, The Florida State University, Tallahassee.
- Danskin, D. B. (1957). A role-ing counselor gathers no moss. Journal of Counseling Psychology, 4, 41-43.

- Davis, C. (1992). The effects of music and basic relaxation instruction on pain and anxiety of women undergoing in-office gynecological procedures. Journal of Music Therapy, 29(4), 202-216.
- Davis, W. B., & Thault, M. H. (1989). The influence of preferred relaxing music on measures of state anxiety, relaxation, and physiological responses. Journal of Music Therapy, 26, 168-187.
- DeRubeis, R. J., & Feeley, M. (1991). Determinants of change in through cognitive therapy for depression. Cognitive Therapy and Research.
- Dickenson, M. (1958). Music as a tool in psychotherapy for children. Journal of Abnormal and Social Psychology, 56, 120-134.
- Dill-Standiford, T. J., Stiles, W. B., & Rorer, L. G. (1988). Counselor-client agreement on session impact. Journal of Counseling Psychology, 35, 47-55.
- Dinkmeyer, D. C., Pew, W. L., & Dinkmeyer, D.C., Jr. (1979). Adlerian counseling and psychotherapy. Monterey, California: Brooks/Cole.
- Diserens, C. M. (1923). Reactions to musical stimuli. The Psychological Bulletin, 20, 173-199.
- Donnan, H. H., & Mitchell, H. D., Jr. (1979). Preferences for older versus younger counselors among a group of elderly persons. Journal of Counseling Psychology, 26, 514-518.
- Dorn, F. (1984). The social influence model: A cautionary note on counseling psychology's warm embrace. Journal of Counseling Psychology, 31, 111-115.
- Dreger, R. M. (1978). In O. K. Buros (Ed.), The Eighth Mental Measurements Yearbook (pp. 1094-1095). New Jersey: Gryphon Press.
- Duerksen, G. L. (1968). A study of the relationship between the perception of musical processes and the enjoyment of music. Bulletin of the Council for Research in Music Education, 12, 1-8.
- Dyer, W. W., & Vriend, J. (1974). Vital components in conducting the initial interview. Educational Technology, 14, 24-32.
- Eaton, T. T., Abeles, N., & Gutfreund, J. M. (1988). Therapeutic alliance and outcome: Impact of treatment length and pretreatment symptomatology.

Psychotherapy, 25, 536-542.

- Ekman, P. (1976). Movements with precise meanings. Journal of Communication, 26, 14-26.
- Ellenberger, H. F. (1961). A clinical introduction to psychiatric phenomenology and existential analysis. In R. May, E. Anel, & H. F. Ellenberger (Eds.), Existence (pp. 32-59). New York: Basic Books.
- Elliot, C. A. (1986). Rhythmic phenomena-why the fascination? In J. R. Evans & M. Clynes (Eds.), Rhythm in psychological, linguistic and musical processes (pp. 3-12). Illinois: Charles C. Thomas.
- Elliott, R. & Wexler, M. M. (1994). Measuring the impact of sessions in process-experiential therapy of depression: The session impacts scale. Journal of Counseling Psychology, 41, No. 2, 166-174.
- Epperson, D. L. (1981). Counselor gender and early premature terminations from counseling: A replication and extension. Journal of Counseling Psychology, 28, 349-356.
- Epperson, D. L., Bushway, D. J., & Warman, R. E. (1983). Client self-terminations after one counseling session: Effects of problem recognition, counselor gender, and counselor experience. Journal of Counseling Psychology, 30, 307-315.
- Epperson, D. L., & Pecnik, J. A. (1985). Counselor rating form-short version: Further validation and comparison to the long form. Journal of Counseling Psychology, 32, 143-146.
- Etaugh, C., & Michals, D. (1975). Effects on reading comprehension of preferred music and frequency of studying to music. Perceptual and Motor Skills, 41, 553-554.
- Farnsworth, P. R. (1949). The social psychology of music. Ames: The Iowa State University Press.
- Fay, P. J., & Middleton, W. C. (1941). Relationship between musical talent and preference for different types of music. Journal of Educational Psychology, 32, 575-585.
- Feifel, H., & Eells, J. (1963). Patients and therapists assess the same psychotherapy. Journal of Consulting Psychology, 27, 310-318.

- Fisher, R. L. (1951). Preferences of different age and socio-economic groups in unstructured musical situations. Journal of Social Psychology, 33, 147-152.
- Fisher, S., & Fisher, R. L. (1951). The effects of personal insecurity on reactions to unfamiliar music. Journal of Social Psychology, 34, 265-273.
- Fisher, S., & Greenberg, R. P. (1972). Sedative effects upon women of exciting and calm music. Perceptual and Motor Skills, 34, 987-990.
- Fontaine, C. W., & Schwalm, N. D. (1979). Effects of familiarity of music on vigilant performance. Perceptual and Motor Skills, 49, 71-74.
- Formann-Radl, I. (1993). Music therapy in treatment of psychiatric patients. In F. J. Bejjani (Ed.), Current research in arts medicine (pp. 431-434). New Jersey: Acappella Books.
- Fox, J. (1971). Background music and industrial efficiency: A review. Applied Ergonomics, 2, 70-73.
- Frankl, V. E. (1960). Paradoxical intention: A logotherapeutic technique. American Journal of Psychotherapy, 14, 520-535.
- Fretz, B. R., Corn, R., Tuemmler, J. M., & Bellet, W. (1979). Counselor non-verbal behaviors and client evaluations. Journal of Counseling Psychology, 26, 304-311.
- Freud, S. (1959). The dynamics of transference. In E. Jones (Ed.) & J. Riviere (Trans.). Collected papers. New York: Basic Books. (Original work published 1912).
- Freud, S. (1961). The future prospects of psychoanalytic therapy. In J. Strachey (Ed. and Trans.), The standard edition of the complete psychological works of Sigmund Freud (Vol. 11, pp. 139-151). London: Hogarth Press. (Original work published 1923).
- Friedenberg, W. P., & Gillis, J. S. (1977). An experimental study of the effectiveness of attitude change techniques for enhancing self-esteem. Journal of Clinical Psychology, 33, 1120-1124.
- Friedlander, M. L., Siegel, S. M., & Brenock, K. (1989). Parallel processes in counseling and supervision: A case study. Journal of Counseling Psychology, 36, 149-157.

- Fuller, F., & Hill, C. E. (1985). Counselor and helpee perceptions of counselor intentions in relation to outcome in a single counseling session. Journal of Counseling Psychology, 32, 329-338.
- Gabriel, C., & Crickmore, L. (1977). Emotion and music. Psychology of Music, 5, 28-31.
- Gardner, W. J., & Licklider, J. C. (1959). Auditory analgesia in dental operation. Journal of the American Dental Association, 59, 1144-1150.
- Garfield, S. I. (1986). Research on client variables in psychotherapy. In S. L. Garfield & E. Berin (Eds.), Handbook of psychotherapy and behavior change (3rd ed.) (pp. 213-256). New York: Wiley.
- Gaston, E. T. (1951). Dynamic music factors in mood change. Music Educators Journal, 37, 42.
- Gaston, E. T. (1968). Music in therapy. New York: Macmillan.
- Gelso, C. J., & Carter, J. A. ((1985). The relationship in counseling and psychotherapy: Components, consequences and theoretical antecedents. The Counseling Psychologist, 13, 155-243.
- Geringer, J. M., & Breen, T. (1975). The role of dynamics in musical expression. Journal of Music Therapy, 12, 19-29.
- Getz, H. G., & Miles, J. H. (1978). Women and peers as counselors: A look at client preferences. Journal of College Student Personnel, 19, 37-41.
- Glasser, W. (1965). Reality therapy: A new approach in psychiatry. New York: Harper & Row.
- Goldfried, M. R. (Ed.). (1982). Converging themes in the practice of psychotherapy. New York: Springer.
- Goldfried, M. R., & Safran, J. D. (1986). Future directions in psychotherapy integration. In J. C. Norcross (Ed.), Handbook of eclectic psychotherapy (pp. 463-483). New York: Brunner/Mazel.
- Goldman, J. S. (1988). Toward a new consciousness of the sonic healing arts: The therapeutic use of sound and music for personal and planetary health and transformation. Music Therapy, 7, 28-33.

- Gottman, J. M., & Leiblum, S. R. (1974). How to do psychotherapy and how to evaluate it. New York: Holt, Rinehart & Winston.
- Goulding, M. & Goulding, M. (1979). Changing lives through redecision therapy. New York: Brunner/Mazel.
- Greenberg, R. (1969). Effects of pre-session information on perception of the therapist in a psychotherapy analogue. Journal of Counseling and Clinical Psychology, 33, 425-429
- Greenberg, R. P. (1985). Effects of pre-session information on perception of the therapist and receptivity to influence in a psychotherapy analogue. Journal of Consulting and Clinical Psychology, 33, 425-429.
- Greene, B. A. (1985). Considerations in the treatment of Black patients by White therapists. Psychotherapy, 22, 389-393.
- Greenson, R. R. (1967). The technique and practice of psychoanalysis (Vol. 1). New York: International Universities Press.
- Grimes, W. R., & Murdock, N. L. (1989). Social influence revisited: Effects of counselor influence on outcome variables. Psychotherapy, 26, 469-474.
- Gundlach, R. H. (1932). A quantitative analysis of Indian music. American Journal of Psychology, 44, 133-145.
- Gynther, M. D. (1979). Ethnicity and personality: An update. In J. N. Butcher (Ed.), New developments in the use of the MMPI (pp. 83-115). Minneapolis: University of Minnesota Press.
- Haas, F., Distenfeld, S., & Axen, K. (1986). Effects of perceived musical rhythm or respiratory pattern. Journal of Applied Physiology, 26, 1185-1191.
- Haase, R. F., & Tepper, D. R. (1972). Nonverbal components of empathic communication. Journal of Counseling Psychology, 19, 417-424.
- Hadsell, N. A. (1989). Multivariate analyses of musicians' and nonmusicians' ratings of pre-categorized stimulative and sedative music. Journal of Music Therapy, 26, 106-114.
- Haggin, B. H. (1978). The New Listener's Companion and Record Guide (5th ed.). New York: Horizon Press

- Haley, J. (1989). The first therapy session. San Francisco: Jossey-Bass.
- Hanser, S., Larson, S., & O'Connell, A. (1983). The effect of music on relaxation of expectant mothers during labor. Journal of Music Therapy, 20, 50-58.
- Haris, C. S., Bradley, R. J., & Titus, S. K. (1992). A comparison of the effects of hard rock and easy listening on the frequency of observed inappropriate behaviors: Control of environment antecedents in a large public area. Journal of Music Therapy, XXIX(1), 6-17.
- Hart, J. H., & Cogan, R. (1973). Sex and emotional responses to classical music. Perceptual Motor Skills, 36, 1170.
- Hartley, D. E. (1978). Therapeutic alliance and the success of brief individual psychotherapy. Unpublished doctoral dissertation, Vanderbilt University, Nashville, Tennessee.
- Hartley, D. E. (1984). Research on the therapeutic alliance in psychotherapy. American Psychiatric Association Annual Review, 4, 532-549.
- Hartley, D. E., & Strupp, H. H. (1983). The therapeutic alliance: Its relationship to outcome in brief psychotherapy. In J. Masling (Ed.), Empirical studies of analytical concepts (Vol. 1, pp. 41-69). Hillsdale, NJ: Lawrence Erlbaum.
- Harvey, A., & Rapp, L. (1988, March/April). Music soothes the troubled soul. Ad Nurse, 19-22.
- Helms, J. E. (1984). Toward a theoretical explanation of the effects of race on counseling: A Black and White model. The Counseling Psychologist, 12, 53-165.
- Hendrick, B. (1995, January 24). The Mozart Effect. Detroit Free Press, pp. 8F-9F.
- Henry, W. P., Schacht, T. E., & Strupp, H. H. (1986). Structural analysis of social behavior: Application to a study of interpersonal process in differential psychotherapeutic outcome. Journal of Consulting and Clinical Psychology, 54, 27-31.
- Heppner, P. P., & Dixon, D. N. (1978). Effects of client perceived need and counselor role on client's behaviors. Journal of Counseling Psychology, 25, 514-519.

- Heppner, P. P. & Dixon, D. N. (1981). A review of the interpersonal influence process in counseling. Personnel and Guidance Journal, 59, 542-550.
- Heppner, P. P., & Heesacker, M. (1982). The interpersonal influence process in real-life counseling: Investigating client perceptions, counselor experience level, and counselor power over time. Journal of Counseling Psychology, 29, 215-223.
- Heppner, P. P., & Heesacker, M. (1983). Perceived counselor characteristics, client expectations, and client satisfaction with counseling. Journal of Counseling Psychology, 30, 31-39.
- Heppner, P. P., Kivlighan, D. M., & Wampold, B. E. (1992). Research Design in Counseling. Pacific Grove, CA: Brooks/Cole Publishing Company.
- Herson, M. & Bellack, A. S. (Eds.) (1988). Dictionary of Behavioral Assessment Techniques. New York: Pergamon Press.
- Hill, C. E., Helms, J. E., Tichenor, V., Spiegel, S. B., O'Grady, K. E., & Perry, E. S. (1988). Effects of therapist response modes in brief psychotherapy. Journal of Counseling Psychology, 35, 222-233.
- Hill, C. E., Nutt, E. A., & Jackson, S. (1994). Trends in psychotherapy process research: Samples, measures, researchers, and classic publications. Journal of Counseling Psychology, 41, No.3.,364-377.
- Hilliard, O. M., & Tolin, P. (1979). Effect of familiarity with background music on performance of simple and difficult reading comprehension tasks. Perceptual and Motor Skills, 49, 713-714.
- Hoffman-Graff, M. A. (1977). Interviewer use of positive and negative self-disclosure and interviewer-subject sex pairing. Journal of Counseling Psychology, 24, 184-190.
- Horowitz, M., & Marmar, C. (1985). The therapeutic alliance with difficult patients. In R. Hales & A. Frances (Eds.), Psychiatry Update Annual Review (pp. 573-584). Washington, DC: American Psychiatric Press.
- Horowitz, M. J., Marmar, C., Weiss, D. S., DeWitt, K. N., & Rosenbaum, R. (1984). Brief psychotherapy of bereavement reactions. Archives of General Psychiatry, 41, 438-448.



- Horvath, A. O. & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. Journal of Consulting and Clinical Psychology, 6, No 4, 561-573.
- Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. Journal of Counseling Psychology, 38, 139-149.
- Howard, K. I., Kopta, S. M., Krause, M. S., & Orlinsky, D. E. (1986). The dose-effect relationship in psychotherapy. American Psychologist, 41, 159-164.
- Hoyt, M. F. (1980). Therapist and patient actions in "good" psychotherapy sessions. Archives of General Psychiatry, 37, 159-161.
- Hyde, I. M. (1924). Effects of music upon electrocardiograms and blood pressure. Journal of Experimental Psychology, 7, 213-224.
- Ivey, A. E., Miller, D., & Gabbert, K. H. (1968). Counselor assignment and client attitude: A systematic replication. Journal of Counseling Psychology, 15, 194-195.
- Jellison, J. A. (1975). The effect of music on autonomic stress responses and verbal reports. In C. K. Madson, R. D. Greer, & C. H. Madsen, Jr. (Eds.), Research in music behavior: Modifying music behavior in the classroom (pp. 235-271). New York: Teachers College Press.
- Johnson, O., & Knapp, R. H. (1963). Sex differences in aesthetic preferences. Journal of Social Psychology, 61, 279-301.
- Jones, B. M. & Schlotter, B. E. (1957). Music as therapy. Proceedings of the Music Therapy Institute, MacMurray College, Jacksonville, Illinois, March 2-3.
- Jones, E. E., & Zoppel, C. L. (1982). Impact of client and therapist gender on psychotherapy process and outcome. Journal of Consulting and Clinical Psychology, 50, 259-272.
- Jones, T. A. (1980). The traditional music of the Australian Aborigines. In E. May (Ed.), Musics of many cultures (pp. 154-171). Berkeley: University of California Press.
- Kanfer, F. H., & Phillips, J. S. (1970). Learning foundations of behavior therapy. New York: Wiley.

- Kartomi, M. J. (1980). Musical strata in Sumatra, Java, and Bali. In E. May (Ed), Musics of many cultures (pp. 111-133). Berkeley: University of California Press.
- Kaschak, E. (1978). Therapist and client: Two views of the process and outcome of psychotherapy. Professional Psychology, 9, 271-277.
- Kaul, T. J., & Schmidt, L. D. (1971). Dimensions of interviewer trustworthiness. Journal of Counseling Psychology, 18, 542-548.
- Kell, B. L., & Mueller, W. J. (1966). Impact and change: A study of counseling relationships. New York: Appleton-Century-Crofts.
- Kelly, K. R., Hall, A. S., & Miller, K. L. (1989). Relation of counselor intention and anxiety to brief counseling outcome. Journal of Counseling Psychology, 36, 158-162.
- Kelman, H. C., & Hovland, C. I. (1953). "Reinstatement" of the communicator in delayed measurement of opinion change. Journal of Abnormal and Social Psychology, 48, 327-335.
- Kempler, W. (1973). Gestalt therapy. In R. Corsini (Ed.), Current Psychotherapies. Itasca, Ill: F. E. Peacock.
- Keston, M. J., & Pinto, I. M. (1955). Possible factors influencing musical preference. Journal of Genetic Psychology, 87, 101-113.
- Kinney, D. K., & Kagan, J. (1976). Infant attention to auditory discrepancy. Child Development, 47, 155-164.
- Kirshner, L. A., Genack, A., & Hauser, S. T. (1978). Effects of gender on short-term psychotherapy. Psychotherapy: Theory, Research and Practice, 15, 158-167.
- Kivlighan, D. M. (1989). Changes in counselor intentions and response modes and in-session evaluations after training. Journal of Counseling Psychology, 36, 471-476.
- Kivlighan, D. M., & Angelone, E. O. (1991). Helpee introversion, novice counselor intention use, and helpee-rated session impact. Journal of Counseling Psychology, 38, 25-29.

- Kokotovic, A. M., & Tracey, T. J. (1987). Premature termination at a university counseling center. Journal of Counseling Psychology, 34, 80-82.
- Kottler, J. A. & Brown, R. W. (1992) Introduction to therapeutic counseling (2nd ed.). Pacific Grove, CA: Brooks/Cole.
- Krebs, R. L. (1971). Some effects of a White institution on Black psychiatric outpatients. American Journal of Orthopsychiatry, 41, 589-596.
- Krupnick, J., Stotsky, S., Simmens, S., & Moyer, J. (1992). The role of therapeutic alliance in psychotherapy and pharmacotherapy outcome: Findings in the NIMH Treatment of Depression Collaborative Research Program. Paper presented at the annual meeting of the Society for Psychotherapy Research, Berkeley, CA.
- LaCrosse, M. B. (1975). Nonverbal behavior and perceived counselor attractiveness and persuasiveness. Journal of Counseling Psychology, 22, 563-566.
- LaCrosse, M. B. (1977). Comparative perceptions of counselor behavior: A replication and extension. Journal of Counseling Psychology, 24, 464-471.
- LaCrosse, M. B. (1980). Perceived counselor social influence and counseling outcomes: Validity of the Counselor Rating Form. Journal of Counseling Psychology, 27, 320-327.
- LaCrosse, M. B., & Barak, A. (1976). Differential perceptions of counselor behavior. Journal of Counseling Psychology, 23, 170-172.
- LaFromboise, T. D., & Dixon, D. N. (1981). American Indian perception of trustworthiness in a counseling interview. Journal of Counseling Psychology, 28, 135-139.
- Lambert, M. J. (1986). Implications of psychotherapy outcome research for eclectic psychotherapy. In J. C. Norcross (Ed.), Handbook of eclectic psychotherapy (pp. 436-462). New York: Brunnel/Mazel.
- Lasky, R. B., & Salomone, P. R. (1977). Attraction to psychotherapy: Influence of therapist status and therapist-patient age similarity. Journal of Clinical Psychology, 33, 511-516.
- Lazarus, A. A. (1986). Multimodal therapy. In J. C. Norcross (Ed.), Handbook of eclectic psychotherapy (pp. 65-93). New York: Brunnel/Mazel.

- LeBlanc, A., Colman, J., McCrary, J., Sherill, C., & Malin, S. (1988). Tempo preferences of different age music listeners. Journal of Research in Music Education, 36, 156-168.
- Lecourt, E. (1993). Music therapy in France. In C. D. Maranto (Ed.), Music therapy: International perspectives (pp. 223-229). Pipersville, PA: Jeffrey Books.
- Lee, K. (1980). Certain experiences in Korean music. In E. May (Ed.), Musics of many cultures (pp. 32-47). Berkeley: University of California Press.
- LeVine, E., & Franco, J. N. (1981). A reassessment of self-disclosure patterns among Anglo-Americans and Hispanics. Journal of Counseling Psychology, 28, 522-524.
- Lewis, J. M., & Johansen, K. H. (1982). Resistance to psychotherapy with the elderly. American Journal of Psychotherapy, 36, 497-504.
- Licht, S. (1946). Music in medicine. Boston: New England Conservatory of Music.
- Linoff, M. G., & West, C. M. (1983). Relaxation training systematically combined with music: Treatment of tension headaches in a geriatric patient. International Journal of Behavioral Geriatrics, 1, 11-16.
- Lippin, R. A. (1992). Music medicine: The case for a holistic model. In R. Spintge & R. Droh (Eds.), Music Medicine (pp. 30-35). Rancho Mirage, CA: MMB Music, Inc.
- Locsin, R. (1985). The effect of music on the pain of selected postoperative patients. Journal of Advanced Nursing, 6, 19-25.
- Luborsky, L. (1976). Helping alliances in psychotherapy: The groundwork for a study of their relationship to its outcome. In J. L. Claghorn (Ed.), Successful psychotherapy (pp. 133-159). New York: Brunner/Mazel.
- Luborsky, L., & Auerbach, A. (1985). The therapeutic relationship in psychodynamic psychotherapy: The research evidence and its meaning for practice. In R. Hales and A. Frances (Eds.), Psychiatry Update: American Psychiatric Association Annual Review. (vol. 4, pp. 46-71). New York: Brunner/Mazel.
- Luborsky, L., Crits-Christoph, P., Alexander, L., Margolis, M., & Cohen, M. (1983). Two helping alliance methods for predicting outcomes of

psychotherapy: A counting signs vs. a global rating method. Journal of Nervous and Mental Disease, 171, 480-491.

Madsen, C. K., & Prickett, C. (1987). Applications of research in music behavior. Tuscaloosa, AL: The University of Alabama Press.

Maher, T. F. (1980). A rigorous test of the proposition that musical intervals have different psychological effects. American Journal of Psychology, 93, 309-327.

Malan, D. H. (1976). Toward the validation of dynamic psychotherapy. New York: Plenum Press.

Malm, W. P. (1980). Some of Japan's musics and musical principles. In E. May (Ed.), Musics of many cultures (pp. 48-62). Berkeley: University of California Press.

Mallinckrodt, B. (1993). Session impact, working alliance, and treatment outcome in brief counseling. Journal of Counseling Psychology, 40, No. 1, 25-32.

Marmar, C. R., Horowitz, M. J., Weiss, D. S., & Marziali, E. (1986). The development of the therapeutic alliance rating system. In L. S. Greenberg & W. M. Pinsof (Eds.), The psychotherapeutic process: A research handbook (pp. 367-390). New York: Guilford Press.

Martin, O. S. (1990). The effects of fast and slow music on a simple and complex folding task. Unpublished master's thesis, The Florida State University, Tallahassee.

Martin, R. M., & Prosen, H. (1976). Psychotherapy supervision and life tasks: The young therapist and the middle-aged patient. Bulletin of the Menninger Clinic, 40, 125-133.

Martin, S. (1994, October). Music lessons enhance spatial reasoning skills. APA Monitor, p.5.

Maultsby, M. (1977). Combining music therapy and rational behavior therapy. Journal of Music Therapy, 14, 89-97.

McAllester, D. P. (1980). North American native music. In E. May (Ed.), Musics of many cultures (pp. 307-331). Berkeley: University of California Press.

- McGuire, W. J. (1969). The nature of attitudes and attitude change. In G. Lindzey and E. Aronson (Eds.), The handbook of social psychology (Vol. 3, 2nd ed., pp. 177-202). Mass.: Addison-Wesley.
- McMullen, P. T. (1974). Influence of number of different pitches and melodic redundancy on preference responses. Journal of Research in Music Education, 22, 198-204.
- McNeill, B. W., May, R. J., & Lee, V. E. (1987). Perceptions of counselor source characteristics by premature and successful terminations. Journal of Counseling Psychology, 34, 86-89.
- McNeill, B. W., & Stoltenberg, C.D. (1989). Reconceptualizing social influence in counseling: The elaboration likelihood model. Journal of Counseling Psychology, 1, 24-33.
- McTaggart, D. M. (1978). The effect of a group music activity versus a group non-music activity on verbalization, length of stay during sessions, and enjoyment level of schizophrenic patients in an institutionalized psychiatric setting. Unpublished master's thesis, The Florida State University, Tallahassee.
- Meinecke, B. (1948). Music and medicine in classical antiquity. In P. M. Schullian and M. Schoen (Eds.), Music and medicine (p.48). New York: Schuman.
- Mensah, A. A. (1980). Music south of the Sahara. In E. May (Ed.), Musics of many cultures (pp. 172-194). Berkeley: University of California Press.
- Merluzzi, T. V., Banikiotes, P. G., & Missbach, J. W. (1978). Perceptions of counselor sex, experience, and disclosure level. Journal of Counseling Psychology, 25, 479-482.
- Mezzano, J. & Prueter, B. A. (1974). Background music and counseling interaction. Journal of Counseling Psychology, 21, 84-86.
- Miller, L. K., & Schyb, M. (1989). Facilitation and interference by background music. Journal of Music Therapy, 26, 42-54.
- Miller, R. K., & Bornstein, P. H. (1977). Thirty-minute relaxation: A comparison of some methods. Journal of Behavior Therapy and Experimental Psychiatry, 8, 291-294.
- Mintz, J., Auerbach, A. H., Luborsky, L., & Johnson, M. (1973). Patient's,

therapist's, and observers' views of psychotherapy: A "Roshomon" experience or a reasonable consensus? British Journal of Medical Psychology, 46, 83-89.

Mintz, J., Luborsky, L., & Auerbach, A. H. (1971). Dimensions of psychotherapy: A factor analytic study of ratings of psychotherapy sessions. Journal of Consulting and Clinical Psychology, 36, 106-120.

Morgan, R., Luborsky, L., Crits-Christoph, P., Curtis, H., & Solomon, J. (1982). Predicting the outcome of psychotherapy by the Penn Helping Alliance Rating Method. Archives of General Psychiatry, 34, 397-402.

Morris, J. M. (1994). On Mozart. New York: Woodrow Wilson Center Press.

Morton, D. (1980). The music of Thailand. In E. May (Ed.), Musics of many cultures (pp. 63-82). Berkeley: University of California Press.

Nielzen, S., & Cesarec, Z. (1981). On the perception of emotional meaning in music. Psychology of Music, 9, 17-31.

Nocita, A., & Stiles, W. B. (1986). Client introversion and counseling session impact. Journal of Counseling Psychology, 33, 235-241.

Olsen, D. A. (1980). Folk music of South American: A musical mosaic. In E. May (Ed.), Musics of many cultures (pp. 386-425). Berkeley: University of California Press.

Orlinsky, D. E., & Howard, K. I. (1967). The good therapy hour: Experiential correlates of patients' and therapists' evaluations of therapy sessions. Archives of General Psychiatry, 16, 621-632.

Orlinsky, D. E., & Howard, K. I. (1975). Varieties of psychotherapeutic experience: Multivariate analyses of patients' and therapists' reports. New York: Teachers College Press.

Orlinsky, D. E., & Howard, K. I. (1977). Therapist's experience of psychotherapy. In A. S. Gurman & A. M. Razin (Eds.), Effective psychotherapy: A handbook of research. (pp. 566-589). Oxford: Pergamon Press.

Orlinsky, D. E., & Howard, K. I. (1986). The relation of process to outcome in psychotherapy. In S. L. Garfield & A. Bergin (Eds.), Handbook of psychotherapy and behavior change (3rd ed.) (pp. 283-330). New York: Wiley.

- Orne, M. T., & Wender, P. H. (1968). Anticipatory socialization for psychotherapy, method and rationale. American Journal of Psychiatry, 124, 1202-1212.
- Osgood, E. E., & Suci, G. J., & Tannenbaum, P. H. (1957). The measurement of meaning. Urbana: University of Illinois Press.
- Padfield, A. (1976). Music as sedation for local anaesthesia. Anesthesia, 31, 300-301.
- Parente, J. (1976). Music preference as a factor of music distraction. Perceptual and Motor Skills, 43, 337-338.
- Patterson, C. H. (1980). Theories of counseling and psychotherapy (3rd ed.). New York: Harper & Row.
- Patterson, G. R. (1984). Beyond technology: The next stage in the development of parent training. In L. L'Abate (Ed.), Handbook of family psychology and psychotherapy (pp. 28-43). New York: Plenum Press.
- Patton, M. J. (1994). Components of the counseling relationship--An evolving model: Comment on Gelso and Carter. Journal of Counseling Psychology, 41(3), 310-312.
- Peach, S. C. (1984). Some implications for the clinical use of music facilitated imagery. Journal of Music Therapy, 21, 27-34.
- Peretti, P. O. (1975). Changes in galvanic skin response as affected by musical selection, sex, and academic discipline. Journal of Psychology, 89, 183-187.
- Perls, F. (1969). Gestalt Therapy Verbatim. Moab, Utah: Real People Press.
- Petty, R. E., Cacioppo, J. T., & Heesacker, M. (1984). Central and peripheral routes to persuasion: Application to counseling. In R. R. McGlynn, J. E. Maddux, C. D. Stoltenberg, & J. H. Harvey (Eds.), Social perception in clinical and counseling psychology (pp. 219-252). Lubbock: Texas Tech Press.
- Pickrell, K., Metzger, J., Wilde, J., Broadbent, R., & Edwards, B. (1950). The use and therapeutic value of music in the hospital and operating room. Plastic and Reconstructive Surgery, 6, 142-152.
- Piper, W. E., DeCarufel, F. L., & Szkrumelack, N. (1985). Predictors of process and outcome in short-term individual psychotherapy. Journal of Nervous



- and Mental Disease, 173, 726-733.
- Polster, E. & Polster, M. (1973). Gestalt therapy integrated: Contours of theory and practice. New York: Grunner/Mazel.
- Ponce, F. Q., & Atkinson, D. R. (1989). Mexican-American acculturation, counselor ethnicity, counseling style, and perceived counselor credibility. Journal of Counseling Psychology, 36, 203-208.
- Ponterotto, J. G., Anderson, W. H., & Grieger, I. Z. (1986). Black students' attitudes toward counseling as a function of racial identity. Journal of Multicultural Counseling and Development, 14, 50-59.
- Ponterotto, J. G. & Furlong, M. J. (1985). Evaluating counselor effectiveness: A critical review of rating scale instruments. Journal of Counseling Psychology, 32, 597-616.
- Preuter, B. A. & Mezanno, J. (1973). Effects of background music upon initial counseling interaction. Journal of Music Therapy, 10, 205-212.
- Priestley, M. (1987). Music and the shadow. Music Therapy, 6, 20-27.
- Prinou, L. P. (1993). Music therapy in Greece. In C. D. Maranto (Ed.), Music therapy: International perspectives (pp.240-247). Pipersville, PA: Jeffrey Books.
- Proctor, E. K., & Rosen, A. (1981). Expectations and preferences for counselor race and their relation to intermediate treatment outcomes. Journal of Counseling Psychology, 28, 40-46.
- Ramirez, R. (1979). Machismo: A bridge rather than a barrier to family and marital counseling. In N. Chavez (Ed.), La Frontera perspective: Providing mental health services to Mexican Americans (pp. 156-178). Tucson, AZ: Old Pueblo Printers.
- Raue, P. J., Castunguay, L. G., & Goldfried, M. R. (1991). The working alliance: A comparison of two therapies. Paper presented at the annual meeting of the Society for Psychotherapy Institute of London.
- Reardon, D., & Bell, G. (1970). Effects of sedative and stimulative music on activity levels of severely retarded boys. American Journal of Mental Deficiency, 75, 156-159.

- Reynolds, S. B. (1984). Biofeedback, relaxation training, and music: Homeostasis for coping with stress. Biofeedback and Self-Regulation, 9, 169-179.
- Richman, J. S. (1976). Background music for repetitive task performance of severely retarded individuals. American Journal of Mental Deficiency, 81, 251-255.
- Rigg, M. G. (1966). The mood effects of music: A comparison of data from four investigators. Journal of Psychology, 58, 427-438.
- Robbins, E. S., & Haase, R. F. (1985). Power of nonverbal cues in counseling interactions: Availability, vividness, or salience? Journal of Counseling Psychology, 32, 502-513.
- Rodolfa, E. R., Rapaport, R., & Lee, V. E. (1983). Variables related to premature terminations in a university counseling service. Journal of Counseling Psychology, 30, 87-90.
- Rogers, C. R. (1951). Client-centered therapy. Boston: Houghton Mifflin.
- Rogers, C. R., Gendin, E. T., Kiesler, D. J. & Truax, C. B. (1967). The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics. Madison, WI: University of Wisconsin Press.
- Rohner, S. J., & Miller, R. (1980). Degrees of familiar and affective music and their effects on state anxiety. Journal of Music Therapy, 17, 2-15.
- Roll, S. A., Crowley, M. A., & Rappl, L. E. (1985). Clients perceptions of counselor's nonverbal behavior: A reevaluation. Counselor Education and Supervision, 234-243.
- Ruesch, J. (1968). Values, communication, and culture: An introduction. In Ruesch & G. Bateson (Eds.), Communication: The Social Matrix of Psychiatry (pp. 3-21). New York: Norton
- Sapolsky, A. (1960). Effect of interpersonal relationships upon verbal conditioning. Journal of Abnormal and Social Psychology, 60, 241-246.
- Saunders, S. M., Howard, K. I., & Orlinsky, D. E. (1989). The therapeutic bond scales: Psychometric characteristics and relationship to treatment effectiveness. Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1, 323-330.

- Scartelli, J. P. (1984). The effect of EMG biofeedback and sedative music, EMG biofeedback only, and sedative music only on frontalis muscle relaxation ability. Journal of Music Therapy, 21, 67-78.
- Schilling, D. J., & Poppen, R. (1983). Behavioral relaxation training and assessment. Journal of Behavior Therapy & Experimental Psychiatry, 13, 99-107.
- Schoen, M., & Gatewood, E. L. (1927). The effects of music. New York: Harcourt, Brace and World, Inc.
- Schuster, B. L. (1985). The effect of music listening on blood pressure fluctuations in adult hemodialysis patients. Journal of Music Therapy, 22, 146-153.
- Schwartz, A. J., & Bernard, H. S. (1981). Comparison of patient and therapist evaluations of time-limited psychotherapy. Psychotherapy: Theory, Research, and Practice, 18, 101-108.
- Schwartz, J. (1971). Comment on expert and inexpert counselors. Journal of Counseling Psychology, 18, 180-181.
- Sendry, A. (1974). Music in the social and religious life of antiquity. Cranbury, N. J.: Fairleigh Dickenson University Press.
- Shehan, P. K. (1981). Student preferences for ethnic music styles. Contributions to Music Education, 9, 21-28.
- Shehan, P. K. (1983). Student preferences for ethnic music styles. Contributions to Music Education, 9, 21-28.
- Shueman, S. A., Gelso, C. J., Mindus, L., Hunt, G., & Stevenson, J. (1980). Client satisfaction with intake: Is the waiting list all that matters? Journal of College Student Personnel, 114-131.
- Siegel, J. C., & Sell, J. M. (1978). Effects of objective evidence of expertness and nonverbal behavior on client perceived expertness. Journal of Counseling Psychology, 25, 188-192.
- Simmons, J. A., & Helms, J. E. (1976). Influence of counselor's marital status, sex, and age on college and non-college women's counselor preferences. Journal of Psychology, 23, 380-386.
- Smith, C., & Morris, L. (1976). The effects of stimulative and sedative music on cognitive and emotional components of anxiety. Psychological Reports, 41,

1047-1053.

- Sopchak, A. L. (1955). Individual differences in responses to different types of music in relation to sex, mood, and other variables. Psychological Monographs, 69 (Whole No. 396).
- Spielberger, C. D. (1983). Manual for the State-Anxiety Inventory (Form Y). Palo Alto, CA: Consulting Psychology Press.
- Spielberger, C. D., Gorsuch, R. L., & Lushene, R. E. (1970). Manual for the State-Trait Anxiety Inventory. Palo Alto, CA: Consulting Psychologists Press.
- Spintge, R. (1988). Music as a physiotherapeutic and emotional means in medicine. International Journal of Music, Dance, and Art Therapy, 2(3) (Munster):75-80.
- Sprafkin, R. P. (1970). Communicator expertness and changes in word meaning in psychological treatment. Journal of Counseling Psychology, 17, 117-121.
- Standley, J. M. (1986). Music research in medical/dental treatment: Meta-analysis and clinical applications. Journal of Music Therapy, 23, 56-122.
- Steck, L., & Machotka, P. (1975). Preference for musical complexity: Effects of context. Journal of Experimental Psychology: Human Perception and Performance, 104, 170-174.
- Sterba, R. (1934). The fate of the ego in analytic therapy. International Journal of Psycho-Analysis, 15, 117-123.
- Sternthal, B., Dholakia, R., & Leavitt, C. (1978). The persuasive effect of source credibility: A test of cognitive response analysis. Journal of Consumer Research, 4, 252-260.
- Stevens, E. (1971). Some effects of tempo changes on stereotyped rocking movements of low-level mentally retarded subjects. American Journal of Mental Deficiency, 76, 76-81.
- Stiles, W. B. (1980). Measurement of the impact of psychotherapy sessions. Journal of Consulting and Clinical Psychology, 48, 176-185.
- Stiles, W. B., Shapiro, D. A., & Firth-Cozen, J. A. (1990). Correlations of session evaluations with treatment outcome. British Journal of Clinical

Psychology, 29, 13-21.

- Stiles, W. B., & Snow, J. S. (1984a). Counseling session impact as viewed by novice counselors and their clients. Journal of Counseling Psychology, 31, 3-12.
- Stiles, W. B., & Snow, J. S. (1984b). Dimensions of psychotherapy session impact across sessions and across clients. British Journal of Clinical Psychology, 23, 59-63.
- Stiles, W. B., Tupler, L. A. & Carpenter, J. C. (1982). Participants' perceptions of self-analytic group sessions. Small Group Behavior, 13, 237-254.
- Stoltenberg, C. D., & Davis, C. (1988). Career and study skills information: Who says what can alter message processing. Journal of Social and Clinical Psychology, 6, 38-52.
- Strahan, C., & Zytowski, D. G. (1976). Impact of visual, vocal, and lexical cues on judgments of counselor qualities. Journal of Counseling Psychology, 23, 387-393.
- Stratton, V. N., & Zalanowski, A. H. (1984). The relationship between music, degree of liking and self-reported relaxation. Journal of Music Therapy, 21, 184-192.
- Strong, S. R. (1968). Counseling: An interpersonal influence process. Journal of Counseling Psychology, 15, 215-224.
- Strong, S. R. & Claiborn, C. D. (1982) Change through interaction. New York: Wiley.
- Strong, S. R., & Dixon, D. N. (1971). Expertness, attractiveness, and influence in counseling. Journal of Counseling Psychology, 18, 562-570.
- Strong, S. R., & Schmidt, L. D. (1970). Expertness influence in counseling. Journal of Counseling Psychology, 17, 81-87.
- Strupp, H. H. (1978). Psychotherapy research and practice: An overview. In S. L. Garfield & A. E. Bergin, (Eds.), Handbook of Psychotherapy and Behavior Change (2nd ed.) (pp. 3-22), New York: Wiley.
- Sue, S. (1977). Community mental health services to minority groups. Some optimism, some pessimism. American Psychologist, 32, 616-624.

- Sue, S., McKinney, H., Allen, D., & Hall, J. (1974). Delivery of community mental health services to black and white clients. Journal of Consulting and Clinical Psychology, 42, 794-801.
- Svartberg, M., & Stiles, T. C. (1992, June). Therapeutic alliance and treatment competence: Their relations to patient change in short-term anxiety provoking psychotherapy. Paper presented at the annual meeting of the Society for Psychotherapy Research, Berkeley, CA.
- Taussig, I. M. (1987). Comparative responses of Mexican Americans and Anglo-Americans to early goal setting in a public mental health clinic. Journal of Counseling Psychology, 34, 214-217.
- Tedeschi, J. T., & Lindskold, S. (1976). Social psychology. New York: Wiley.
- Terrell, F., & Terrell, S. L. (1984). Race of counselor, client sex, cultural mistrust level, and premature termination from counseling among Black clients. Journal of Counseling Psychology, 31, 371-375.
- Thaut, M. H. & de l'Etoile, S. K. (1993). The effects of music on mood state-dependent recall. Journal of Music Therapy, XXX,(2), 70-80.
- Titiev, M. (1949). Social singing among the Mapuche. Anthropological Papers, Museum of Anthropology, Ann Arbor: University of Michigan Press.
- Truax, C.B. & Carkhuff, R. R. (1967). Toward Effective Counseling and Psychotherapy. Chicago: Aldine.
- Tryon, G. S. (1990). Session depth and smoothness in relation to the concept of engagement in counseling. Journal of Counseling Psychology, 37, (3), 248-253.
- Turner, S., & Armstrong, S. (1981). Cross-racial psychotherapy: What the therapists say. Psychotherapy: Theory, Research and Practice, 18, 373-378.
- Urdike, P., & Charles, D. (1987). Music RX: Physiological and emotional responses to taped music programs of preoperative patients awaiting plastic surgery. Annals of Plastic Surgery, 19(1), 29-33.
- Vachon, D. O., Susman, M., Wynne, M. E., Birringer, J., Olshefsky, L., & Cox, K. (1995). Reasons therapists give for refusing to participate in psychotherapy process research. Journal of Counseling Psychology, 42, (3), 380-382.

- Vriend, J., & Kottler, J. A. (1980). Initial interview checklist increases counselor effectiveness. Canadian Counsellor, 14, (3), 153-155.
- Walster, E., Aronson, E., & Abrahams, D. (1966). On increasing the persuasiveness of a low prestige communicator. Journal of Experimental Social Psychology, 2, 325-342.
- Wampold, B. E., & Freund, R. D. (1987). Use of multiple regression in counseling psychology research: A flexible data-analytic strategy. Journal of Counseling Psychology, 34, 372-382.
- Wampold, B. E., & White, B. T. (1985) Research themes in counseling psychology: A cluster analysis of citations in the Journal of Counseling Psychology. Journal of Counseling Psychology, 32, (1), 133-126.
- Wapnick, J. (1976). A review of research on attitude and preference. Bulletin of the Council for Research in Music Education, 48, 1-20.
- Watkins, C. E., & Schneider, L. J. (1989). Self-involving versus self-disclosing counselor statements during an initial interview. Journal of Counseling and Development, 67, 345-349.
- Westerman, M. A., Frankel, A. S., Tanaka, J. S., & Kahn, J. (1987). Client cooperative interview behavior and outcome in paradoxical and behavioral brief treatment approaches. Journal of Counseling Psychology, 34, 99-102.
- Wilson, C. V., & Aiken, L. S. (1977). The effect of intensity levels upon physiological and subjective response to rock music. Journal of Music Therapy, 14, 60-76.
- Windholz, M. J., & Silbershatz, G. (1988). Vanderbilt psychotherapy process scale: A replication with adult outpatients. Journal of Consulting and Clinical Psychology, 56, 56-60.
- Wolf, R. H., & Weiner, T. L. (1972). Effects of four noise conditions on arithmetic performance. Perceptual and Motor Skills, 35, 928-930.
- Wolpe, J. (1973). The practice of behavior therapy. New York: Pergamon.
- Yamamoto, J., James, Q., Bloombaum, M., & Hattem, J. (1967). Racial factors in patient selection. American Journal of Psychiatry, 124, 630-636.

- Yamamoto, J., James, G. C., & Palley, N. (1968). Cultural problems in psychiatric therapy. Archives of General Psychiatry, 19, 45-49.
- Zamostny, J. P., Corrigan, J. D., & Eggert, M. A. (1981). Replication and extension of social influence processes in counseling: A field study. Journal of Counseling Psychology, 28, 481-489.
- Zetzel, E. (1956). Current concepts of transference. International Journal of Psycho-Analysis, 37, 369-376.
- Zhang, H. (1993). Music therapy in China. In C. D. Maranto (Ed.), Music therapy: International perspectives, (pp. 157-169). Pipersville, PA: Jeffrey Books.